

University of the Philippines  
Manila

APPLICATION FOR SABBATICAL

Kindly use this form to apply for sabbatical. Submit two (2) copies of this form properly accomplished, to the UP Manila Academic Personnel and Fellowship Committee, c/o OPS  
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Name \_\_\_\_\_ Academic Rank \_\_\_\_\_  
College/Unit \_\_\_\_\_ Department \_\_\_\_\_  
Status of Appointment ( ) Permanent Tenure effectivity date \_\_\_\_\_

1. Purpose of sabbatical

( ) To undertake research. (Please attach research proposal)

Title : \_\_\_\_\_

Date/Duration/ funds \_\_\_\_\_

( ) To undertake textbook-writing project.(Please indicate textbook title and outline)

\_\_\_\_\_

( ) To undertake creative work. (Please describe creative work briefly)

\_\_\_\_\_

( ) Rest and Recreation

2. Duration

From: \_\_\_\_\_ To \_\_\_\_\_

3. Is this your first time to apply for sabbatical? ( ) Yes ( ) No

4. If no, when was your last sabbatical? Please specify dates & purpose \_\_\_\_\_

5. Name of external donor/sponsor agency, for the research or creative works, if applicable  
\_\_\_\_\_

6. What are your current academic and non-academic commitments (teaching, research, extension, others: both within and outside the University) Please use additional sheet, if necessary.

Sponsoring Agency	Description of Commitment	Date Started	Date Due

7. Other pertinent information

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
Citizenship \_\_\_\_\_ Length of U.P. Service \_\_\_\_\_  
Length of U.P. service in current academic rank : \_\_\_\_\_  
Civil Status ( ) Married ( ) Single ( ) Widow/widower  
No. of dependents (spouse, children below 21) \_\_\_\_\_  
Highest educational attainment : \_\_\_\_\_

8. Kindly explain in fifty (50) words or less, how your sabbatical fits into the plans of your Department/College/Unit.

9. What do you intend to do with your sabbatical output?

( ) Publish, Name of Publication/Journal \_\_\_\_\_  
( ) Deliver lecture, when ? (Specify date ) \_\_\_\_\_

I certify to the accuracy and completeness of the foregoing information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*\*\*\*\*  
Recommended by :

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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ACTION OF THE ACADEMIC PERSONNEL AND FELLOWSHIP COMMITTEE

Received by : \_\_\_\_\_ Date \_\_\_\_\_

Committee Meeting: Date \_\_\_\_\_  
( ) Approved ( ) Disapproved ( ) Deferred

Remarks: \_\_\_\_\_