

METHODIST UNIVERSITY COLLEGE GHANA

APPLICATION FOR STUDY LEAVE/SPONSORSHIP FOR FURTHER STUDIES

- 1. NAME OF STAFF:
- 2. POSITION:
- 3. DEPT/UNIT/SECTION:
- 4. FACULTY:
- 5. NUMBER OF YEARS SERVED IN MUCG:
- 6. INSTITUTION APPLIED TO:
- 7. PROPOSED PROGRAMME OF STUDY:
- 8. DURATION OF PROPOSED PROGRAMME OF STUDY:
- 9. FULL TIME () PART TIME ()
- 10. FEES PER SEMESTER/TRIMESTER FOR THE PROGRAMME: SEMESTER:
TRIMESTER:
- 11. TOTAL COST OF PROGRAMME:
- 12. DATE PROGRAMME COMMENCES:
- 13. DATE OF LAST STUDY LEAVE:

- WITH SPONSORSHIP ()
- WITH PAY ()
- WITHOUT PAY ()

14. CURRENT REQUEST BY STAFF

STUDY LEAVE:

- WITH SPONSORSHIP ()
- WITH PAY ()
- WITHOUT PAY ()

15. SIGNATURE OF STAFF: DATE:

ASSESSMENT OF BY HEAD OF DEPARTMENT

(Assess the applicant with regards to the under-listed)

- **Relevance of programme to work:**
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- **Commitment to work:**
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- **Conduct of staff:**
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- **Number of staff returning from study leave at the beginning of next academic year:**
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- **Availability of vacancy after training:**
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RECOMMENDED () NOT RECOMMENDED ()

NAME OF HEAD OF DEPARTMENT:

SIGNATURE: DATE:

RECOMMENDATION BY DEAN/REGISTRAR
(Whichever is applicable)

COMMENT BY DEAN/REGISTRAR:
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RECOMMENDED () NOT RECOMMENDED ()

NAME OF DEAN/REGISTRAR:

SIGNATURE: DATE:

****The completed application form should be forwarded to the Registrar.***