

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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