**Certificate in Teaching in Higher Education (CTHE) for Visiting Lecturers**

Human Resource Development Centre, University of Colombo, PO Box 1490, Colombo (Phone: 011 2594899)

**Application Form**

**(It is proposed to commence the above course from September 2025, for visiting academic staff of universities or any higher education institutes. Please fill in and return this 2-page Application Form and the questionnaire, before 31st August 2025, to the Human Resource Development Centre, University of Colombo, P.O. Box 1490, Colombo, Acceptance of the course (or further queries of your application) will be e-mailed to the e-mail address given by you below, by**

**August 15th, 2025.**

\*\* PLEASE NOTE: Though applications are entertained up to **31st August 2025,** acceptance of qualified applicants will be on a first-come-first-served basis and therefore submission of an application does not guarantee acceptance of the course.

I wish to make a formal application to follow the above course, which will run from October 2025 to July 2026.

My personal details are as follows.

**Name** in Full: …………………………………………………………………………………………………………………………………………………….

 (Underline last/surname)

Name with initials: …………………………………………………………………………………………………………………………

Postal Address: .......................................................................................................................................................................

 (Please note correspondence will be to your university address and not to a private address)

e-mail: ………………………………………………… Mobile No.: ………………………………………Tele. No.: ……………………………………………

 (an official e-mail address is required for the course)

Date of Birth: ………………………………………………. Age at 31.07.2025:………………………………………………………

Please underline: Male/ Female

**Your Academic qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Class obtained | Year awarded | Awarding University |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**About your current University Occupation:**

University: ……………………………………………………………………………… Department…………………………………………………………

Present designation: ………………………………………………………………………… From (date) ……………………………………

First appointed designation: ……………………………………………………………. First appointed date: ……………………………

**Your Duties and Responsibilities at University:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Undergraduate/Postgraduate programs | Course taught  | Year taught (mark X) | # of hours per year | # of students in course / class |
| 1 | 2 | 3 | 4 | PG |
| Lectures |  |  |  |  |  |  |  |  |  |
| Practical/s |  |  |  |  |  |  |  |  |  |
| Tutorials |  |  |  |  |  |  |  |  |  |
| Examination Work |  |  |  |  |  |  |  |  |  |
| Other duties |  |  |  |  |  |  |  |  |  |

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I understand from this Personal Declaration that.

1. The course is run on **weekends** from 9.00 am to 2.00 pm and is conducted in English. To pass the course, my Portfolio has to be submitted, and the course must be completed within 2 years of the first course -workshop.
2. I should have a minimum of **80% attended participation** to qualify for the award of the Certificate.
3. Since the workshops would be conducted either in-person (physically) or online based on the prevailing circumstances, I am able to attend the course workshops by both methods. I understand that the course tutor/s will decide whether a particular workshop would be conducted in-person or online.
4. I have to devote at least **6 hrs/week** on my own, over the course duration, to self-study
5. I have to devote **more time** to self-study in the last 5 months of the course, when my Portfolio is being prepared and finalized.
6. I shall be involved in some **teaching,** student **assessment** and basic university **administrative** work during the course duration, which will form the basis of my practical work for this course.
7. I agree to attend a selection interview, if required. I understand that the course fee is non-refundable, that I will be struck off from the course if I do not attend my designated first workshop without a right to a fee refund.
8. *Please fill:* The course fee of Rs125,000.00 has to be paid before course commencement.
9. I have completed the attached questionnaire on my own and it is attached to this application.

 **I am / am not\* a** permanent **staff member** (\* strike off inappropriate word/s)

***I wish to enroll for this CTHE course because*** (give one reason) ……………………...................................…

….……………………………………………………………………………………………………………………………………………………………………

………………………… ……………………………………….

Date Signature of Applicant

Ms/Mr/Dr. ………………………………………………………………………………………………………………………………………….

 is currently employed as a ………………………………………………………………………………… in the Department

of ………………………………………………………………………at …………………………………………………………………………

I recommend this application for your kind consideration and necessary action.

………………………… ……………………………………………………………………….

Date Head of Department (Signature & official seal)