



Staff Development Centre

UNIVERSITY OF RUHUNA

Matara, Sri Lanka.

Tel: +94 41-2222681 /ext 12140

Email: sdcdirector@admin.ruh.ac.lk; sdc@admin.ruh.ac.lk

Web: <https://adm.ruh.ac.lk/sdc/>

Application Form

Certificate Course for Professional Development in Higher Education - 2025

1. Personal Information				
a) Name in Full: (Mr./Ms./Rev/Dr)				
b) Date of Birth				
c) Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
d) Address				
e) Telephone				
f) Email				
2. Employment				
a) Designation				
b) University				
c) Faculty				
d) Department				
3. Academic qualifications				
a) Qualifications	Date of Award	University		
4. CCPDHE Module Selections				
a) Have you participated in the CCPDHE program at the University of Ruhuna?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) If 'Yes' -What are the CCPDHE Modules completed?	Module	Year and Registration Number		
c) What are the CCPDHE Modules that you are planning to complete in the CCPDHE 2025 program?	Module	Fee (Rs.)	Yes	No
	1. Orientation as a University Teacher	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	2. Personal Development and Counseling	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	3. Teaching and Learning Methods	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	4. Assessment and Evaluation	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	5. Curriculum Design and Revision	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	6. ICT skills in Higher Education	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	7. Teaching Practice	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	8. Research in Higher Education	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
	9. University Administrative Procedures	3000.00	<input type="checkbox"/>	<input type="checkbox"/>
10. Strategic Planning and Management for Universities	3000.00	<input type="checkbox"/>	<input type="checkbox"/>	

5. Statement of the Applicant

I wish to follow the entire programme/modules specified under ‘section 4’ above and agree to pay the total of (*in words*) (Rs.....) as the course fee.

.....
Signature of Applicant

.....
Date

6. Recommendation of the Head of the Department and the approval of the Faculty¹

Recommendation of the Head of the Department:

I recommend/do not recommend the above application.

I have read and agree to provide the necessary facilities for the applicant to complete the CCPDHE Program. I shall release Mr /Ms/Rev./Dr.from my department for the participation of the CCPDHE modules.

Name of the Head of the Department:

Name of the Department:

Signature with the official seal:

Date: _____

Approval of the Dean of the Faculty:

I approve /do not approve this application and agree/do not agree to make the payment of the CCPDHE fee from the Faculty Fund to the Staff Development Center.

Name of the Dean:

Name of the Faculty:

Signature with the official seal:

Date:

¹ This is required only from the staff of the University of Ruhuna, Sri Lanka.