

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

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

ACTION OF THE ACADEMIC PERSONNEL AND FELLOWSHIP COMMITTEE

Received by : _____ Date _____

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

Remarks: _____