

Reference Number: [Faculty Code/Department Code/Academic Year/Serial No.]

The Open University of Sri Lanka
Form of Recommendation for Appointing Visiting Academics
(to be submitted at the beginning of the relevant academic year)

Department: Academic Year: Date of Appointment: Date of Termination:

Programme of Study	Course Code & Name	Estimated Student Number	Name of the Applicant	Centre	Med	Qualifications	Present Employment (if any)	Contact Details- (Postal Address, Tel,email)	Work Load (No.of classes & total hours)	Rate per session	Total Financial Commitment

Recommended:

Recommended:

Approved:

Head of the Department:

Dean of the Faculty:

Vice Chancellor:

Date:

Date:

Date: