

UNIVERSITY OF IBADAN, IBADAN
APPLICATION FOR STUDY LEAVE/LEAVE OF ABSENCE/SABBATICAL LEAVE

1. Name in Full (Underline surname):
2. Date of Birth:
3. Department:
4. Status:
5. Date of First Appointment:
6. Date of Confirmation of Appointment:
7. Accumulated Leave (if any):
8. (a) Present Salary:
- (b) Have you ever been granted study leave:
- (c) When did you return from your last Study Leave/Leave of Absence/Sabbatical Leave?
 Leave?
 (State Date):
- (d) How many semesters (not including leave without pay) have you completed since you returned from your last Study Leave/Sabbatical Leave or since appointment?
 (Delete whichever is not applicable):
9. (a) Duration of Study Leave/Leave of Absence/Sabbatical Leave (State number of semesters and commencing date):
- (b) When do you expect to resume duty in your Department/Institute/Unit? (State Date)
10. Details of work to be undertaken during the Leave:

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11. Indicate study post/posts:

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Town/City Country

12. Are you a recipient of or do you expect to receive any outside grant (e.g. Rockefeller, Ford Foundation, CIDA, Commonwealth, Nigerian Government, WHO, UNICEF, FAO., etc.)

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(Please enclose a copy of the letter of award and other relevant documents)

(b) State value of fellowship including allowances (personal and family allowances etc)

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Date Applicant's Signature

13. Head of Department's Recommendation:

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Head of Department's Signature & Date

14. Dean's Recommendation:

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Dean's Signature & Date