

## APPLICATION FOR THE 12<sup>th</sup> CERTIFICATE COURSE IN TEACHING IN HIGHER EDUCATION (CTHE)

01	Name								
02	Date of Birth								
03	Address (Residential)								
04	Tel			05	Mobile Pl	none			
06	Gender			07	Civil State	us			
08	Faculty			09	Departme				
10	Office Tel			11	Email Ad				
12	Designation			13	Permanen	t/Tempora	ry		
14	Date of Appointment								
15	Educational Qua	lifications							
15.1	Basic Qualification (First Degree)	n							
15.2	Postgraduate Degr /Degrees ( if any)	ee							
16	Subject areas you cover in teaching								
17	Research area/ are your interest								
18	Particulars about			-					
18.1	In refereed journal (Number )		18.2	As extended (Numbers)			18.3	As abstracts (Numbers)	
19	Please indicate yo	our expecta	tions from the	e SDC (Tick t	he appropi	riate cage/	cages)	•	
19.1	Teaching in Highe Education Course	r	19.2	How to use			Ũ		
19.3	Conduct of Assessments		19.4	Use of info	mation Tec	hnology fo	or prepa	ring lectures	
19.5	Quality enhancem of the Academics	ent	19.6	Research M	Iethodology				
19.7	Any other (Please specify)								

	I understand that, 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.							
	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 teaching practice evaluation.							
	• 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 with minimum 50% attendance for each of the 10 modules 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 this 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							
	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.							
	Department from lectures/examinations/other duties to attend the lectures/workshops organized by the Staff							
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23	Department from lectures/examinations/other duties to attend the lectures/workshops organized by the Staff   Development Centre (SDC) until the end of this course.   Head /Dept. of.   Name:   Tel:   Email:   Signature:   Date:   Recommendation of the Dean of the Faculty:   I recommend /do not recommend this application.							
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\* Note: You may use a separate sheet if you need to provide more information