**Sabbatical Coverage Information**

Please complete the following information to the best of your ability and include this document with your sabbatical request. Your department head will review this information and use it to plan coverage accordingly.

Course Planning

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class | Term | Credits | Will you be able to teach? | Potential Replacement(s) |
|  | Select |  | Select |  |
|  | Select |  | Select |  |
|  | Select |  | Select |  |
|  | Select |  | Select |  |
|  | Select |  | Select |  |
|  | Select |  | Select |  |

Graduate Student Advising

|  |  |
| --- | --- |
| Student Name | Proposed Support |
|  |  |
|  |  |
|  |  |

Committee Participation

Please note any plans in place for terms you will miss (e.g., not participating, finding a substitute, etc.)

|  |  |  |
| --- | --- | --- |
| Committee Name | Type | Proposed Plan |
|  | Select |  |
|  | Select |  |
|  | Select |  |
|  | Select |  |

Please share any other considerations related to your sabbatical coverage plan.

Click or tap here to enter text.