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| Please affix recent photograph |



**SCHOLARSHIP APPLICATION FORM - ACADEMIC STAFF**

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| **(SECTION A: TO BE COMPLETED BY THE APPLICANT)** | | | | | | | | | | | | | | | | |
| **Types of Application:** | | | | |  | | | | | **Institution to further study:** | | | | | | |
|  | Scholarship Only (Part-Time Study) | | | | | | | | |  | | | UTS | | | |
|  | Partial Scholarship (Part-Time Study) | | | | | | | | |  | | | Other Local University | | | |
|  | Study Leave & Scholarship (Full-Time Study) | | | | | | | | |  | | | Overseas | | | |
|  | Study Leave & Partial Scholarship (Full-Time Study) | | | | | | | | | *Please tick (√) where applicable* | | | | | | |
|  | Study Leave only | | | | | | | | |  | | | |  | | |
| 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| Full Name (Capital Letters): | | | | |  | | | | | | | | | | | |
| Staff No: | | | | |  | | NRIC No: | | | | | | |  | | |
| Date of Birth: | | | | |  | | Place of Birth: | | | | | | |  | | |
| Age: | | | | |  | | Marital Status: | | | | | | |  | | |
| Tel. No (M): | | | | |  | | Email: | | | | | | |  | | |
| Home/ Correspondence Address: | | | | |  | | | | | | | | | | | |
| Citizenship:  *Please tick (√) where applicable* | | | | | Sarawakian | | |  | | | Non-Sarawakian | | | | |  |
| Bumiputera | | |  | | | Non-Bumiputera | | | | |  |
| 1. **SERVICE DETAILS** | | | | | | | | | | | | | | | | |
| Length of Service in UTS: | | | |  | | | Present Position / Date Appointed: | | | | | | |  | | |
| School / Department: | | | |  | | | Date of Confirmation: | | | | | | |  | | |
| 1. **CURRENT QUALIFICATION** | | | | | | | | | | | | | | | | |
| Academic/Professional Qualifications  (Please attach copies of certificates and examination transcripts. Please also state details on degree/Master-e.g. Honours, 2nd Class Upper and CGPA) | | | | | | | | | | | | | | | | |
| Name of Institution | | Type of Certificate (Degree/Master) | | | | Date Awarded | | | | | | | | Field of Specialisation | | |
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| 1. **OTHER DETAILS** | | | | | | | | | | | | | | | | |
| Have you been awarded any other financial assistance / scholarship? Yes No | | | | | | | | | | | | | | | | |
| If yes, please state the name of the scholarship: | | |  | | | | | | | | | | | | | |
| Amount Awarded: | | |  | | | | | | | | | Duration of Scholarship: | | |  | |
| Are you bonded by any contract to serve any institution: Yes No | | | | | | | | | | | | | | | | |
| If yes, please state the name of the institution: | | |  | | | | | | | | | Number of Years Bonded: | | |  | |
| 1. **APPLICATION DETAILS** | | | | | | | | | | | | | | | | |
| Name of University to Pursue Studies: | | |  | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | |
| Programme: | | |  | | | | | | Field of Study: | | | | |  | | |
| Area of Specialisation: | | |  | | | | | | The Degree Which Will be Awarded: | | | | |  | | |
| Date of Commencement: | | |  | | | | | | Duration of Programme: | | | | |  | | |
| *(Please attach letter of offer)* | | | | | | | | | | | | | | | | |
| 1. **DECLARATION** | | | | | | | | | | | | | | | | |
| I declare that the above information is true and correct. I understand that upon completion of the full-pay study leave/part-time study leave, UTS will **not be responsible** in providing a higher position or any other position which commensurate with the new qualification that I will obtain. I also agree to sign an agreement for compulsory service (bonding) with UTS due to the financial assistance (including salary) provided during the part-time or full-time studies.  Signature of the applicant:  Name:  Date: | | | | | | | | | | | | | | | | |
| **IMPORTANT NOTES**   1. Application for Scholarship must be submitted 3 months before commencement of study. 2. Written notification for study leave must be submitted together with this form before the commencement of study (Preferably 3 months before). 3. Applicant is required to: -   (a) Attach offer letter for admission from the institution concerned.  (b) Must attend Research Methodology course organised by UTS School of Postgraduate or  other University applied for further studies.   1. Application only eligible for confirmed staff with minimum 1 year of service in UTS 2. Candidate must attend interview (if relevant) conducted by UTS Scholarship & Study Leave committee members. 3. Please list all the subjects that will be taken and please submit details of the subject from the information brochure of the university concerned. 4. If a dissertation or a thesis is involved, please submit title and brief summary of your intended dissertation or thesis proposal and reasons as to why you choose the particular research topic.   *(Note: Please forward this application through your Dean)* | | | | | | | | | | | | | | | | |
| **(SECTION B: TO BE COMPLETED BY THE HOP/DEAN)** | | | | | | | | | | | | | | | | |
| 1. **Comments & Recommendations (Head of Programme)** | | | | | | | | | | | | | | | | |
| * Please state whether the course taken by the applicant is relevant to the needs of the University/School. * Please state your opinion on the ability of the applicant to follow the course successfully.      * Others: (Can applicant be released from duties to pursue postgraduate PhD on Study Leave basis and can School manage within its personal resources).     Signature & Stamp: Supported  Name : Not Supported  Date : | | | | | | | | | | | | | | | | |
| 1. **Comments & Recommendations (Dean)** | | | | | | | | | | | | | | | | |
| * Comment:   Signature & Stamp: Supported  Name : Not Supported  Date : | | | | | | | | | | | | | | | | |
| 1. **For Human Capital and Administration (HCAD) Use** | | | | | | | | | | | | | | | | |
| Length of Service: Sufficient Fund: Yes No  Disciplinary Action: Yes No  If yes, please state the type of disciplinary misconduct and action taken.    Checked & Verified by: Recommended by  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & stamp: Name & stamp:  Date: Date: | | | | | | | | | | | | | | | | |
| 1. **For Committee Member Use Only** | | | | | | | | | | | | | | | | |
| Recommended / Not Recommended Recommended / Not Recommended      Name: Name:  Member Member  Date: Date:  Recommended / Not Recommended Recommended / Not Recommended        Name: Name:  Member Member  Date: Date:  Recommended / Not Recommended      Name:  Chairman  Date: | | | | | | | | | | | | | | | | |
| 1. **For Vice Chancellor Approval / Not Approved** | | | | | | | | | | | | | | | | |
| Approved / Not Approved            Vice Chancellor  University of Technology Sarawak  Date: | | | | | | | | | | | | | | | | |