

Teaching and Learning Material Request Form

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- 1 Faculty fills out this form and sends it to his/her department educational service chair via enjaz
 - Send the form to HoD.

3 If the required material(s) is not available. HoD needs to send the form to the VD-RPS.

4 The request will be evaluated by the VDRPS and/or College educational services committee. Note: For an urgent request, you need to contact your HoD.

Section A: Lecturer in	nformation								
Name	Phone Number								
Email		Department							
Campus		Date							
Section B: Request									
Item Type: 🛛 Teaching tools 🖓 Software 👘 Textbook 🛛 others									
Item name					Quantity	U	sing duration (if needed)	Commer	ts
						_			
I certify that the Information submitted is true and is for the department's needs.									
Section C: Departme									
Reviewed with no changes and sent to HoD. Need to be reviewed by the sender. others									
Name		Signature							
Section D: Head of th	ne Department								
Reviewed and Approved with no changes, and the material(s) is provided. (Request closed and form documented). Need to be reviewed again by the Department Educational Services Committee. Need to be reviewed by the Vice Dean of Research and Postgraduate Studies.									
Name		Signature							
Section E: Vice Dean of Research and Postgraduate Studies VD-RPS Reviewed and Approved with no changes and sent it to the ES-Room officer to prepare the item(s). (Section F) Need to be reviewed by the college-level educational services committee. (Section G) other:									
Name		Signatu	Signature						
Section F: Educatio	nal Services Room Officer Section G: College-level Educational Services committee.								
 All items available and prepared (request completed and form documented in the ES-office files) Some items are not available, and it was listed along with this form and sent to the VD-RPS. Comments 									er (Sec.F)
Name		Signat		Name				Signature	
Section H: Vice-Dea									
 The recommendation/action approved (Request is closed and documented) An action plan made as follows: 									
	Action plan								
Pe	rson in charge								
Co	mpletion date								
Deadline	Requested End St	tatus							
Name					Signature	•			