

USMANU DANFODIYO UNIVERSITY, SOKOTO
(Office of the Registrar, Staff Training & Development Office)



APPLICATION FORM FOR VISITING APPOINTMENT

SECTION I:

1. Name: _____
2. SP. NO.: _____ Phone No _____
3. Institutional E-mail: _____ Alternative E-mail _____
4. GOOGLE SCHOLAR: Citation _____ h-index _____ i10-index _____
5. LINKEDIN ID _____
6. QUALIFICATION WITH DATES: _____
7. PRESENT RANK: _____
8. FACULTY: _____
9. DEPARTMENT: _____
10. DATE OF FIRST APPOINTMENT: _____
11. DATE OF CONFIRMATION: _____
12. DATE OF CONTRACT EXPIRES (Contract Staff Only): _____
13. CURRENT VISITING INSTITUTION(S):
 - A. _____
 - B. _____
14. INSTITUTION(S) WHERE VISITING APPOINTMENT IS TENABLE:
 - A. _____
 - B. _____
15. DURATION OF THE VISITING APPOINTMENT: FROM _____ TO _____

16. ANY OTHER INFORMATION: _____

Applicant' Signature

Date

SECTION II: To be completed by Head of Department.

17. (a) List the Staff currently on Visiting Appointment to other Institutions:

S/N	Name	SP. NO.	Rank	Institutions	Durations

(b) Head of Department's Recommendation
Recommended/Not Recommended

Signature

Date

SECTION III: To be completed by Dean of Faculty

18. Dean's Recommendation

Recommended/ Not Recommended

Signature

Date

SECTION IV: To be completed by the Secretary, Committee of Deans and Directors (for record purpose only)

19. COMMITTEE OF DEANS AND DIRECTORS'S DECISION
Approved/ Not Approved

Signature of Secretary, CODD

Date