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|  | Further Education Policy (FEP) Scheme**Renewal Application Form**(for applicants previously approved and continuing programme) | | | |  |
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|  | Section I – Applicant Details | | | |  |
|  | Name Personnel No.  Application No. / University of Galway Student ID No. (For applicants on University of Galway programmes only)  Email Address Contact Number  Work Address    Employment Status  Post Title and Grade | | | |  |
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|  | Section II – Programme Details | | | |  |
|  | Programme Name and Institution  Programme Fees (excluding student levy and registration fees)  Please confirm the year in which you will be progressing in your current programme (e.g. final year of three year programme)  Please confirm years of which funding was approved to date    Will the programme require leave from normal working hours? Yes c No c  Have you or do you intend to submit an application for Special Leave/Career Break scheme for administration, Library, Technical and Buildings staff for the period in which you are applying for funding support.  Yes c No c  If yes, please provide details of application      Have you provided your Manager with a copy of your exam results, progress report or GRC report from last academic year?  Yes c No c  Signature of Applicant Date | | | |  |
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|  | Section III – To be completed by Manager | | | |
|  | Name  Contact Details | | | |
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|  | I confirm the following:   1. **Resources** Where attendance at programme of study requires the applicant named in Section I above to be released from their work, or they are unavailable, or unable to execute their existing workload by reason of the requirements of a programme supported under this scheme, arrangements will be made by me to cover that deficit from within the Unit’s existing resources. 2. **Programme Details and Schedule for the next Academic Year** I am cognisant of the requirements of the programme being undertaken by the applicant, named in Section I above in terms of course schedule, examination and study leave. 3. **Programme Progress from last Academic Year** The applicant has provided me with copy of exam results/progress report/GRC report from last academic year. (If applicant was approved for leave of absence, please attach copy of approval). | | | |
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|  | **Signatures**  Manager (Print Name) Signature  Date  Dean of College, Head of School, Support Unit, Research Institute  Name Signature  Date | | | |
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|  | **Please submit the following documents along with application:**   1. Copy of your Exam Results or Progress Report from PhD supervisor.  If completing PhD programme in University of Galway, copy of GRC report. 2. If on leave of absence, please submit copy of approval. | | **Send to:** [**learninganddevelopment@universityofgalway.ie**](mailto:learninganddevelopment@universityofgalway.ie)  Marked: FEP Application  Learning and Development,  Quadrangle, University of Galway | |