**Application as Reviewer**

**for**

 **Program Review in State Universities of Sri Lanka**

Name:

Designation: University:

Faculty: Department:

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| Qualifications: |

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| --- | --- |
| Office Address: |  |
| Office Telephone: |  |

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| --- | --- |
| Home Address: |  |
| Home Telephone: |  |

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| --- | --- |
| Mobile: |  |
| Email: |  |

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| Experience/training in curriculum development, and/or development of teaching and learning methods, assessment strategies and evaluation strategies |
| Experience with research funds |
| Number of Undergraduate Students Supervised: |
| Number of Postgraduate Students Supervised: |
| Publications:* In referred journals
* As abstracts
* As conference proceedings - full paper
* Books-(chapters)
 |
| Experience with relevant Industry/Community |