



CYPRUS INTERNATIONAL UNIVERSITY

CONTINUING EDUCATION CENTER

APPLICATION FORM

LECTURER INFORMATION

Title, Name and
Surname:.....
.....

Faculty,
Department:
.....

Office
No:
.....

Office Tel.
No:
.....

Mobile:
.....

E-
mail:
.....

ABOUT THE TRAINING

- Course (is short lectures on specific subject with the aim of assisting the attendees to advance their knowledge and skills. Attendees will receive Certificate of Participation.)
- Seminar (is a meeting directed by one or more experts to provide information on a specific subject and have a discussion on the same subject. Attendees will receive Certificate of Participation.)
- Conference (is a talk targetting an audience with the aim of informing them. Attendees will receive Certificate of Participation.)
- Sertificate program (is series of intense lectures on specific subject with the objective of trainng the audience on the subject. Attendees will receive

Certificate of Participation and in case of a success in the closure exam the attendees will be granted Certificate of Achievement.)

Title:

Aim and

Content:.....
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.....
.....
.....
.....

Language:

.....

Total duration (hour/week):

.....

Weekly Program (Days/Time):

.....

TARGET AUDIENCE

CIU Students CIU Staff Non-CIU Students Public

Other (please

specify):.....

.....

REQUESTS

Classroom Amphitheatre Laboratory

Computer Projection

Other/details:.....

EDUCATION DATES

Education

Dates:

.....

Examination Date (if applicable):

.....

Application Date:.....

Applicant's

Signature:.....

*Note: Application forms must be returned to the CIUCEC office.

*Office: A114

*Tel No: 671111 (2070)

*E-mail:

ukusem@ciu.edu.tr

***This part will be filled by the CIUCEC.**

Application No:.....

Evaluation

Date:.....

Application is approved

Application is rejected.

Reason:

.....

.....

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.....

APPROVAL OF CIUCEC COORDINATOR

Title, Name and

Surname:

.....

Signature:.....

Date: