

FORM 1

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:			