



# Maldives Qualifications Authority

Ministry of Education

F9b-Rev2017

## Required information before commencing the course

Institute Name: .....

Institute Reference Number: .....

### Programme Details:

Name of the Programme: .....

MNQF level: ..... Duration: ..... Batch Number: .....

Commencing Date: ..... Modality: .....

Entry Criteria: .....

### Campus Details:

Name of the Campus: ..... Contact: .....

Address: ..... Atoll: ..... Island: .....

### Course Coordinator:

Name: ..... Contact: .....

Highest Qualification: .....

### Lecturer(s) Details:

#	Name	Contact No.:	Full -Time	Part -Time	Highest Qualifications	Module (s)
1						

(Attach lecturers list as shown above)

**Note:** Submit the copy of agreement of all the lecturers.

### Student(s) Details:

#	Name	Permanent Address	National ID Card No.	Student Registration No.
1				

(Attach Students list as shown above)

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

#### Prepared by:

Name: ..... Sign: .....

Designation: ..... Date: .....

#### Course Coordinator of this batch:

Name: ..... Sign: .....

Designation: ..... Date: .....

HEI's  
Official  
Stamp