

 **CONFIRMATION OF PARTICIPATION**

**ONLINE TEACHING IN HIGHER EDUCATION (OTHE)**

​**INCLUSIVE ONLINE TEACHING​** ​

 2nd to 27th September, 2024

**STATEMENT FROM FACULTY MEMBER**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ commit to fully participating in the **Inclusive Online Teaching** course to be held Online on the following dates: 2nd to 27th September, 2024

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

 **Signature Date**

**STATEMENT FROM DEPARTMENT/UNIT CHAIR/DEAN/DIRECTOR**

I, \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ (Name) confirm approval for \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (Name of faculty) to participate in the **Inclusive Online Teaching** course to be held Online on the following dates: 2nd to 27th September, 2024

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

 **Signature Date**

*Please complete the form and save the scanned copy to be uploaded in the registration form.*