



KABARNET UNIVERSITY COLLEGE

(A Constituent College of Moi University)

Tel: 0793970957
Email: info@unika.ac.ke
Web: <https://www.unika.ac.ke>

P. O. Box 348
Kabarnet, Kenya

APPLICATION FOR STUDY LEAVE

This application form should be completed in triplicate and be submitted to the Office of the Vice Chancellor at least 30 days before commencement of study leave.

1. Names P/F No.....
Date of appointmentDesignationDate of Confirmation.....
Department Faculty/School/Institute
2. I wish to apply for study leave from the University from to
..... to enable me pursue at
.....
3. Sponsor
.....
.....
4. Since joining the University College, I have been granted the following study leave:

STUDY LEAVE PERIOD	PLACE OF STUDY	COURSE (CERT./MASTERS/PH.D ETC.)

5. (a) Comments by the Head of Department/Section on relevance of the training to the Department

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.....
.....
.....

- (b) Impact of applicants absence from the Department/Section

.....
.....

(c) While away his/her duties will be performed by

I recommend/do not recommend study leave

Signature

HEAD OF DEPARTMENT/SECTION.....

Date

6. Comments by Dean of Faculty/School/Institute. I recommend/do not recommend study leave.

Reasons for not recommending

.....
.....
.....
.....

Signature:

DEAN OF FACULTY/SCHOOL/INSTITUTE:

Date:

7. Recommendations of the Staff Development Committee:

APPROVED/NOT APPROVED

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8. In the case of Academic and Senior Administrative Staff the Vice Chancellor will grant approval or otherwise

I the Vice Chancellor hereby approve/do not approve study leave of the named member of staff from

..... to.....

If not approved, give reasons for non-approval:

.....
.....
.....

Signature:Date:

PRINCIPAL

- i) Original – PRINCIPAL
- ii) Dean of Faculty/School/Institute
- iii) Head of Department