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**IT Sligo – Request for Support for Programme of Study**

**Academic Year 2022/2023**

This form is to be used by members of staff seeking support from IT Sligo to undertake a programme of study leading to a formal academic qualification.

Please **complete all sections** of the application form and submit to your **Head of Department by Friday 11th March 2022**

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| **PERSONAL DETAILS** |
| **Name** |  | **Staff No.** |  |
| **Title:** | Dr / Mr/ Mrs/ Ms/ Miss / Other Please circle | **Department** |  |
| **School / Function** |  | **If part time please state wte** |  |
| **Current academic qualifications** | Qualification Date Institution |

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| **PROPOSED STUDIES** |
| **Name of Programme** |  |
| **Details of Programme**  | (Expand this section if necessary and attach a programme brochure if available.) |
| **Provider** |  |
| **Why have you chosen this particular course and provider?Have you researched alternative providers?** |  |
| **Mode of Study (Insert MCj04347130000[1])** | **Fulltime** | **Part-time** | **On Line** | **Distance** | **Other**  |
|  | (For other, please specify) |
| **Duration** | (years) |
| **Cost (€)** | Estimated course fees per annum | **€** |
| **Why do you think this programme is of relevance / importance to your work at IT Sligo?** | (Expand this section if necessary to consider the full range of activities you are engaged in at IT Sligo)  |
| **Why do you think this programme is of relevance/importance to the mission and objectives of IT Sligo?** | (Expand this section if necessary to consider, for example (but not limited to), the National Strategy for Higher Education to 2030, the IT Sligo Strategic Plan, and various Government and other strategic documents of importance in your field of expertise and of relevance to the development of the region and country.) |
| **What specific knowledge, skills and competencies do you expect to gain/ improve as a result of completing this programme of study?** | (Expand this section if necessary.) |
| **How will you use what you have learned from this programme of study to improve your performance and the performance of IT Sligo?** | (Expand this section if necessary.) |
| **Please provide details of other support (financial / non-financial) which you would like IT to consider supporting** | Financial (€) |
| Non-financial (please specify) |
| **Is this programme of study referenced in your Personal Development Plan (PDP)?** | Yes | No |
| **Date of PMDS meeting** |
| **Any further comments or relevant information?** | (Expand this section if necessary.) |

**SIGNATURE:**

**DATE:**

**To be completed by Head of Department**

|  |  |
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| **Statement of support for this application from Head of Department.** | (Expand this section if necessary to comment on the relevance / importance) |
| **Rank this request amongst all other requests from your department** |  |

**HEAD OF DEPARTMENT SIGNATURE:**

**DATE:**  \_\_\_\_\_\_

**To be completed by Head of School**

|  |  |
| --- | --- |
| **Rank this request amongst all other requests from your school** |  |

**HEAD OF SCHOOL SIGNATURE:**

**DATE:**  \_\_\_\_\_\_

**Decision**

|  |  |
| --- | --- |
| **Decision to approve or reject request.** **Where approved set out exact details of approval****Where rejected set out rationale.** |  |