

Form No. (1) Creation of a scientific department

University Name : College Name :

		Current departments in the college
		Administrative divisions

First: Planning

	Section to be created
	Is there a specialization corresponding to the department in the university
	Number of new new sections

Second: Objectives of the Department

	The existence of specific objectives for the department
	Clarity in the formulation of objectives

Third: Material Requirements

University Buildings				
Nearest function point	Mahalla	Eliminate	Governorate	Location of the university building

	Is the department building conveniently located?
	Is the building suitable for university studies?
	Department Building Area
	Management space
	Faculty Space
	Number of computers
	Number of classrooms
	Number of laboratories
	Laboratory space with its requirements
	Number of Workshops
	The area of the workshop with its accessories
	Number of sanitary seats in facilities
	Sanitary Area
	Space for sports and artistic activities

Fourth: Human Requirements

Timer ()	Number of permanent owners ()	Number of Faculty Members
Professor (-) Assistant Professor (-) Lecturer (-) Assistant Lecturer (-)		Number of faculty members distributed by scientific title
Female ()	Males ()	Number of faculty members by sex
()		Number of Lab Supervisors
On the temporary staff (-)	On the permanent angel ()	Number of employees in the administration
Intermediate and below (-) Preparatory (-) Institute (-) Bachelor (0) Higher Diploma (-) Master (0) PhD ()		Number of employees in the department by certificate
50 Students		Number of students planned for admission for the reopening year

*** Fifth: The names of faculty members in the supporting disciplines (inaccurate) distributed according to the scientific title**

Specialization	Scientific title	Certification	Names	t
				1
				2
				3
				4
				5

Note: The mark (*) excludes these paragraphs from some humanitarian disciplines.

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2- Technical and administrative staff

Workplace	Job Title	Certification	Specialization	Name	University/College

3- Teaching staff that can be appointed or transferred from other universities or departments

Workplace	Scientific title	Certification	Specialization	Name	section

Attach the undertakings for transfer to the college in which the study is to be developed

4- The total number of hours in the department: The total hours taught in the department: (hours)

5- Curriculum: (Curricula are attached)

6- Library: There is a library in the college

7- Devices: All devices are available in the department's laboratories

Signature of the Dean of the College Signature of the President of the University

**I certify the accuracy of the information contained above I certify the accuracy of the
information contained above**

**Note: The application for creation will not be considered in case of leaving or neglecting
any of the above paragraphs.**