SABBATICAL GRANT EVALUATION FORM

Applicant's Name:_____

Directions: Provide exact committee can expect to he Sabbatical Grant. The ink to student learning. Agrant activity, the CSDC andications from the build and/or activities cited be	o receive ne CSDC Attach ad will expe ding level	that will demonstra will give preference Iditional sheets if ne ect a submission of	te that you add to proposals the cessary. Upon the evidence o	ressed the goa hat provide a cl completion of utlined below o	ear the r
Applicant's Signature	Date	Principal's Signatu	ure Date		
Sabbatical Proposal Nar	me				