The Maldives National University
Rahdhebai Higun, Machchangolhi, Male', Maldives.
Phone: 3345406, 3345405; Fax: 3344093

ދިވެހިރާއްޖޭގެ ޤައުމީ ޔުނިވަރސިޓީ
ރަޙްދެބައިހިގުން، މައްޗަންގޮޅި، މާލެ، ދިވެހިރާއްޖެ
ފޯން: 3345406، 3345405 ފެކްސް: 3344093

Application for Sabbatical Leave

ސަބެޓިކަލް ޑިވެލޮޕްމަންޓް ޗުއްޓީ ފޯމް

Section 1: Personal details

ޗުއްޓީ ފަރާތުގެ މަޢުލޫމާތު

Full name ______ ފުރިހަމަ ނަން

Record Card Number ______ ރިކޯޑް ކާޑު ނަންބަރު

Contact Phone Number ______ ފޯނު ނަންބަރު

Faculty /Centre & Department ______ ފެކަލްޓީ/ސެންޓަރ އަދި ޑިޕާޓްމަންޓް

Job Tile ______ މަޤާމު

Section 2: Proposed Leave Parameters

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Target Academic Semester
- ☐ Semester 1 (January to June)
- ☐ Semester 2 (July to December)

Academic Year Intended for Leave ______

Primary Strategic Focus of Leave
(Tick that applies)
- ☐ Academic Research / Original Studies & Publications
- ☐ Advanced Postgraduate Study / Professional Certifications
- ☐ Professional Development / Pedagogical Innovations
- ☐ Other Scholarly Activities.

Host International Institutiion Name: ______

Host Country & Location (Address): ______

Expected Outputs (Tick all that apply)

- ☐ Research Publications
- ☐ Researcg Grant Proposal
- ☐ Professional Certification
- ☐ Conference Presentation(s)
- ☐ Book or Book chapter
- ☐ Curriculum or programme development
- ☐ New Partnership or Collaboration
- ☐ Policy Brief/Report
- ☐ Others (Please Specify): ______

Declaration

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By signing below, I formally agree to adhere to all statutory provisions of The Maldives National University ("the University") during my approved sabbatical, and undertake the following:

- ☐ **1. Exclusivity:** I will fully commit to my approved scholarly framework and will not engage in any outside employment or gainful occupation during this leave.
- ☐ **2. Reporting:** I will provide regular progress updates to my parent department as outlined in my sabbatical plan.
- ☐ **3. Attribution:** I will formally credit "The Maldives National University" in all publications, presentations, or academic outputs resulting from this leave.

Breach of Terms: I acknowledge that if the University determines I have misused this leave or breached this declaration, the leave will be cancelled immediately. I will be required to return to work immediately, and may face disciplinary action and financial recovery in accordance with University Policies and the Employment Act.

Date ______ ތާރީޚް Signature ______ ސޮއި

Please Check ☑

- ☐ You have filled in all necessary details
- ☐ You are submitting required documents as evidence (see guide "Sabbatical Leave Application Portfolio & Procedure Package")

Institutional Endorsement

To be filled by the faculty/Center

Head of the Faculty/Centre

- ☐ Endorsed and Recommended
- ☐ Not Recommended/Rejected.

Name: ______

Date ______ Signature ______

** If rejected please handover/return complete package to staff

ACTION COMPLETED – OFFICE USE ONLY

Received by HR: Date Time Form complete: Yes / No

Date staff notified of result: Letter reference: Record amended by: Date