

NB: This report must be completed by the staff member within **ONE month** of the completion of the program. If it is not, the next program may be deferred.

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Department: \_\_\_\_\_ Faculty: \_\_\_\_\_

---

**OSP Details:**

Period of Outside Studies Program: From \_\_\_ / \_\_\_ / \_\_\_\_ To \_\_\_ / \_\_\_ / \_\_\_\_

Is this report being submitted late?  Yes  No

---

**Major Activities and Locations:**

---

**Major Outcomes:**

---

**Benefits for Future Teaching and Research:**

---

*Equal Employment Opportunity and No Smoking are University Policies*

Human Resources@



**Source: Human Resources  
Form 19.04c**

*Created: 2 December 2008  
Modified: 2 December 2008*

**Benefits for the University:**

---

**Comparisons with other Universities (e.g. standards, programs, procedures, facilities):**

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

---

**Adviser – For Comment:**

Adviser's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

---

**Head of Department (if not Adviser) – For Comment:**

Head of Department's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

---

**Executive Dean – For Comment and Acceptance:**


If report is submitted late, is the next OSP to be deferred?  No  Yes – by \_\_\_ months

Is report accepted?  Yes  No – further information is required as in comments

Executive Dean's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

---

HR: Report placed on personal file/Copy sent to DVC-R \_\_\_\_\_ (initials) \_\_\_ / \_\_\_ / \_\_\_\_ (date)

<i>Equal Employment Opportunity and No Smoking are University Policies</i>	Human Resources@ 
<b>Source: Human Resources Form 19.04c</b>	Created: 2 December 2008 Modified: 2 December 2008