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| Official Logo.gif Staff development center **APPLICATION FOR** **THE CERTIFICATE IN TEACHING IN HIGHER EDUCATION (CTHE) - 2017** |

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| **01** | Name |  |
| **02** | Date of Birth  |  |
| **03** | Address(Residential) |  |
| **04** | Tel |  | **05** | Mobile Phone |  |
| **06** | Gender | Male / Female | **07** | Civil Status | Single / Married |
| **08** | Faculty |  | **09** | Department /Unit |  |
| **10** | Tel |  | **11** | Email Address |  |
| **12** | Position |  | **13** | Date ofAppointment |  |
| **14** | Confirmation | Yes / No | **15** | If yes, the date ofconfirmation |  |
| **16** | **Qualification** |  |
| **16.1** | Basic Qualification(First Degree) |  |
| **16.2** | Postgraduate Degree/ Degrees ( if any) |  |
| **17** | Subject areas you cover in teaching |  |
| **18** | Research area/ areas of your interest  |  |
| **19** | **Particulars about your publications \*** |
| **19.1** | In refereed journals (Number ) |  | **19.2** | As extended abstracts/abstracts(Numbers) |  |
| **20** | **Please indicate your expectations from the SDC ( tick the appropriate cell / cells)** |
| **20.1** | Teaching in Higher Education Course |  | **20.2** | How to use Audio – Visuals for teaching |  |
| **20.3** | Conduct of Assessments |  | **20.4** | Use of information Technology for preparing lectures  |  |
| **20.5** | Quality enhancement of the Academics |  | **20.6** | Research Methodology |  |
| **20.7** | Any other ( please specify) |  |

*\* Note: You may use a separate sheet if you need to provide more information*

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| **21** | **I understand that,** A. The course is conducted mostly in weekends and public holidays or during the mid semester break at the Uva Wellassa University and is conducted in EnglishB. To pass the course, I have to submit the following :* Assignments given at the workshops ( within 14 days after the workshop)
* A presentation on a given topic
* A portfolio at the end of the course

C. I have to devote at least 6 hrs / week on my own for self studiesD. I should have more than 80% of attendanceSignature of the Applicant :……………………… Date:………………………… |
| **22** | **Recommendation of the Head of the Department :**I recommend / not recommend the above application. I have read and agreed to provide the necessary facilities, for the applicant to complete this course. I like to release Dr / Mr / Ms /………………………………………………………………………………………………. of my Department for the Lectures / workshops organized by the staff Development Centre (SDC) until the end of this course.Head / Dept. of…………………………………………………………………….Name:………. …………………………………………………………Tel:.................................................... Email :…………………………….Signature: ………………………… Date: ……………………………. |
| **23** | **Recommendation of the Dean of the Faculty**I recommend / not recommend the application.Dean / Faculty of ………………………………………………………………….Tel ……………………………………….. Email……………………………Signature: ………………………………… Date: …………………………… |