UNIVERSITY OF COLOMBO
APPLICATION FOR STUDY LEAVE

|  |  |
| --- | --- |
| 01. Name |  |
| 02. Department & Designation |  |
| 03. Date of First Appointment |  |
| 04. Previous Service, if any |  |
| 05. Any Scholarships ect. available to do the Study (give details) |  |
| 06. Place of Study (Mention University etc.) and Qualifications to be obtained |  |
| 07. Field of Study |  |
| 08. Probable Subject of thesis, if any |  |
| 09. Papers if any, published in recognized journals |  |
| 10. Date : | Signature of Applicant |
| (To be Filled by the Head of the Department)11. Field of Study pursued by other teachers of the Department and qualifications obtained Field of Study Qualification 1. ……………………… ………………………….
2. ……………………… ………………………….
3. ……………………… ………………………….
4. ……………………… ………………………….
5. ……………………… ………………………….
6. ……………………… ………………………….
7. ……………………… ………………………….
8. ……………………… ………………………….
 |
| 12. Where in the light of position set out in (9) this training would be of benefit to this University |  |
| 13. Where this research or part of it could be done in Sri Lanka? If so, give details |  |
| 14. Applicant's ability to teach English and Sinhala / Tamil |  |
| 15. Applicant's aptitude, capacity etc. for research |  |
| 16. Applicant's ability as a Lecturer |  |
| 17. Applicant's conduct |  |
| 18. Date on which Study Leave is recommended |  |
| 19. Other observations, if any |  |
| 20. Date : | Signature of Head of Dept. |
| 21. Observations, if any |  |
| 22. Date : | Signature of the Director |
| 23. Recommendation of the Leave & Awards Committee |  |