# 

Request for moODLE COURSE

odle online course

# **Submitted Date**……………………………………….

Semester

1 2 Other

please specify……………….

Academics year

……………………….

For IT Staff Only

IT Received Date……………………….…

Time……………………………………..….

******** **Time**……………………………………….

**Detail of the course**

Course code……………………………………………………..…….

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

Course period: Start from …………………….to…………………

**Course coordinator**

* ………………………………………email…………………………

Curriculum

Medicine

DSS

CVS

ClinTech

Other

please specify……………….

Academics year

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**Course committee**

* ………………………………………email…………………………
* ………………………………………email…………………………
* ………………………………………email…………………………

**Course secretary**

* ………………………………………email…………………………

**Academics staffs and Others**

* ………………………………………email…………………………

**Number of required topics**………………………………

**List of participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Email | Editing role | |
| Yes | No |
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