SABBATICAL FOR STUDY

Addendum to Application

Name: _____ File #: _____

School: _____ District: _____

SABBATICAL PERIOD: _____

APPROVED COURSES

Fall Term College	Title of Courses	Course #	# of Credits

Spring Term College	Title of Courses	Course #	# of Credits

NEW COURSES

College	Fall Term	Spring Term	Title of Courses	Course #	# of Credits

Approved: _____ Date: _____

Title: _____

Note: Please attach copy of course description of new courses.