

Application form-Advanced OBE-SCL Training at UTM

Please print this form and then write your answers for each question clearly and completely. Read carefully and follow the instructions. After filling out the form, kindly submit it to the HEDP university operation coordinator.

Attach the candidate's photograph (taken within the last three months) [here](#)

Personal Information

Last name (Family name)*	<input type="text"/>	
First name(s) (Given name(s))	<input type="text"/>	
Gender	<input type="text"/>	Marital status <input type="text"/>
Date of birth	<input type="text"/>	(enter as dd-mm-yyyy)
Town of birth	<input type="text"/>	
Country of birth	<input type="text"/>	Country of citizenship <input type="text"/>
Tazkera/ Passport Number	<input type="text"/>	(if available)
University ID	<input type="text"/>	(if available)

* Please spell names exactly as they appear on your Tazkera or passport

Correspondence address

Address	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
E-mail	<input type="text"/>
Type of address	<input type="text"/>

Highest educational level achieved

Your highest level of education	<input type="text"/>
(Major) Field of Study	<input type="text"/>

Short Course information

Short Course name:	<input type="text"/>
Starting date	<input type="text"/> (enter as dd-mm-yyyy)
Short Course name:	<input type="text"/>
	<input type="text"/>

Starting date

(enter as dd-mm-yyyy)

Short Course name:

Starting date

(enter as dd-mm-yyyy)

Training Course/Module information

Module name:	<input type="text"/>
Within program	<input type="text"/>
Starting date	<input type="text"/> (enter as dd-mm-yyyy)
Module name:	<input type="text"/>
Within program	<input type="text"/>
Starting date	<input type="text"/> (enter as dd-mm-yyyy)
Module name:	<input type="text"/>
Within program	<input type="text"/>
Starting date	<input type="text"/> (enter as dd-mm-yyyy)

Background

The Advanced OBE-SCL Training requires candidates to have some background knowledge and exposure.

- I have followed extensive (more than 2 weeks) OBE-SCL training at my university

- I have only a basic awareness of Outcome Based Education & Student Centered Learning approach
- I have no experience with OBE-SCL approach

Motivation

What are your career and OBE-SCL training objectives after you return from the advanced OBE-SCL Training program (max 100 words):

Educational record

Enter information about your master & bachelor degrees achieved. Please include a certified copy of the achieved diploma, certificate, and degree or course record.

Name of institute	<input type="text"/>	
Location (country, city)	<input type="text"/>	
Language of instruction	<input type="text"/>	
(Major) field of study	<input type="text"/>	
Dates (from - to)	<input type="text"/> - <input type="text"/>	(enter as dd-mm-yyyy)
Degree/diploma awarded	<input type="text"/>	

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Language of instruction	<input type="text"/>	
(Major) field of study	<input type="text"/>	
Dates (from - to)	<input type="text"/> - <input type="text"/>	(enter as dd-mm-yyyy)
Degree/diploma awarded	<input type="text"/>	

Employment record

Present professional employment

Organization, name	<input type="text"/>	
Dept. /Faculty	<input type="text"/>	
Job title	<input type="text"/>	
Started in year	<input type="text"/>	
Address information	<input type="text"/>	
Address	<input type="text"/>	
City	<input type="text"/>	
Country	<input type="text"/>	
Telephone	<input type="text"/>	

E-mail

Type of organization

Description of your work, indicating your personal responsibilities (max 100 words):

Other Scholarship Involvement

Have you applied, or are you planning to apply for a Master/PhD. Scholarship?

If yes, name the scholarship provider

Miscellaneous

How did you come to know about Advanced OBE-SCL Training?

Undersigning

The undersigned certifies that his/her statements made in answer to the foregoing questions are true, complete and correct. The undersigned applies for admission to Advanced OBE-SCL Training at University Teknologi Malaysia by returning this form with enclosures.

Signature:

Date:

University Vice Chancellor for Academics Attestation& Official Stamp:

Faculty Dean Attestation:

Please note that until you have written confirmation from HEDP, MoHE you should not assume that your place has been reserved.

Applicants should complete, print and return one copy of the application form together with the portfolio and other required documents, duly signed, to HEDP University Coordinator:

Academic Department, Higher Education Development Project (HEDP)
Ministry of Higher Education, (MoHE)
Kabul, Afghanistan

The following documents are required for your application:

1. This application form: completed, printed and signed.
2. A copy of your Tazkera or passport
3. One color photograph, passport size (no scanned photographs).
4. Certified copies of your Bachelor & Master diplomas, certificates and attested transcripts.

More information

For more information about the application procedure and admission requirements please visit our web pages: <http://www.hedp.af/> or contact:

University Operation Coordinator at your university

Office hours: 9:00 am - 15:00 pm- Saturday to Wednesday

Or Contact the Senior Teaching & Learning Manager through:

Phone: 0790948434

E-mail: habibi.hedp@gmail.com