

USMANU DANFODIYO UNIVERSITY, SOKOTO

(Office of the Registrar, Staff Training & Development Office)



APPLICATION FOR STUDY LEAVE/FELLOWSHIP

1. Name: _____
2. SP/JP: _____ Phone No: _____
3. E-mail: Institutional _____ Alternative E-mail _____
4. Google Scholar: Citation _____ h-index _____ i10-index _____
5. LinkedIn ID _____
6. Qualifications with dates: _____
7. Present Rank: _____
8. Faculty: _____
9. Department: _____
10. Date of First Appointment: _____
11. Date of Confirmation of Appointment (Tenure Staff Only): _____
12. Date Contract Expires (Contract Staff Only): _____
13. Institution where Study/Fellowship is tenable: _____
14. Programme to be pursued: _____
15. Purpose for which Study/Fellowship Leave is sought:
(Evidence to be attached)

16. Duration of Study Leave/Fellowship (including Attachment/Practical Training/NYSC, if applicable): Period of _____ year(s) from _____ to: _____
17. Previous Leave(s) with date(s): _____
18. Relevance of Proposed Field of Study to your Present & Future Responsibilities in the University (Brief): _____

19. Sponsorship:

(a) Have you secured the sponsorship outside? Yes/No

(b) If yes, give name and address of sponsor: _____

(c) Give details (duration, amount and condition, if any): _____

20. State of Health: _____

Note: Attach a photocopy of your current Medical Certificate

Applicant's Signature

Date

Section II: To be completed by Head of Department.

Recommended/Not Recommended

21. Relevance of the programme to the staff's present duties.

Signature

Date

Section III: To be completed by the Dean/Director of Faculty/Chairman ASAPC/Chairman Library, APC/Chairman, JSTC

22. Dean/Chairman

Recommended/Not Recommended

Signature

Date

Section IV: To be completed by the Secretary, Committee of Deans & Directors for record purpose only

23. CODD's Decision

(a) Approved/Not Approved

(b) Effective date of the leave

Signature

Date