

APPLICATION FOR STUDY TIME

Applicant to complete details:

Faculty/Office: _____ Budget Unit: _____

Family Name: _____ Other Names: _____

Employee Number: _____ Extension: _____ Full-time Part-time

Position Title: _____ Pos. No: _____ Hours/Week: _____

Study completed to date (please show completed and partly completed courses):

Year	Course or stage completed	Results/Qualifications gained

Course Details:

Course: _____ Institution: _____ Year to be completed: _____

State how your program will assist you in your current or potential development within the University (Refer to any Performance Management System directions):

Subject Enrolled (attach documentary evidence)*	Attendance at Lecture		Attendance at Tutorial		Semester Vacations	
	Day	Time	Day	Time	From	To

* If **repeating** subject, indicate with an (R) in the table above. Attach justification if seeking study time.

Study Time Proposed (Day and Time)				
				Hours
Monday	:	to	:	
Tuesday	:	to	:	
Wednesday	:	to	:	
Thursday	:	to	:	
Friday	:	to	:	
Total Hours per week:				

OR

Amended Study Time (Day and Time)				
				Hours
Monday	:	to	:	
Tuesday	:	to	:	
Wednesday	:	to	:	
Thursday	:	to	:	
Friday	:	to	:	
Total Hours per week:				

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Block Period Sought (**research/thesis**, etc)? No Yes: From: ___/___/___ To: ___/___/___

From: ___/___/___ To: ___/___/___

If this course requires attendance at a **compulsory residential school**, please indicate:

Subject	Number of Days	Dates		
		/ /	to	/ /
		/ /	to	/ /
		/ /	to	/ /
		/ /	to	/ /

Signature of Staff Member: _____ Date: ___ / ___ / ___

Recommendation and Approval for Study Time:

I have discussed this program with the applicant and agree that the course is appropriate for study time to be approved.

The abovementioned times for Study Time:

ARE convenient to the working arrangements of the Faculty/Office **OR**

ARE convenient **AS AMENDED ON PAGE 1** to the working arrangements of the Faculty/Office.

Other Comments:

Recommended (Signature of Supervisor): _____ Date: ___ / ___ / ___

Approved: _____ Date: ___ / ___ / ___
Head of Faculty/Office or other HR Delegate

Copy of Approval provided to Staff Member / **Recorded** in Faculty/Office: _____ (inits)

HR USE ONLY:

Placed on File: _____ (inits) ___ / ___ / ___