

Directed Sabbatical Application Form

Name

Proposed Institution

Have you had prior collaboration with this institution? If so, please describe.

Dates for the directed sabbatical (1 x 8 week block or 2 x 4 week blocks). Please discuss these dates with your Section Head prior to submitting the application.

First choice

Second choice

Third choice

What are your goals for the directed sabbatical? How do you plan to achieve them?

How will the directed sabbatical benefit your professional development?

How will the directed sabbatical impact the Department? Your Section?

Provide a detailed budget of up to \$25,000.00 for expenses, travel, lodging, and per diem in accordance with University of Michigan travel guidelines.

Please send completed application and requested documentation to facultylife@med.umich.edu