

APPLICATION FOR THE

CERTIFICATE IN TEACHING IN HIGHER EDUCATION (CTHE) COURSE

STAFF DEVELOPMENT CENTRE, UNIVERSITY OF SRI JAYEWARDENEPURA

1. Personal Information

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Date

| 1.1 | Full Name: Ven. / Dr. / MS. / Mr. | |
|--|-----------------------------------|--|
| 1.2 | Name with initials : | |
| 1.3 | Present Position: | |
| 1.4 | Department: | |
| 1.5 | Faculty: | |
| 1.6 | University / Institute/ Campus: | |
| 1.7 | Postal Address: | |
| | | |
| | | |
| | Phone :(Res) | |
| | (Office) | |
| | (Mobile) Fax | |
| | E-mail | |
| 2. Applicant's Statement : | | |
| I wish to follow the Certificate in Teaching in Higher Education (CTHE) course and agree to pay Rs. fifty thousand (Rs 50,000/-) as course fee | | |

Signature

3. Recommendation of the University /Institute

(Note; By the recommending the applicant for the Certificate in Teaching in Higher Education conducted by the University of Sri Jayewardenepura. you agree to release her/him from all teaching, examination, clinical or any other duties on Fridays to enable her/him to participate in the programme without interruption)

| I hereby recommend the participation of Ven. $\!\!/$ | Dr. / Ms. / Mr | |
|--|------------------------------------|--|
| of tl | ne Department of | |
| in the Certificate Course in Teaching in Higher Education (CTHE) conducted by Staff Development center of the University of Sri Jayewardenepura. | | |
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| Date | Head of the Department | |
| | | |
| Date | Dean/Director of Institute | |
| | | |
| Date | Vice Chancellor / Rector of Campus | |