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| **MSKU Faculty of Medicine****Special Study Module Suggestion Form for Instructors (English Program)** |
| **Academic year** |  **20… - 20…** |
| **Special Study Module Code:** |  **MED-** |
| **Special Study Module Name:** |  |
| **Department:** |  |
| **Responsible Instructor(s):** |  |
| **E-mail address:** |  |
| **Phone number:** |  |
| **Study Module Training Team:** |  |
| **Accepted Student Phase(s):** |  |
| **Number of Students to be Accepted:** | **Max:** |  | **Min:** |  |
| **Special Study Module Aims/ Objective(s):** |  |
| **Special Working Module Methods:** |  |