



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

APPLICATION FOR STUDY & TRAVEL GRANT

To be submitted to the Human Resources Management Division

1. NAME OF APPLICANT
2. DEPARTMENT.....
3. POSITION.....
4. DATE OF LAST STUDY & TRAVEL GRANT
(Your application will not be processed until the report on the use of your last Study & Travel Grant is received)
5. DETAILS OF WORK RESULTING FROM THAT GRANT:
(e.g. publications, papers read at conferences, new contacts for UWI)
6. DETAILS OF CURRENT SPECIFIC GRANT REQUEST:
Airfare (indicate cost and cities): _____
Subsistence (indicate dates) _____
Conference fees etc. (specify costs) _____
Other expenses (specify) _____
To be accompanied by _____
7. INDICATE WHICH OF THE FOLLOWING WOULD COVER THE PERIOD FOR WHICH THE GRANT WILL BE USED:
 STUDY LEAVE
 LOCAL LEAVE
 LEAVE OF ABSENCE *(Applies to staff not on continuous duties)*
OTHER (specify) _____
8. 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)*

9. DETAILS OF WORK TO BE UNDERTAKEN AND INSTITUTIONS TO BE VISITED:

10. RESULTS ANTICIPATED FROM WORK PROPOSED:

.....
SIGNATURE OF APPLICANT

.....
DATE

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

DATE.....

STUDY& TRAVEL GRANT APPROVED/DISAPPROVED.....

PRINCIPAL

Date.....