



RESEARCH/STUDY LEAVE APPLICATION FORM

A) Details of Applicant

Name: _____ ID #: _____
College/Center: _____ Department: _____
Position: _____

B) Details of Research/Study Leave:

No. of days requested: _____
Purpose of visit: _____
Location/Institute: _____
Nature of Research/Study: _____

Name of the Chief Collaborator: _____
Details of support provided by host: _____

C) Details of research grant if leave to be considered under research work at SQU

SQU research grant No.: _____
Nature of work to be undertaken during the leave: _____

D. Details of last Research/Study leave granted

No. of days granted: _____ Academic year: _____
Details of research/study carried out: _____

Report submitted: Yes No If not, please submit your report
Signature of the Applicant: _____ Date: / / 200

