



# Application for Conducting Programmes in Offshore

## 1. Higher Education Provider:

|   |  |                             |
|---|--|-----------------------------|
| Name: .....   |  |                             |
| HEI type:<br>(please tick where appropriate)                  | <input type="checkbox"/> University <input type="checkbox"/> College             | MOHE registration no: ..... |
| Registered address at<br>Ministry of Higher Education (MOHE): | Address: .....<br>District: ..... Tel No: ..... Mobile No: .....<br>Email: ..... |                             |

## 2. Accredited Programme Details:

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| Name of the Academic Programme: .....         |  |  |  |  |   |
| MNQF level<br>(please tick where appropriate) | Level 1 <input type="checkbox"/><br>Level 2 <input type="checkbox"/> | Level 3 <input type="checkbox"/><br>Level 4 <input type="checkbox"/> | Level 5 <input type="checkbox"/><br>Level 6 <input type="checkbox"/> | Level 7 <input type="checkbox"/><br>Level 8 <input type="checkbox"/> | Level 9 <input type="checkbox"/><br>Level 10 <input type="checkbox"/> |
| Programme Accredited<br>Certificate No: ..... | Programme Accredited<br>Certificate Date: .....                      |  | Programme<br>due Date: .....   |  |   |

## 3. Offshore Provider:

|   |   |
|---|---|
| Name: .....   |   |
| HEI type:<br>(please tick where appropriate)                | <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Institute |
| HE Provider<br>Registered Number: .....                     | Higher Education<br>Registered Body: .....  |
| Registered address at<br>the country of origin :            | Address: .....<br>District: ..... Tel No: ..... Mobile No: .....<br>Email: .....                        |
| Focal person from<br>HE provider :                          | Name: .....<br>Designation: ..... Tel No: ..... Mobile No: .....<br>Email: .....                        |
| Registered campuses where this programme will be conducted: |   |
| Campus 1:   | Name: ..... Address: .....<br>Tel No: ..... Mobile No: ..... Email: .....                               |
| Campus 2:   | Name: ..... Address: .....<br>Tel No: ..... Mobile No: ..... Email: .....                               |

Note: If there are more campuses for this programme please provide that information in a separate sheet.

## 4. FOR OFFICIAL USE (Checklist)

| #  | Items to Check   | Check by MQA |
|----|--|--------------|
| 1. | Programme approval Certificate Copy  |              |
| 2. | MOU / Agreement of both institute  |              |
| 3. | A document that proves that the Offshore Institute and Campus is registered in the origin of the country |              |
| 4. | A document that proves that the awarding body is registered in the origin of the country                 |              |

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

**5. Applicants Declaration:**

HEP's Official Stamp

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

**Name:** .....

**Sign:**

**Designation:** .....

**Date:** ...../...../.....

**ACCEPTANCE OF APPLICATION**

Application Reference Number: ..... Date Received: ..... / ..... / .....

Receiving Staff: ..... Signature: .....

Comments:  
.....  
.....  
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