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**Human Resources Office**

Chyngyz Shamshiev\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President/ Chief Operating Officer

Chynarkul Ryskulova \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President of Academic Affairs

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Course Opening**

Kindly ask your permission **to open an individual course** “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” for the following

*(Name, ID and course credits)*

Faculty member:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Program** | **Period** | **Timetable** | **Amount to be paid for the course (in KGS)** *To be filled in by Finance Office* |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **List of students** | | |
| **№** | **Name** | **ID** |
| **1** |  |  |

***This Memo comes into force only after getting payment for the course.***

***Payment should be made within 5 working days after approval of the Memo.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Initiator: Department Chair, Program Director** | | | |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by Department Chair, if Initiator is Program Director** | | | |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

**Received by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | HR Coordinator |  |  |

**Approved by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | Deputy Financial Director /Chief accountant |  |  |
|  |  | Head of Registrar Office |  |  |
|  |  | HR Director |  |  |

**Countersign (after getting payment for the course):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Position** | **Amount received** | **Signature** | **Date** |
|  |  | ASC |  |  |  |
|  |  | Accountant |  |  |  |
|  |  | Deputy Financial Director /Chief Accountant |  |  |  |
|  |  | Financial Director / Financial Analyst |  |  |  |