



Application Form for Course Approval

General course information:

| | | | | | | | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| Course name: | | | | | | | | | | |
| MNQF level (please tick where appropriate) | Level 1 <input type="checkbox"/> | Level 2 <input type="checkbox"/> | Level 3 <input type="checkbox"/> | Level 4 <input type="checkbox"/> | Level 5 <input type="checkbox"/> | Level 6 <input type="checkbox"/> | Level 7 <input type="checkbox"/> | Level 8 <input type="checkbox"/> | Level 9 <input type="checkbox"/> | Level 10 <input type="checkbox"/> |
| Duration: | Weeks: | | | Months: | | | Years: | | | |
| Total credits: | Learning hrs: | | | Contact hrs: | | | | | | |

Please provide a hard copy of the course document prepared in accordance with the format and guidelines for preparing course document for MQA approval (refer www.mqa.gov.mv/downloads)

Course providing institution:

| | | | | | | |
|--|--------------------------|------------|--------------------------|--------------------|--------------------------|-------------------------------------|
| Name: | | | | | | |
| Institution type: (please tick where appropriate) | <input type="checkbox"/> | University | <input type="checkbox"/> | Faculty | <input type="checkbox"/> | Learning centre |
| | <input type="checkbox"/> | College | <input type="checkbox"/> | School | <input type="checkbox"/> | Other <i>(please specify below)</i> |
| DHE registration No: | | | | Registration date: | | |
| Address: | | | | | | |
| Tel: | | Fax: | | Email: | | |

Awarding institution (if different from above):

| | | | | | | |
|--|--------------------------|------------|--------------------------|---------|--------------------------|-------------------------------------|
| Name: | | | | | | |
| Institution type: (please tick where appropriate) | <input type="checkbox"/> | University | <input type="checkbox"/> | Faculty | <input type="checkbox"/> | Learning centre |
| | <input type="checkbox"/> | College | <input type="checkbox"/> | School | <input type="checkbox"/> | Other <i>(please specify below)</i> |
| Address: | | | | | | |
| Tel: | | Fax: | | Email: | | |

If awarding institution is not the same as the course provider, please provide attested copies of:

- * Course recognition / approval / accreditation document
- * Agreement between course providing institution and awarding institution

Applicants declaration:

I declare that all information provided in this form and the document is true and accurate.

Name:

Designation:

Sign:

Date:

Stamp: