

**APPLICATION FOR FUNDS FOR CONTINUING EDUCATION**

**(ACADEMIC)**

*Please read the conditions for applying for these funds before completing this form*

*Applications for research-based Masters and Doctoral studies can be submitted to the Research Office.*

*All other applications must be submitted to HR.*

**PERSONAL & WORK DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name:** |  |
| **Gender:** | **M** | **F** | **Race:**  |  | **Identity Document Nr:** |  |
| **Job Title:** |  | **Department/Division:** |  |
| **Name of HoD or if you are the HoD, Dean:** |  |
| **Telephone extension:** |  | **E-Mail Address:** |  | **Staff nr:** |  |
| **Length of time on the current job:** |  | **Is this a permanent/ temporary position?** | **Y** | **N** | **If you’re on a temporary post, please state duration of the contract:** |  |
| **Is this post funded by RU?** | **If no, please note that this fund does not usually pay for studies. Please contact the Research Office to establish what kind of assistance is available.**  |
| **Highest qualification:** **(*Please attach your results*)** |  |

**EDUCATIONAL PLANS**

*NOTE: Please attach a copy of the educational course material including an outline of the topics/subjects to be covered, the duration of the course and the cost.*

|  |  |
| --- | --- |
| **Qualification for which you intend to register:**  |  |
| **Educational Institution**:  |  | **Anticipated duration of the degree:**  |  |
| **Closing date for registration:** |  | **Starting Date:** |  |
| **Supervisor:** |  | **Supervisor’s** **Email address:** |  |
| **Why do you wish to do register for this degree?** *Please provide detailed reasons why you wish to register for this degree and why the degree cannot be done at Rhodes University. Also provide details of likely absence from Rhodes University to do the research, consult with your supervisor, etc.* |  |

**COSTS**  *Please attach documentation providing proof of cost of tuition fees.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **Please add columns as required.** |
| **Tuition Fee:** |  |  |  |  |  |
| **Examination Fee:** |  |  |  |  |  |
| **Travel:** |  |  |  |  |  |
| **Accommodation:**  |  |  |  |  |  |
| **Subsistence:** |  |  |  |  |  |
| **List other costs associated with the course:** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL COST:** |  |  |  |  |  |
| **75% cost to RU:****Maximum grant by RU is R11000 per annum** |  |  |  |  |  |

**DECLARATION**

|  |
| --- |
| *I am aware and accept the conditions associated with the granting of a loan to continue my formal education.**I declare that the information supplied by me on this form is correct and I note that the submission of false information will render this application null and void.*  |
| **Signature of** **Applicant:** |  | **Date** |  |

Please note the following process:

1. Please discuss this application with your HoD or if you are the HOD, your Dean. Explore the implications of this course for yourself, the department and institution;
2. The application should then be forwarded either to the Research Office (for research-based Masters and Doctoral degrees), or to HR (for other academic studies), for consideration. The document can still be forwarded even if it does not have the support of the HoD or Dean;
3. If the application is approved, you will receive a grant letter from the relevant Office;
4. HR will contact you as you will need to sign a service contract and if relevant, a loan agreement BEFORE your fees are paid;
5. The relevant office (HR or Research Office) will facilitate the payment of fees to the relevant institution on your behalf;

Where your degree/course is for longer than one year,

1. At the end of the year, you will need to provide the relevant office (HR/Research Office) with the relevant progress report needed. If the relevant office (HR/Research Office) agrees to continue to support you financially, then points 3 to 6 above will apply.

**APPROVAL OF HOD or Dean**

|  |  |  |
| --- | --- | --- |
| **Do you support this application?** | **YES** | **NO** |
| ***Reasons:***  |
| **Name:** |  | **Designation:** |  |
| **Email Address:** |  | **Telephone:** |  |
| **Signature:** |  | **Date:** |  |

**\*\*\* FOR OFFICE USE ONLY \*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Application approvedResearch Office: | **YES** | **NO** | Date: |  | **Approved by:** |  |
| **If not approved, please state reasons why** |  |
| (Where the qualification is longer than 12 months, this approval is for the entire duration of the qualification provided the individual meets the requirements for continued payment) |