



Application for Course Supervision

Institute Reference Number:

Institute Details:								
Name of Institute:								
D.H.E Registration No.: Type:								
Campus Details:								
Name of the Campus: Contact No.:								
Address: Atoll: Island:								
Programme Details:								
Name of the Programme:								
Date of Programme Approval / Accreditation:						MNQF level:		
Delivery and Teaching:				Modality:				
Full - Time <input type="checkbox"/>		Part - Time <input type="checkbox"/>		Face to Face <input type="checkbox"/>		Distance / Online <input type="checkbox"/>		
Programme Duration:								
Duration :			Started Date: / / 20.....			Completed Date: / / 20.....		
Batch Details:								
Batch Number :			No. of Students Enrolled:			No. of Students Completed:		
Assesment Details:								
Number of : Theory Exams : Practical Exams : Assignments : Projects :								
Contact Hours:								
In a week how many days classes are conducted?								
Duration of classes per day?								
Assesment methods with allocated marks / grade:								
.....								
.....								
Student(s) Details:								
#	Student Name	Permanent Address	National ID Card or PP No.	Age	Gender	Contact Number	Highest Qualification	Percentage of Attendance

(Attach Students list as shown above)

