

**UGANDA CHRISTIAN UNIVERSITY**  
**DIRECTORATE OF HUMAN RESOURCE & ADMINISTRATION**

**STUDY COMPLETION FORM**

This form is to be completed by all staff members returning from study leave.

**Section A: To be completed by the Job holder / Staff**

Employee name: \_\_\_\_\_ UCU ID No. \_\_\_\_\_

Job Title: \_\_\_\_\_ Scale: \_\_\_\_\_

Date contract expires: \_\_\_\_\_

State Course completed: \_\_\_\_\_

State Institution: \_\_\_\_\_

State Course approved by SDC: \_\_\_\_\_

State Institution approved by SDC: \_\_\_\_\_

Date of SDC award: \_\_\_\_\_ Expected Completion date: \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_  
*(Attach testimonial)*

Expected date of Return to work: \_\_\_\_\_  
*(Should be the next working day after date of return from leave)*

***Items submitted to SDC as proof of your completion of study***

S/R	Particular	Tick off if document is attached
1	Certificate - <i>Must</i>	
2	Transcript - original - <i>Must</i>	
3	Copy of the thesis / dissertation	
4	Copy of the graduation booklist etc - <i>Must</i>	
5	Letter from the institution of study confirming completion and award - <i>Must</i>	
6	Copy of the last Student ID from the institute of study - <i>Must</i>	
7	Total Financial Support received	
8	Receipts of total financial support received	

**NOTE;**

- 1. A staff member who has not completed their studies during the study leave period originally awarded must attach a justification for not completing in the agreed time.***

2. *Please note that if this form is not received within a month of return from study leave, the Human Resource Office will not be able to process your salary payments.*

Date.....

Signature..... Contact no. ....

Contact no. ....

**Section B: To be completed by SDC Secretariat**

Name of course or program approved:\_\_\_\_\_

Name of course or program completed:\_\_\_\_\_

Start date for SDC approved program: \_\_\_\_\_

End date of the program: \_\_\_\_\_

Did the Staff member complete the course / program as per the bonding contract?

Yes\_\_\_\_\_No \_\_\_\_\_

Signed; .....

Date: .....