UPM-VCAA-2004
Revised HRDO Form C-5

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

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
ACTION OF THE ACADEMIC PERSONNEL AND FELLOWSHIP COMMITTEE

Received by : _____   Date _____

Committee Meeting: Date _____
                   ( ) Approved   ( ) Disapproved   ( ) Deferred
Remarks: _____