

**WICHITA STATE UNIVERSITY**  
Final Report on Sabbatical Leave

Note: This form is to be completed and returned to your Chairperson by March 15 for fall leave and by October 15 for spring and academic year (AY) leave.

Name \_\_\_\_\_

Dates of Leave \_\_\_\_\_

- A. Please describe how much of your project you accomplished. If any major aspects of your sabbatical leave differed from those stated in your proposal as originally approved by the University, please describe those differences and the reasons for the changes (250 words).

B. What do you expect to the results of your leave? You may wish to consider the following:

Importance to your professional career

Contributions to your field

Tangible projects (publications, papers, etc.). (250 words)

Date Report Filed: \_\_\_\_\_

Faculty Member Signature: \_\_\_\_\_

Received and checked by: \_\_\_\_\_

Chair Date

Dean Date

Provost & Vice President for Academic Affairs & Research Date