

SHORT-COURSE COMMENCEMENT REQUEST*[Governed by the by-law 44:2008]*

DEPARTMENT:	
SHORT-COURSE TITLE:	
Delivery details [eg. 5 consecutive Saturday, 6 hours a day]:	
Course fee:	
Status: New / Recurrence:	
If recurrent, the date of initial approval:	
State the changes [eg: course content, eligibility, evaluation criteria, etc.]:	
Number of students per intake:	
Mode of conduct & location:	
Tentative date of Commencement:	

1. Objectives:**2. Target group:****3. Eligibility requirements:****4. Performance Criteria**

4.1 Attendance/Participation requirements	
4.2 Course evaluation completion requirements	
4.3 Award of Grades for Course modules:	
4.4 Grades of performance	

5. Facilities required**[eg. field visits, laboratory facilities, consumables etc.]:****6. Resource Personnel**

Name	Designation	Qualifications

****Attach module outlines**

COURSE COORDINATORS			Comments
Name	Signature	Date	
HEAD OF THE DEPARTMENT			Official Stamp
Name	Signature	Date	

10. Recommendations and Approval

SHORT COURSE REVIEW COMMITTEE RECOMMENDATIONS		
	Signature	Date
Name		
DEAN - FACULTY OF ENGINEERING		
	Signature	Date
Name		

Annexures

Attach all the module outlines