**APPLICATION FOR PROGRAMME VALIDATION**

**Institution/Organization:**

**Program Title:**

**Speaker Name /Designation:**

**Program Date:**

**Program Time: \_\_\_\_\_\_\_\_\_\_** (start time) **- \_\_\_\_\_\_\_\_\_\_\_\_** (end time)

 **Brief description of Activity (less than 100 words):**

*For in-house presentations and workshops, indicate the target audience and learning objectives of activity***.**

*Workshop applications should be accompanied by workshop programme/ flyer/ brochure to specify facilitator/co-facilitator involvement.*

**Name, Designation of Applicant:**

Click here to enter text.

**For office use Reference Number:**

**Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic committee decision:**



**Approved, \_\_\_\_\_\_\_\_\_ Credit Points.**



**Not Approved, Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Chairperson Signature/Date**