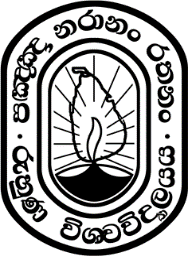
**Distance and Continuing Education Unit** 

**University of Ruhuna**

**Lectures Recording Form**

Name : ………………………………………………….. Course Unit : ………………………..

Department : …………………………………………... Course Title : ………………………..

Program : ………………………………………………. Medium : …………………………….

Batch No : ……………………………………………... Month : ……………………………….

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| --- | --- | --- | --- | --- |
| **Date & Time**  **(Duration)** | **Details of the lecture conducted** | **Online lecture or a physical lecture**  **(Online lecture = ZOOM conducting of lectures)** | **ZOOM recording uploaded for online lectures**  **(compulsory)** | **Handouts \_ Compulsory**  **Detail handouts uploaded / given for online / onsite lectures**  **For three hour session- one handout with 4 or more pages compulsory ( number of pages need to be noted)**  **Supplementary learning material provided – Yes/ No** |
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I hereby certify that I have conducted ...................... hours of lectures and Handouts provided in the Month (s) of .............................. 20......... as mentioned above.

................................. ...................................................

Date Signature of the Lecturer