



**Staff Development Centre**  
**UNIVERSITY OF RUHUNA**  
 Matara, Sri Lanka

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 E-mail: sdcdirector@admin.ruh.ac.lk  
 sdc@admin.ruh.ac.lk  
 Web site: https://adm.ruh.ac.lk/sdc/

**Application Form**

**Certificate Course for Professional Development in Higher Education 2023**

**1. Personal Information**

1.1 Name in Full: (Mr./Ms./Rev/Dr) : .....

1.2 Date of Birth :..... 1.3 Gender: Male /Female .

1.3 Address:

Residential: .....

Postal : .....

1.4 Tel No: Home : ..... 1.5 Mobile: ..... 1.6 Fax: .....

1.7 E-mail: .....

1.8 Position : .....

1.9 Date of first Appointment: .....

1.10 Department: ..... 1.11 Faculty: .....

1.12 Academic Qualifications:

Degree	Date of Award	University

**2. Selection of Modules**

2.1 Have you participated in the University of Ruhuna CCPDHE Programme Previously? Yes/No

If yes, please specify the modules completed: .....

2.2 Specify the Units you plan to complete in 2023:

Module	Title	Fees (Rs.)	Yes / No
1	Orientation as a University Teacher	3000.00	
2	Personal Development and Counseling	3000.00	
3	Teaching and Learning Methods	3000.00	
4	Assessment and Evaluation	3000.00	
5	Curriculum Design and Revision	3000.00	
6	ICT skills in Higher Education	3000.00	
7	Teaching Practice	3000.00	
8	Research in Higher Education	3000.00	
9	University Administrative Procedures	3000.00	
10	Strategic Planning and Management for Universities	3000.00	

2.3 Have you completed a Staff Development Programme elsewhere previously? Yes/No

If yes, please specify the Modules completed:

Name of Programme: .....

Institution:..... Period:.....

**3. Applicant Statement**

I wish to follow the entire programme / modules ( No: ..... ) of the programme as indicated above , and agree to pay Rs .(in words)..... (Rs. ....) as course fee.

.....  
Signature of Applicant

.....  
Date

**4. Recommendation of Head of the Department**

I recommend / do not recommend the above application. I have read and agree to provide necessary facilities for the applicant to complete this course . I shall release Mr /Ms ..... from my department for the workshops organized by the SDC until the end of this course. The payment of Rs..... as a course fee is also approved in the event that the applicant is accepted as a course participant.

Name of the Head of the Department : .....

Name of the Department : .....

Signature with the official seal : .....

Date : .....

**5. Approval of the Dean of the Faculty**

I recommend /do not recommend the above application and payment of the course fee to the Staff Development Center from the Faculty Fund.

Name of the Dean: .....

Name of the Faculty: .....

Signature with the official seal : .....

Date : .....