

SOA0079e

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❖ Please complete in BLOCK letters. This form must be submitted with “Course Planning Form (SoA0078e)” to Khun Charupan (Cha-ext. 9927) in the Dean’s Office **at least THREE(3)** weeks before a semester starts.

Staff full name	Phone ext.	SoA Number
Course code	Course Name	
Credit	Semester/Year	

Name of Lecturer(s):

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Description:

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Objectives:

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Teaching Methods:

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Evaluation Methods:

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Text Books

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References

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Lectures Plan:

Week	Date (dd-mm-yy)	Synopsis of lectures planned
1	_ _ _ _ _ _ _
2	_ _ _ _ _ _ _
3	_ _ _ _ _ _ _
4	_ _ _ _ _ _ _
5	_ _ _ _ _ _ _
6	_ _ _ _ _ _ _
7	_ _ _ _ _ _ _
8	_ _ _ _ _ _ _
9	_ _ _ _ _ _ _
10	_ _ _ _ _ _ _
11	_ _ _ _ _ _ _
12	_ _ _ _ _ _ _
13	_ _ _ _ _ _ _
14	_ _ _ _ _ _ _
15	_ _ _ _ _ _ _

Remarks:

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Staff signature _____ Date

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