Graphical user interface, text

Description automatically generated with medium confidence

**Research Sabbatical and Unpaid Leave Report**

|  |  |  |
| --- | --- | --- |
|  | **Applicant:** |  |

|  |  |  |
| --- | --- | --- |
|  | **School:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Period of Leave:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Institution(s) where**  **leave was spent:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Programme of work**  **undertaken:** |  |

1. **Outcomes of the Leave period :**

|  |  |  |  |
| --- | --- | --- | --- |
| **6.1.Publications** | | | |
| **Proposed Outcome** | | **Details** | **Outcome Achieved** |
| Title:  Details:  Journal of publication:  Submission date:  Publication date: | |  |  |
| Title:  Details:  Journal of publication:  Submission date:  Publication date: | |  |  |
| Title:  Details:  Journal of publication:  Submission date:  Publication date: | |  |  |
| **6.2. Monographs** | | | |
| **Proposed Outcome** | | **Details** | **Outcome Achieved** |
| Title:  Details:  Publisher:  Submission date:  Publication date: | |  |  |
| Title:  Details:  Publisher:  Submission date:  Publication date: | |  |  |
| Title:  Details:  Publisher:  Submission date:  Publication date: | |  |  |
| **6.3. Conference papers** | | | |
| **Proposed Outcome** | | **Details** | **Outcome Achieved** |
| Title:  Conference Details:  Date of Presentation: | |  |  |
| Title:  Conference Details:  Date of Presentation: | |  |  |
| Title:  Conference Details:  Date of Presentation: | |  |  |
| **6.4. Other Outcomes (including teaching duties, consultancy, etc.)** | | | |
| **Details** | **Outcome** | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |

1. **Append** an up-to-date IRIS Profile to this Report.
2. **Impact of period of Leave on International Standing**

*(For example, publications in international journals, presentations at international conferences, etc.)*

|  |  |
| --- | --- |
| * 1. **Impact on individual profile and scholarly standing** |  |
| * 1. **Impact on School/ College/University** |  |

1. **Grants, emoluments received by applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of paying authority** | **Name of grant and/or emolument** | **Amount of grant and/or emolument** | **Service in respect of emolument** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Signature of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Signature of Head of School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to verify that the information provided above is accurate.

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit your signed report and IRIS profile as one combined pdf file to: [researchsabbaticalleave@universityofgalway.ie](mailto:researchsabbaticalleave@universityofgalway.ie)