UNIVERSITY OF EDUCATION, WINNEBA

APPLICATION FOR STUDY/SABBATICAL LEAVE

(To be completed by Applicant and submitted through his/her Head of Department, through the Registrar to the Vice Chancellor)

1. PERSONAL DATA

i. Department: .....

ii. Surname: .....

iii. Other Names: .....

iv. Sex: Male/Female.....

v. Marital Status: Married/Single – Other.....

vi. Date of Birth: .....

vii. Nationality: .....

viii. Present Appointment: .....

ix. Date of first appointment in the University of Education and other particulars: .....

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x. Date present contract expires:.....

xi. Person to be notified in case of emergency: (Full name, address and relationship).....

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2. NAMES OF UNIVERSITIES/INSTITUTIONS/ATTENDED

Name of Institution	Major Field of Study	Attended		Actual Name of Degree or Diploma	Date received or Expected
		From	To		

3. **POSITIONS HELD SINCE GRADUATION PRIOR TO PRESENT APPOINTMENT**

Position	Name and Address of Employer	Date

4. **GIVE DETAILS OF PREVIOUS STUDY LEAVE TAKEN (IF ANY)**

Place	Purpose	Date

5. **PROJECTED FIELD OF STUDY**

In the space below, please write a brief statement of the projected field of study or research you wish to pursue. This should include your reasons for your field of choice, your intended area of specialization within this field, relevance of your proposed course of study to your present or likely future work of the University and, where applicable, why the study cannot be undertaken in Ghana.

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6. Describe briefly the nature and scope of any material you have already collected for your study:

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7. Course of Study: .....

8. Proposed place of study: .....

9. Duration of proposed study: From .....

To .....

10. If you propose studying outside Ghana, give the names and addresses of close relatives or friends in the country of your choice.

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11. Finance

i. List members of your family who will accompany you, including those who will follow you later (Name, age and relationship), and types of passages required for them for the outward and return journeys:

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ii. The estimated tuition fee you need to pay for one academic year or term (as may be applicable) in the University of your choice (state in both foreign and Ghanaian currencies):

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iii. Nature of financial aid from any government agency and/or private foundation (full details – tuition, monthly stipend, books allowance examination fees, passages, local travel, health insurance etc.)

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12. ....

APPLICANT'S SIGNATURE **DATE**

13. **RECOMMENDATIONS OF HEAD OF DEPARTMENT**

- I recommend/do not recommend the grant of the above study/sabbatical leave with/without pay for the reasons below:

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14. I can certify that the absence of the applicant will not call for another appointment to fill his/her place, which will involve additional expenditure for the University.

Signature:..... Date .....

(Head of Department)

15. **RECOMMENDATIONS OF THE REGISTRAR**

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Signature ..... Date.....

16. **DECISION OF THE VICE CHANCELLOR**

* Study/Sabbatical leave approved/not approved on the following conditions

i. Duration .....

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ii. With/Without pay: .....

iii. Others:.....

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Signature: ..... Date:.....

Delete where not applicable