

# UGANDA CHRISTIAN UNIVERSITY

P.O Box 4,  
Mukono, Uganda



## STAFF DEVELOPMENT COMMITTEE

# STAFF UPGRADING FORM

(To be filled **IN DUPLICATE** by staff applying to go for further studies for a period exceeding three months.)

### PART A: (To be completed by Applicant)

#### A1. PARTICULARS OF APPLICANT

A1.1 Surname: \_\_\_\_\_ Other Names \_\_\_\_\_

A1.2 Faculty: \_\_\_\_\_ Department \_\_\_\_\_

A1.3 Current Appointment: \_\_\_\_\_

A1.4 Terms of Employments: (Permanent/ Contract): \_\_\_\_\_

Months/Years to end of your Contract: \_\_\_\_\_ months/Years.

3. Date you joined Uganda Christian University employment: \_\_\_\_\_

4. Qualifications held at present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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A1.5 Primary Area of Academic/Professional Interest: \_\_\_\_\_  
\_\_\_\_\_

Any form of canvassing by applicants may lead to disqualification.

Applicant's signature: .....Tel: .....

A1.6 Secondary Academic/Professional Interests: \_\_\_\_\_  
\_\_\_\_\_

**A.2 DETAILS OF COURSE OF STUDIES**

Name of Course: \_\_\_\_\_

Start date: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Title of Award at End of Course: \_\_\_\_\_

Name of Institution where admitted: \_\_\_\_\_

Department where registered: \_\_\_\_\_

Times of Day when expected to be in class studying: \_\_\_\_\_  
\_\_\_\_\_

Intended Dates of travel: Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Address of Institution / Department where admitted:  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Supervisor or Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

*(Please note that this will be the person to be contacted to provide an official progress report)*

Area of study (for postgraduate studies only):  
\_\_\_\_\_

Skills expected to have been acquired at end of Course:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

[Any form of canvassing by applicants may lead to disqualification.](#)

Applicant's signature: .....Tel: .....

4. \_\_\_\_\_

5. \_\_\_\_\_

What benefits from this event are likely to accrue to: -

(i) You personally in your career at UCU?

(ii) UCU as a result of your participation?

(Attach the write up for i and ii)

**A.3 SPONSORSHIP OF COURSE OF STUDY**

Name of Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cost of Program: \_\_\_\_\_

Amount of any stipend received per Semester / Year: \_\_\_\_\_

**Support being requested for from Staff Development Committee**

- Permission to Study
- Paid Study Leave
- Unpaid study leave
- Requesting for funding

**Total Cost Requested** US\$ \_\_\_\_\_ USH \_\_\_\_\_

On a separate sheet of paper, provide a thorough breakdown of funds you will require (*i.e. tuition, accommodation etc.*);

- a. Per year
- b. Per semester/module

*(Please note that once funds are awarded for study, no more funds will be given outside the award)*

When did you last Study/ travel? Dates \_\_\_\_\_ For how long? \_\_\_\_\_

Purpose which course?  
\_\_\_\_\_

Sponsored By: \_\_\_\_\_

Have you been sponsored by or through Uganda Christian University before?

[Any form of canvassing by applicants may lead to disqualification.](#)

Applicant's signature: .....Tel: .....

Yes/No: \_\_\_\_\_

Date you completed such previous study: \_\_\_\_\_

Did you submit the required information to the Human Resource office?

Yes

No

Course of Study sponsored: \_\_\_\_\_

Duration of Course: \_\_\_\_\_

Institution of study: \_\_\_\_\_

Date of completion: \_\_\_\_\_

**Notes:**

- (i) For those items which you do not require sponsorship indicate the sponsor(s)
- (ii) Attach documentary evidence of your invitation, acceptance admission and the basis of your Costs.
- (iii) If you are travelling by air, attach indicative costed itinerary from the procurement office.
- (iv) Sign on each page

**Applicant**

Signed by..... Name .....

Telephone ..... Email .....

**PART B: FOR ALL STAFF (To be completed by the Supervisor / Head of Department /)**

B. 1 What is your evaluation of the contribution of this event to the career development of applicant?

Highly Important  Important  Useful

Irrelevant  Not Sure

B.2 What is your evaluation of the contribution of this event to the current job performance of the applicant?

Very Important  Important  Useful

Irrelevant  Not Sure

[Any form of canvassing by applicants may lead to disqualification.](#)

Applicant's signature: .....Tel: .....

B.3 (i) Would the current job commitments of the applicant allow him /her to undertake this study / travel?

Yes

No

(ii) If Yes, indicate briefly what contingency plans you have made

\_\_\_\_\_

B.4 Your Study / travel vote for the current financial year has a balance of USD \_\_\_\_\_ available funds.

B.5 What is your rating of the importance of this request within your current priorities?

High

Medium

Low

**B.6 Please write and attach a recommendation for your staff applicant indicating: -**

- (a) Relevance of Course of Study to his/her work.
- (b) Show how many of your staff are on course of study now.
- (c) Clearly indicate how many hours the staff on study will be required to teach per academic year
- (d) **For reduced workload;** Clearly explain how the gap of reduced load for staff on study would be covered.

Signed by.....  
H.O.D

**PART C: FOR ACADEMIC STAFF (To be completed by the Dean)**

***If this section is not filled your application shall not be considered.***

C. 1 What is your evaluation of the contribution of this event to the career development of applicant?

Highly Important  Important  Useful

Irrelevant  Not Sure

C.2 What is your evaluation of the contribution of this event to the current job performance of the applicant?

Very Important  Important  Useful

[Any form of canvassing by applicants may lead to disqualification.](#)

Irrelevant  Not Sure

C.3 (i) Would the current job commitments of the applicant allow him /her to undertake this study / travel?

Yes

No

(ii) If Yes, indicate briefly what contingency plans you have made \_\_\_\_\_

C.4 Your SDC vote for the current financial year has a balance of UGX \_\_\_\_\_ available funds. (refer to quota awarded by sdc)

C.5 What is your rating of the importance of this request within your current priorities?

High  Medium  Low

C.6 Please write and attach a recommendation for your Staff applicant indicating the following:

- (a) Relevance of Course of Study to his/her work.
- (b) Show how many of your staff are on course of study now.
- (c) Clearly indicate how many hours the staff on study will be required to teach per academic year
- (d) **For reduced workload;** Clearly explain how the gap of reduced load for staff on study would be covered.

Note; Attach to your letter the Faculty’s training needs for this financial year.

Signed by.....  
Dean

**PART D: FOR BOTH ACADEMIC AND ADMINISTRATIVE STAFF (To be completed by the Line DVC)**

***If this section is not filled your application shall not be considered.***

D. 1 What is your evaluation of the contribution of this event to the career development of applicant?

[Any form of canvassing by applicants may lead to disqualification.](#)

Applicant’s signature: .....Tel: .....

Highly Important  Important  Useful   
Irrelevant  Not Sure

D.2 What is your rating of the importance of this request within your current priorities?

High  Medium  Low

D.3 Do you agree with the recommendations of the Dean/H.O.D/Supervisor?

Yes  No

Briefly explain below or on a separate sheet

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

**Signed by**

Name..... Signature .....

DVC (.....)

*Any form of canvassing by applicants may lead to disqualification.*

Applicant's signature: .....Tel: .....