

UNIVERSITY OF ILORIN, NIGERIA



APPLICATION FOR GRANT FROM THE STAFF DEVELOPMENT FUND

- I. NAME: SEX:
- II. DEPARTMENT:
- III. STATUS:
 - a) Present Designation:
 - b) Annual Salary:
 - c) Qualification:
- IV. DATE OF FIRST APPOINTMENT:
- V. DATE OF CONFIRMATION OF APPOINTMENT:
- VI. DATE OF LAST RECEIVED GRANT FROM THIS FUND (if any):
- VII. PURPOSE FOR WHICH GRANT IS DESIRED:
.....
- VIII. INSTITUTION AND COUNTRY WHERE TENABLE:
.....
- IX. PERIOD OF COURSE (State Date of Commencement and Completion):
.....
- X. QUALIFICATION IN VIEW:
- XI. BREAKDOWN OF GRANT DESIRED:
 - a) Tuition of Grant Desired:
 - b) Book:
 - c) Thesis:
 - d) Research Expense:

XII. OTHER SOURCE(S) FINANCIAL SUPPORT AND APPROXIMATE

Source:

Value:

Signature: Date:

Recommendation by Head of Department:

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Signature: Date:

Comment of the Dean of Faculty:

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Signature: Date:

N.B: In the interest of the applicant, recommendation should be as detailed as possible.

Additional report by Dean and Head of Department may be attached, if necessary.

I hereby declare that I shall not be paid and External grant/draw a stipend during the period for which I shall derive a grant from Staff Development Scheme Funds.

Signature:

File No:

Phone No:

Email Address: