**Faculty Development Activity Request**

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| **PART I: Activity Information** | | | | | | |
| **Activity Type** | **Activity Description** | **Estimated Cost (SR)** | **Location** | **Provider** | **Date** | **Duration** |
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| **PART II: Requested by** | | | | | |
| **Department :** |  | | | **Semester:** |  |
| **Faculty Name(s):** |  | **ID No.(s):** |  | **Signature(s):**  (if applicable) |  |
| **Course Director/FD Coordinator:** |  | **Signature:** |  | **Date:** |  |

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| **PART III: To be completed by Chairman/Director/Head** | | | | | |
| **Criteria** | | | | **Tick if applicable** | |
| **Activity is relevant to work domain** | | | | **□** | |
| **Activity fulfills departmental needs** | | | | **□** | |
| **Date and time of activity are suitable** | | | | **□** | |
| **Necessary Arrangements can be made** | | | | **□** | |
| **Topics to be covered in the activity are satisfactory** | | | | **□** | |
| **Others (if any):** | | | | | |
| **Name:** |  | **Signature:** |  | **Date:** |  |

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| **PART IV: Recommended by** | | | | | |
| **Deputy, \_\_\_\_ :** |  | **Signature:** |  | **Date:** |  |

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| **PART V: To be completed by C&QA** | | | | | |
| **Comments :** | | | | | |
| **Deputy C&QA:** |  | **Signature:** |  | **Date:** |  |

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| **PART VI: MD Approval** (Required for Compensation) | | | | | |
| **Approved □ Not approved □** | | | | | |
| **Managing Director:** |  | **Signature:** |  | **Date:** |  |