

XAVIER UNIVERSITY OF LOUISIANA
Sabbatical Leave Application

INSTRUCTIONS: All applications must include this cover sheet and should follow the guidelines. Refer to the University's Policy on Sabbatical Leave for clarification of the activities that can be supported by the University.

APPLICATION COVER SHEET

Faculty Name _____ **Date** _____

Academic Department _____

Years of Full-Time Teaching Xavier _____ Faculty Rank _____

Title of Proposal _____

Proposal Submitted for Term(s) _____ Fall _____ Spring _____ Academic Year

SIGNATURES (Applicant must have the Department Head (if applicable) and the Division Chair's signatures prior to submitting to the Dean; the Dean will sign prior to forwarding the application to the VPAA Office.)

Applicant Date _____

Department Head, if applicable Date _____

Division Chair Date _____

College Dean Date _____