

# Application for course validation

Personal information of the applicant:

Name:

Country:

Email:

Mobile:

Affiliation:

Field of interest:

1. Nature of the proposal:
* Validate a new course
* Make a significant change to an existing course
1. Course type:
* Pre-graduate
* Post-graduate
* Post-degree doctors

# Course specification form

1. Title:
2. Aim of the course
3. Targeted delegates:
4. Delegates number target:
5. Teaching and learning methods
* Lectures
* Practical hands-on workshop
* Oral case study presentation
* Other
1. Learning outcomes by the end of the course
2. Duration of the course: (Half day, full day or two days)

1. Specify the needed equipment for the proposed course:
2. Outline the content of the course:
3. Is there any additional resources (computing, web-based materials,..)?
4. Number of course faculty and tutor required:
5. Provide names sponsors would be involved in the organization and delivery of the course
6. Please attach draft of the course outline and program

 Signature of the leading proposal member

 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARAB SCHOOL OF UROLOGY**

WIBSITE: [www.arabschoolofurology.com](http://www.arabschoolofurology.com)

E-Mail: info@arabschoolofurology.com