

**UNIVERSITY OF CAPE COAST
DIRECTORATE OF HUMAN RESOURCE
TRAINING AND DEVELOPMENT SECTION**



APPLICATION FORM FOR DECLARATION OF INTENT TO PURSUE FURTHER STUDIES-2023/2024

NB: YOU NEED A MINIMUM SERVICE PERIOD OF 3 YEARS (IF A JUNIOR/SENIOR STAFF) / 2 YEARS (IF A SENIOR MEMBER) TO QUALIFY TO APPLY FOR STUDY LEAVE

(TO BE PICKED & SUBMITTED BETWEEN AUGUST 1, 2022 – SEPTEMBER 30, 2022)

1. NAME OF APPLICANT: (SURNAME)
- OTHER NAMES:
2. STAFF NO.: JS/ SS/ SM:SEX: DATE OF BIRTH (DD/MM/YR): AGE:
3. CURRENT RANK:
4. HIGHEST EDUCATIONAL QUALIFICATION/PROGRAMME:
5. APPLICANT'S PHONE NO.: INSTITUTIONAL EMAIL ADDRESS
6. DATE OF ASSUMPTION (DD/MM/YR):
7. DATE OF CONFIRMATION OF APPOINTMENT:
8. CURRENT DEPT/SECT./UNIT:
9. DEPARTMENT'S PHONE NO. AND EMAIL ADDRESS:
10. COLLEGE/DIRECTORATE:
11. NUMBER OF YEARS SERVED AFTER ASSUMPTION (AS AT AUGUST 1):
12. LAST TIME STUDY LEAVE WAS GRANTED, IF ANY (STATE PROGRAMME, START & END DATE):
.....
13. INTENDED PROGRAMME OF STUDY:
14. INTENDED PLACE OF STUDY:
15. DATE OF COMMENCEMENT OF PROGRAMME:
16. DURATION OF PROGRAMME (YEARS):
17. TYPE OF PROGRAMME:
 - a) FULL-TIME
 - b) PART-TIME
18. MODE OF STUDY:
 - a) REGULAR
 - b) SANDWICH
 - DISTANCE
 - c) WEEKEND
 - d) ONLINE
 - e) OTHERS (PLEASE SPECIFY):
.....
19. KIND OF SPONSORSHIP REQUIRED (TICK ONE): (*refer to the Regulations on Training and Development for further details*)
 - i. STUDY LEAVE WITH PAY ONLY
 - ii. STUDY LEAVE WITHOUT PAY
 - iii. STUDY LEAVE WITH PAY & ADDITIONAL PACKAGES
20. OTHER SCHOLARSHIP PACKAGES OBTAINED. IF ANY, PLEASE STATE THE VALUE OF THE SCHOLARSHIP AND OTHER DETAILS:

21. RELEVANCE OF PROGRAMME TO DEPARTMENT/UNIVERSITY (MAXIMUM 100 WORDS):

.....
.....

.....
SIGNATURE OF APPLICANT

.....
DATE (DD/MM/YR)

22. COMMENTS BY HEAD OF DEPARTMENT/SECTION/UNIT IN RELATION TO:

a. RELEVANT TO THE DEPARTMENT:

.....
.....

b. CRITICAL NEED OF THE PROGRAMME:

.....
.....

NAME OF HEAD OF DEPARTMENT /SECTION/UNIT:

.....
SIGNATURE & OFFICIAL STAMP OF HEAD OF DEPARTMENT/SECTION/UNIT

.....
DATE (DD/MM/YR)

c. APPROVED BY:

I. DEAN (IF APPLICABLE)

NAME:

.....
SIGNATURE & OFFICIAL STAMP OF DEAN

.....
DATE (DD/MM/YR)

II. PROVOST/DIRECTOR

NAME:

.....
SIGNATURE & OFFICIAL STAMP OF PROVOST/DIRECTOR

.....
DATE (DD/MM/YR)

FOR OFFICIAL USE ONLY

Status of application:

I. Qualified

II. NOT Qualified

NAME:

.....
SIGNATURE & OFFICIAL STAMP OF HEAD (T&D SECTION)

.....
DATE (DD/MM/YR)