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| **Kaohsiung Medical University**  **Sabbatical Leave Application Form** | | | | | | | | | | | | | | | |
| Applicant | College/  Department | | | |  | | | | | Substitute | College/  Department | | |  | |
| Title | | | |  | | | | | Title | | |  | |
| Name | | | | Signature or seal | | | | | Name | | | Signature or seal | |
| Date of appointment to KMU | | | | |  | | | | | Years of service as professor | | | | Date from  totals years | |
| Period of sabbatical | One year | | | | Date from Date to | | | | | | | | | | |
| Half year | | | | Date from Date to  Date from Date to | | | | | | | | | | |
| Overseas research | | | | □Yes □No | | | | Overseas venue for research | | | |  | | | |
| Outline the plan of the sabbatical leave  1.Title of the plan:  2.Abstract of the plan:  3.Outline the tangible outcomes of the sabbatical leave.  Continue on a separate sheet if necessary. | | | | | | | | | | | | | | | |
| Hospital HR | | | Hospital Department Head | | | | | | | | | | Hospital Superintendent | | |
|  | | |  | | | | | | | | | |  | | |
| Department Head | | Dean | | | | | Joint Appointment Department Head | | | Human Resources Office | | | Vice President | | President |
|  | |  | | | |  | | |  |  | | |  | |  |

\*Application by joint appointment faculty from hospitals must be approved first by the pertinent Hospital.