



Staff Development Centre
UNIVERSITY OF RUHUNA
 Matara, Sri Lanka

Tel: +94 41-2222681 /ext 12140
 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 2024

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 2024:

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 :