



**KENYATTA UNIVERSITY
GRADUATE SCHOOL**

TIME-OFF APPLICATION FORM

Fill in Duplicate

I. PERSONAL DATA

Name: P.F. No.

Gender: Male Female

Email Address: Cell Phone:

Reg. No.: Terms of Employment:

Designation (Assistant Lecturer, Lecturer):

Department: School:

Year of Registration: Expected Completion Date:

II. RESEARCH DETAILS & WORKPLAN

Research Topic:

.....
.....

Stage of Ph.D Research Programme:

.....
.....

Last Date of submission of Progress Report:

Time-Off Requested for: No. of Days: From: To:

Summary of Work to be done (Provide details of Comprehensive Work Schedule in the table provided below)

.....
.....

Detailed Work Plan (Please use separate Sheet if Necessary)

Period From – To	Number of Days	Activities	Output

III. RECOMMENDATIONS

i. Supervisors’:

Percentage of work already done:

No. of Days Recommended: From: To:

Name of Supervisor:

Signature:Date:

Name of Supervisor:

Signature: Date:

ii. Chairman of Department

Name:

Recommended Not Recommended

No. of Days Recommended: From: To:

Signature: Date:

iii. Dean of School

Name:

Comments: (To be submitted directly to the Dean, Graduate School)

Recommended Not Recommended

No. of Days Recommended: From: To:

Signature: Date:

IV. CERTIFICATION BY APPLICANT

I hereby certify that all the information given in this application is correct and complete.

Signature: Date:

V. FOR OFFICIAL USE ONLY

Recommended by Ph.D Facilitation Committee:

Number of Days: From: To:

Dean, Graduate School:

Name: Signature Date

Approved by Management Board:

Number of Days: From: To:

Vice-Chancellor: Signature Date