|  |
| --- |
| **Course Detail Form** ***Form PL 1******To be filled and handed over to the Programme Coordinator by the Lecturer-in-charge*****POSTGRADUATE INSTITUTE OF SCIENCE**UNIVERSITY OF PERADENIYA |
| Course Code |  |
| **Course Title & No. of Credit/s** |  |
| **MSc Programme** |  |
| **Academic Year & Semester** |  |
| **Aim/Objective** |  |
| **Lectures: Day of the week** |  |  |
|  **Time & Venue** |  |  |
| **Status compulsory/ Optional** |  |
| **Pre-requisites** |  |
| **Maximum number of students allowed** |  |
| **Primary Instructor’s name** |  |
| **Method of evaluation** |  |
| LESSON PLAN |
| **Course Learning outcomes:**  |
| Week | Lecture Topic | Methods of Teaching | Mode of conduct (Face to face/ Online/Combined) |
| 1 |  |  |  |
| 2 |   |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 | **Continuous Assessment-01** |
| 6 |  |  |  |
| 7 |  |   |  |
| 8 |   |  |  |
| 9 |  |   |  |
| 10 | **Continuous Assessment-02** |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 | **Continuous Assessment-03** |
| **Recommended Readings:** |
|  |
| **NOTE: Please contact your course instructor if you need special attention or help due to any disability. This information would be important for the instructor to assist differently abled students in the teaching-learning process and also in course evaluation. The information will be kept strictly confidential.**  |

Signature of the lecture/s in-charge:

……………………………………… Date: ……………………