



THE UNIVERSITY OF THE WEST INDIES  
MONA CAMPUS

**APPLICATION FOR STUDY LEAVE**

To be submitted to the Human Resources Management Division

1. NAME OF APPLICANT .....
2. DEPARTMENT.....
3. POSITION.....
4. DATE & DURATION OF PREVIOUS TWO STUDY LEAVES GRANTED  
*(Your application will not be processed until the report on your last Study Leave is received)*
5. DETAILS OF WORK RESULTING FROM EACH OF THOSE LEAVES:  
*(e.g. publications, papers read at conferences, new contacts for UWI)*
6. PERIOD OF LEAVE NOW BEING APPLIED FOR, AND COUNTRY/ COUNTRIES IN WHICH IT IS PROPOSED TO SPEND LEAVE:
7. THE PERIOD FOR WHICH THE LEAVE IS TAKEN SHALL NOT, SAVE IN EXCEPTIONAL CIRCUMSTANCES, BEGIN OR EXTEND BEYOND THE PERIOD - JUNE 1 TO AUGUST 15. IF SO, STATE REASONS: *(Applicable only to staff not on continuous duties)*
8. DETAILS OF WORK TO BE UNDERTAKEN AND INSTITUTIONS TO BE VISITED:

**9. RESULTS ANTICIPATED FROM WORK PROPOSED:**

.....  
**SIGNATURE OF APPLICANT**

.....  
**DATE**

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**COMMENTS FROM HEAD OF DEPARTMENT OR RELEVANT OFFICER**

*Where applicable, state proposed arrangement for carrying out duties during absence. Heads/Deans are to indicate arrangements that have been made to cover teaching, examination and/or administrative and professional responsibilities during the period of absence.*

**SIGNATURE** .....  
Dean/Head of Department/Relevant Officer

**DATE**.....

**STUDY LEAVE APPROVED/DISAPPROVED**.....  
**PRINCIPAL**

**Date**.....