

# UGANDA CHRISTIAN UNIVERSITY

P.O Box 4,  
Mukono, Uganda



## STAFF DEVELOPMENT COMMITTEE

### RECORD FORM

(To be filled by Staff Applying to go for further studies for a period exceeding three months)

#### 1. PERSONAL INFORMATION

Surname: \_\_\_\_\_ Other Names \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Telephone Contacts: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

#### 2. DETAILS OF COURSE OF STUDIES

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

Date Started: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

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

Name of Institute where registered: \_\_\_\_\_

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

Times of Day where expected to be studying in class \_\_\_\_\_

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

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

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

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

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

Skills expected to have been acquired at end of Course:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

### 3. SPONSORSHIP OF COURSES OF STUDIES

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

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

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

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

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

Signed..... Name.....  
**Applicant**