

# MOI UNIVERSITY

Tel NO: (053) 43001-8  
(053) 43620  
Fax: (053) 43047  
Telex: 35047 Moiversity

P.O. Box 3900  
Eldoret  
KENYA

**Ref No:** MU/R&T/SLF/001

## 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 appointment .....Designation .....Date 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, 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  
.....  
.....  
.....  
.....
- (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

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

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: .....

VICE - CHANCELLOR

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