STAFF DEVELOPMENT CENTER

APPLICATION FOR
THE 9th CERTIFICATE COURSE IN TEACHING IN HIGHER EDUCATION (CTHE)

01	Name				
02	Date of Birth				
03	Address (Residential)				
04	Tel		**05**	Mobile Phone	
06	Gender		**07**	Civil Status	
08	Faculty		**09**	Department /Unit	
10	Office Tel		**11**	Email Address	
12	Designation		**13**	Permanent/Temporary	
14	Date of Appointment				
15	**Educational Qualifications**				
15.1	Basic Qualification (First Degree)				
15.2	Postgraduate Degree /Degrees (if any)				
16	Subject areas you cover in teaching				
17	Research area/ areas of your interest				
18	**Particulars about your publications ***				
18.1	In refereed journals (Number)		**18.2**	As extended abstracts (Numbers)	
18.3	As abstracts (Numbers)				
19	**Please indicate your expectations from the SDC (Tick the appropriate cage/cages)**				
19.1	Teaching in Higher Education Course		**19.2**	How to use Audio – Visuals for teaching	
19.3	Conduct of Assessments		**19.4**	Use of information Technology for preparing lectures	
19.5	Quality enhancement of the Academics		**19.6**	Research Methodology	
19.7	Any other (Please specify)				

20	**I understand that,** A. The CTHE is conducted mostly on Fridays, weekend days and public holidays or during the mid-semester break, study leave period, examination period and vacation at the Uva Wellassa University and is conducted in English medium. B. To pass the course, I have to fulfill the following: • Submit and pass assignments given at the workshops (within 14 days after the workshop) • Conduct and pass the presentation on a given topic at the end of the course • Submit and pass the portfolio at the end of the course C. I have to devote at least 6 hrs/week for self-studies/independent learning D. I should have **a minimum of 80% attendance** to qualify for the award of the certificate. E. The course fee is **non–refundable.** Signature of the Applicant:…… Date:……
21	**Course Fee** Permanent Members (Internal) Free of charge Temporary Staff Members (Internal) Rs. 15,000.00* External Applicants Rs. 30,000.00* ***Please attach the receipt of the payment received from Shroff, Uva Wellassa University to this application.**
22	**Recommendation of the Head of the Department:** I recommend / do not recommend the above application. I have read and agreed to provide the necessary facilities, for the applicant to complete this course. I would 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 /do not recommend the application. Dean /Faculty of ……. Tel …….. Email…… Signature: …… Date: ……

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