Institute of Technology University of Moratuwa

Training Request Form for Division

To: **Director**

From

    Division:

    Name of the organizer of the training program:

    Designation:

1. Title of the program:

    Name of the resource person:

    Designation of the resource person (CV to be attached):

    Categories of participants: Lecturers/ Instructors/ TO/ LA/ MA/ WA/Students/……………….

    Expected number of participants:

    Date/s or Duration:

    Venue:

    Total amount of the budget (detailed budget to be attached):   Rs.

2. Expected outcome of this training:

3. Relevance of the said outcome to the development of students /staff:

Supported documents for the requested program are attached herewith.

Requested by (signature): ....   Date: ....

Recommendation of the Head of the Division

I recommend / not recommend the above request for training program and accept/not accept the arrangement and estimated budget.

Any comment:

Signature of the Head.............................   Date: ....

To: Head/ Student Staff Development Unit (SSDU)

The request is forwarded to the SSDU for evaluation and recommendation.

Director……………..   Date: ....

Evaluation by SSDU

Date of Evaluation:

Participants:

Name	Designation	Signature

	Description		Yes	No
1	Is there a similar training program in the scheduled list of "Annual Staff /student Development Program"?			
2	Is any identified trainer available among staff members to provide requested training?			
3	Are the expected outcomes in the question no 2 matched with the staff/student development program?			
4	Are these outcomes significant for the development of	students?		
		institute?		
		self?		
5	Can the requested program be recommended for its	trainers?		
		content?		
		duration?		
		venue?		
		budget?		

To- Director

Availability of funds for the similar programs as at (date)........................ is Rs ....   under Table ..,.., Category ……… of Disbursement Schedule - ……….

Decision/comments of SSDU:

                    Rs. …………………… is recommended to grant/ not recommended

Head/SSDU. ....   Date …………………

To- Division (Request originated)

Request is approved/ not approved

Comments:

Director ....   Date …………………