GOVERNMENT OF ST. VINCENT AND THE GRENADINES

APPLICATION FOR LOCAL STUDY LEAVE

Name: .....

Grade/Post: .....

Name of Programme: .....

Length of Programme: .....

Name(s) of Course(s): .....

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Period Requested: .....
(attach support documents)*

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Due date(s) Assignment / Examination date(s): .....

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.....

Signature of Applicant: ..... Date: .....

SUPERVISING OFFICER

Leave Recommended ☐

Signature..... Date.....

HEAD OF DEPARTMENT

Leave Recommended ☐

Signature..... Date.....

DATE(S) OF RESUMPTION.....

DEPARTMENT'S/MINISTRY'S STAMP

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*Support documents **must** contain the following information (**they should not be written on**):

a) the **name** and **code** for the course(s) for which leave is being requested;
b) the **examination date** or **assignment due date** for the course(s) leave is being requested for; and
c) the **weight** for the examination/assignment (percentage of the final mark for the assignment/examination).

"N.B. A copy of the acceptance letter from the university **must** be submitted with the first application for local study leave."