

## **CONFIRMATION OF PARTICIPATION**

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

## **INCLUSIVE ONLINE TEACHING**

June 8 - July 3, 2026

## **STATEMENT FROM FACULTY MEMBER**

| I<br>participating in the   | from the department of<br>Inclusive Online Teaching course to be<br>dates: June 8 - July 3, 2026 | commit to fully<br>be held Online on the following |
|---|--|--|
| 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: June 8 - July 3, 2026 |  |  |
| Signature   |  | <br>Date   |

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