Centre for Quality Assurance (CQA)

Sabaragamuwa University of Sri Lanka (SUSL)

SYNOPSIS: WORKSHOP

The workshop/activity synopsis includes summary details and the proposed budget. The coordinator should submit the synopsis of the proposed workshop/activity well in advance to the Director, CQA, SUSL.

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| **1. SUSL coordinator**  |
| Name and title |  |
| Designation |  |
| Institution/Faculty |  |
| Email |  |
| Phone number |  |

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| **2. Resource person1** |
| Name and title |  |
| Designation |  |
| Institution/Faculty |  |
| Email |  |
| Phone number |  |

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| **3. Working title of workshop** |
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| **4. Date and location of the workshop** |
| Location |  |
| Date |  |

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| **5. Objectives of the workshop/activity** |
| ***Objectives*** | ***Approach of meeting the objectives*** |
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|  |  |
|  |  |
| **6. Expected Outcome of the workshop/activity (no more than 200 words):** |
|  |

**Budget for the workshop**

Provide the details of actual expenditure based on the proposed budget with justifiable reasons

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| --- | --- |
| **Description** | **Amount (LKR)** |
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|  |  |
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|  |  |
|  |  |
|  |  |
| **Total** |  |