

XAVIER UNIVERSITY OF LOUISIANA

Sabbatical Leave Application

INSTRUCTIONS: All applications must include this cover sheet and should follow the attached 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 at Xavier _____ Faculty Rank _____

Title of Proposal _____

Proposal Submitted for Term(s): _____F _____S _____Academic Year

SIGNATURES

(Applicant must have the chair's signature prior to submitting it to the dean; dean will sign prior to forwarding application to VPAA office.)

_____ **Date** _____
Applicant

_____ **Date** _____
Department Chair or Program Director

_____ **Date** _____
College Dean