

UNIVERSITY OF SIERRA LEONE
APPLICATION FOR RENEWAL OF STUDY LEAVE
(To be completed by Fellow)

1. Name of Applicant (Prof/Dr/Mr/Mrs/Ms):.....
.....
2. College/Institute to which Applicant is assigned.....
3. Department:.....
4. Date of First USL Appointment:.....
5. Present Appointment:.....
6. Commencement date of Study Leave:.....
7. Course of Study Leave:.....
.....
8. Name and Address of institution of Study:.....
.....
9. Expected date of Completion of Study:.....

.....

DATE

.....

SIGNATURE

PART II

To be completed by Supervisor of Studies. This report is not to be shown to the Study Fellow

1.	<i>Supervisors Name in full</i>
2.	<i>(a) Institution to which Study Fellow is attached</i> <i>(b) Date(s) to which report refers</i>
3.	<i>Title or description of Course of training</i>
*4.	<i>Please comment on the Study Fellow's Academic progress. If any shortcomings have become apparent, have they been pointed out to the Study Fellow?</i>
*5.	<i>Has the Study Fellow taken any examinations or completed any graded assignment? If so, please give results. If no examination has yet been taken, has Study Fellow shown particular aptitude in any area or study?</i>
<i>Date:.....</i> <i>Signature:.....</i> <i>Designation:.....</i>	

PART III

A. (To be completed by Registrar)

Study Leave with/without salary renewed for period.....
19..... to 19.....

.....

DATE

.....

SIGNATURE

REGISTRAR'S COMMENTS

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.....
.....

SIGNATURE:

DATE:

DECISION OF THE VICE-CHANCELLOR AND PRINCIPAL

.....
.....

SIGNATURE:

DATE: