

ORIENTATION PROGRAMME FOR LECTURERS

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PLEASE COMPLETE AND RETURN TO CCPD

Title, name and surname Department	Phone number where lecturer can be contact	Appointment date	Course date	Signature of lecturer
1. ----- ----- -----				
2. ----- ----- -----				
3. ----- ----- -----				
4. ----- ----- -----				

DEPARTMENT:

NAME: HEAD OF DEPARTMENT:

SIGNATURE: HEAD OF DEPARTMENT: