

Work Address: _____

Telephone (s): Home _____ Work _____ Mobile _____

Email Address: _____

Section B

Current Position/Job Title: _____

Ministry/Department where Employed: _____

Date of initial Employment: _____ Date of first Appointment: _____

Present Salary: _____

Section C

Course of study: PHD Masters Bachelor Associates

Mode of Study: Online On Campus

Intended University/ Institution: _____

Country of above University/ Institution: _____

Course Commencement Date: _____ End Date: _____

Estimated Cost for	Tuition (Yearly)	USD\$ _____
	Room & Board	USD\$ _____
	Books	USD\$ _____
	Airfare	USD\$ _____
	Total Estimated Cost	USD\$ _____

TOTAL ESTIMATED COST PER YEAR _____ (USD\$)

Have you received financial assistance from any other institution? Yes () No ()

If YES, kindly state which organisation: _____

Section D

Indicate whether you are willing to sign a bond for serving the Government of St. Kitts and Nevis upon your return, for a period as may be required of you: Yes () No ()

Name, Address, and Occupation of your two (2) proposed Guarantors for bonding purposes:

1. Name: _____

Address: _____

Contact Information: _____

Employer: _____ Position: _____

2. Name: _____

Address: _____

Contact Information: _____

Employer: _____ Position: _____

Kindly attach the following documents to the application:

- i. Cover letter specifying objectives for pursuing studies;
- ii. Original letter of acceptance from the institution; and
- iii. Relevant breakdown of fees.

I certify that the above information, to the best of my knowledge, is true and accurate.

Applicant's Signature

Date: (dd/mm/yyyy)

Section E

TO BE COMPLETED ONLY BY PERSONS SEEKING STUDY LEAVE.

Permanent Secretary/ Head of Department kindly fill in the below, sign and date this section.

Please indicate your approval of the officer's application for further study: Yes () No ()

Indicate whether arrangements can be made for another officer to carry out duties in the applicant's absence: Yes () No ()

Kindly comment to support your decision:

Signature of Permanent Secretary/ Head of Department

Date: (dd/mm/yyyy)