

UNIVERSITY OF ELDORET

TRAINING SPONSORSHIP REQUEST FORM

1. INFORMATION PROVIDED BY THE APPLICANT

A. PARTICULARS OF THE APPLICANT

Name

School.....Department.....

B. ACADEMIC BACKGROUND/QUALIFICATIONS

Institution Attended	From	To	Qualification
I _____	_____	_____	_____
II _____	_____	_____	_____
III _____	_____	_____	_____

DETAILS OF THE COURSE TO BE SPONSORED

1. Course to be undertaken/being undertaken (PHD, Degree, Diploma or Certificate)
2. Institution of Study _____
3. Mode of Study – Full/Part-Time _____
4. Duration of Study _____
5. Budget of the Whole Course (Kshs) _____
6. If already registered indicate amount paid (Kshs) _____
7. Any other relevant Information

2. INFORMATION PROVIDED BY THE H.O.D

Is the training request as per approved departmental budget? Yes/No _____

Has the applicant qualified for the training as per the policy? Yes/No _____

Indicate any conditions not fulfilled (if any)

Indicate whether there are employees in your department undergoing training even if self-sponsored.

Recommendations

Name _____ Signature _____ Date _____

3. RECOMMENDATIONS BY DEAN OF RELEVANT SCHOOL (FOR ACADEMIC STAFF)

Name _____ Signature _____ Date _____

4. COMMENT BY THE DEPUTY VICE CHANCELLOR (ACADEMIC & STUDENTS AFFAIRS/ADMINISTRATION & FINANCE (before sending the application to Human Resource Department for processing).

Name _____ Signature _____ Date _____

5. VICE-CHANCELLOR/UNIVERSITY MANAGEMENT BOARD APPROVAL

Name: _____ Signature _____ Date _____