Request for moODLE COURSE

**Submitted Date…………………………………**

**Time…………………………………**

|  |  |  |
| --- | --- | --- |
| **For IT Staff Only**  Received Date  ................................................. | Received Time  ................................................. | Finish date and time  ................................................ |

**Detail of the course**

Course code…………………… Course title………………………………………..……….…

Duration From …………………………….to……………………………….…………

**Academic Year …………………………. Semester…………………………**

**Course Program**

*Undergraduate Program*

⃝ Medicine ⃝ Dental Surgery ⃝ CVS ⃝ Clinical Tech ⃝ Other………

*Graduate Program*

Please specific………………………………………………………………………

**Student Year** ⃝ 1 ⃝ 2 ⃝ 3 ⃝ 4 ⃝ 5 ⃝ 6 ⃝ Other…….

**Course coordinator** Name……………………….. Email…………………………….……...

**Course committee** Name………………………… Email…………………….……………...

Name………………………… Email…………………………………...

Name………………………… Email…………………………………...

**Course secretary** Name………………………… Email………………………………….....

**Number of required topic**  ………..… (Specific only number)

**Request by :…………………………………………………**

**List of User**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Email** | **Assigned role** | | |
| **Teacher** | **Non-edition** | **Student** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
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| **16** |  |  |  |  |  |