



STAFF DEVELOPMENT CENTER



APPLICATION FOR THE 10th 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	<p>I understand that,</p> <p>A. The CTHE is conducted mostly on Wednesdays, Thursdays, Fridays, during weekends and public holidays and/or during the mid-semester break, study leave period, examination period and vacation at the Uva Wellassa University and is conducted in English medium.</p> <p>B. To pass the course, I have to fulfill the following:</p> <ul style="list-style-type: none"> • 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 <p>C. I have to devote at least 6 hrs/week for self-studies/independent learning</p> <p>D. I should have a minimum of 80% attendance with minimum 50% attendance for each of the 10 modules to qualify for the award of the certificate.</p> <p>E. The course fee is non-refundable.</p> <p>Signature of the Applicant:..... Date:.....</p>						
21	<p>Course Fee</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Permanent Members (Internal)</td> <td style="width: 50%;">Free of charge</td> </tr> <tr> <td>Temporary Staff Members (Internal)</td> <td>Rs. 15,000.00*</td> </tr> <tr> <td>External Applicants</td> <td>Rs. 30,000.00*</td> </tr> </table> <p>*Please attach the receipt of the payment received from Shroff, Uva Wellassa University to this application.</p>	Permanent Members (Internal)	Free of charge	Temporary Staff Members (Internal)	Rs. 15,000.00*	External Applicants	Rs. 30,000.00*
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Temporary Staff Members (Internal)	Rs. 15,000.00*						
External Applicants	Rs. 30,000.00*						
22	<p>Recommendation of the Head of the Department:</p> <p>I recommend / do not recommend this application. I have read and agreed to provide the necessary facilities, for the applicant to complete this course.</p> <p>I would like to release Dr/Mr/Ms/..... of my Department from lectures/examinations/other duties to attend the lectures/workshops organized by the Staff Development Centre (SDC) until the end of this course.</p> <p>Head /Dept. of.....</p> <p>Name:.....</p> <p>Tel:..... Email :.....</p> <p>Signature: Date:</p>						
23	<p>Recommendation of the Dean of the Faculty:</p> <p>I recommend /do not recommend this application.</p> <p>Dean /Faculty of</p> <p>Tel Email.....</p> <p>Signature: Date:</p>						

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