

**UNIVERSITY OF IBADAN, IBADAN**

**APPLICATION FOR STUDY LEAVE/LEAVE OF ABSENCE/SABBATICAL**

**2025**

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/Leave of Absence/Sabbatical?
- (c) When did you return from your last Study Leave/Leave of Absence/Sabbatical?  
(State Date): .....
- (d) How many semesters have you completed since you returned from your last Study Leave/Sabbatical or since appointment?  
(Delete whichever is not applicable): .....
9. (a) Duration of Study Leave/Leave of Absence/Sabbatical (State number of Semesters and Starting Date): .....
- (b) When do you expect to resume duty in your Department/Institute/Unit? (State Date)  
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10. Details of work to be undertaken during the Leave: .....

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11. Indicate Study Post(s)/Leave of Absence Location/Sabbatical Location:

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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.)

.....  
Date Applicant's Signature

13. Head of Department's Signature: ..... Date: .....

14. Dean's Signature: ..... Date: .....