



جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

مكتب نائب الرئيس للبحث العلمي والابتكار
Office of the Vice President for Scientific Research and Innovation

Directorate of library affairs form (DLA.04)

Details of Information Literacy Session/Workshop

* Date of Workshop	
* Your Email Address	
* Name of Resource Person	
Name of Resource Person (if other than ILRC team)	
* Topic of IL Session/Workshop	
Contents of IL Session	
* Nature of Training Session (Workshop, Orientation, Lecture in a training session, Mix training etc.)	
* Duration of IL Session/Workshop:	
* Name of College	
* Name of Department	
* Type of Participants	
How Many Students (In case of Mixed Participants)	
How Many Faculty (In case of Mixed Participants)	
Level of Participants (Preparatory year, 2 nd year, 3 rd year etc.)	
* Number of Participant (For example: 25)	
* Gender of Participants	
Name of Venue	
* Mode of Training	Online Onsite
Name of Faculty Coordinator (if applicable)	

To get the application in word scan the following barcode:

