

**UNIVERSITY OF CAPE COAST  
DIRECTORATE OF HUMAN RESOURCE  
TRAINING AND DEVELOPMENT SECTION**



**APPLICATION FORM FOR DECLARATION OF INTENT TO PURSUE FURTHER STUDIES-2025/2026**

NB: YOU NEED A MINIMUM SERVICE PERIOD OF 3 YEARS (IF A JUNIOR/SENIOR STAFF) / 2 YEARS (IF A SENIOR MEMBER) TO QUALIFY TO APPLY FOR STUDY LEAVE

(TO BE PICKED & SUBMITTED BETWEEN AUGUST 6, 2024 – SEPTEMBER 30, 2024)

1. NAME OF APPLICANT: (SURNAME) .....  
OTHER NAMES: .....
2. STAFF NO.: JS/ SS/ SM: .....SEX: ..... DATE OF BIRTH (DD/MM/YR): ..... AGE: .....
3. CURRENT RANK: .....
4. HIGHEST EDUCATIONAL QUALIFICATION/PROGRAMME: .....
5. APPLICANT'S PHONE NO.: ..... INSTITUTIONAL EMAIL ADDRESS .....
6. DATE OF ASSUMPTION i.e. TO PRESENT STATUS (DD/MM/YR): .....
7. DATE OF CONFIRMATION OF APPOINTMENT: .....
8. CURRENT DEPT/SECT./UNIT: .....
9. DEPARTMENT'S PHONE NO. AND EMAIL ADDRESS: .....
10. COLLEGE/DIRECTORATE: .....
11. NUMBER OF YEARS SERVED AFTER ASSUMPTION (AS AT AUGUST 1): .....
12. LAST TIME STUDY LEAVE WAS GRANTED, IF ANY (STATE PROGRAMME, START & END DATE):  
.....
13. INTENDED PROGRAMME OF STUDY: .....
14. INTENDED PLACE OF STUDY: .....
15. DATE OF COMMENCEMENT OF PROGRAMME: .....
16. DURATION OF PROGRAMME (YEARS): .....
17. TYPE OF PROGRAMME:
  - a) FULL-TIME
  - b) PART-TIME
18. MODE OF STUDY:
  - a) REGULAR
  - b) SANDWICH
  - DISTANCE
  - c) WEEKEND
  - d) ONLINE
  - e) OTHERS (PLEASE SPECIFY):  
.....
19. KIND OF SPONSORSHIP REQUIRED (TICK ONE): (*refer to the Regulations on Training and Development for further details*)
  - i. STUDY LEAVE WITH PAY ONLY
  - ii. STUDY LEAVE WITHOUT PAY
  - iii. STUDY LEAVE WITH PAY & ADDITIONAL PACKAGES
20. OTHER SCHOLARSHIP PACKAGES OBTAINED. IF ANY, PLEASE STATE THE VALUE OF THE SCHOLARSHIP AND OTHER DETAILS: .....
21. RELEVANCE OF PROGRAMME TO DEPARTMENT/UNIVERSITY (MAXIMUM 100 WORDS):

.....  
.....

.....  
SIGNATURE OF APPLICANT

.....  
DATE (DD/MM/YR)

**22. COMMENTS BY HEAD OF DEPARTMENT/SECTION/UNIT IN RELATION TO:**  
**a. RELEVANT TO THE DEPARTMENT:**

.....  
.....

**b. CRITICAL NEED OF THE PROGRAMME:**

.....  
.....

NAME OF HEAD OF DEPARTMENT /SECTION/UNIT: .....

.....  
SIGNATURE & OFFICIAL STAMP OF HEAD OF DEPARTMENT/SECTION/UNIT

.....  
DATE (DD/MM/YR)

**c. APPROVED BY:**

*I. DEAN (IF APPLICABLE)*

NAME: .....

.....  
SIGNATURE & OFFICIAL STAMP OF DEAN

.....  
DATE (DD/MM/YR)

*II. PROVOST/DIRECTOR*

NAME: .....

.....  
SIGNATURE & OFFICIAL STAMP OF PROVOST/DIRECTOR

.....  
DATE (DD/MM/YR)

**FOR OFFICIAL USE ONLY**

**Status of application:**

**I. Qualified**

**II. NOT Qualified**

NAME: .....

.....  
SIGNATURE & OFFICIAL STAMP OF HEAD (T&D SECTION)

.....  
DATE (DD/MM/YR)