



## MALDIVES QUALIFICATIONS AUTHORITY

Ministry of Higher Education  
Male', Republic of Maldives



# Programme Audit

## Application for Final Batch Audit

Program to be Audited:		MNQF Level:																	
Higher Education Provider																			
Name: .....																			
HEI type: (please tick where appropriate)	<input type="checkbox"/> University	<input type="checkbox"/> College	<input type="checkbox"/> Tertiary Institute																
Campus Detail: (Name, Atoll & Island) .....																			
Tel No: .....	Mobile No: .....	Email: .....																	
Final Batch Audit Reference No: .....																			
Programme Details																			
Programme Duration	Mode of Study	Delivery Modality	Batch Details																
Duration: .....	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Face - to - Face	Batch no: .....																
Started Date: .....	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Distance	Students Enrolled: .....																
Completed Date: .....	(Duration:.....) <small>Note: Ideally the duration of a part-time study is double the duration of full-time</small>	<input type="checkbox"/> E-Learning	Students Completed: .....																
		<input type="checkbox"/> Blended Learning																	
Contact Hours	No. of credits: ..... No. of classes per week: .....	Total contact hours: ..... Duration. of classes per day: .....																	
Assessment Methods	Controlled Assessment (%): ..... Other Assessment (%): .....																		
Programme Coordinator(s) Details: (Attach Programme Coordinator's lists as shown below)																			
#	Coordinator's Name	NID /PP No.	Contact Number	Highest Qualification	Year Completed														
Student(s) Details: (Attach Students lists as shown below)																			
#	Student Name	Permanent Address	NID/ PP No.	Age	Gender	Contact Number	Previous Qualification (Year awarded, Awarding body, Country)	Meets Entry Criteria											
Student(s) Results: (Attach PASS student detail list as shown below)																			
#	Student Name	Student ID	Overall Course Attendance %	Marks for each module yearly															
				Year 1								Year 2							
				Semester 1				Semester 2				Semester 1				Semester 2			
				Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name	Module Name		
Grading System:		(Please include grading system)																	

*(Attach Contact Person lists as shown below)*

#	Name of the Contact Person	Designation	Country	Gender	Contact Number 1	Contact Number 2	E-mail address

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

**Prepared by:**

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

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

### Programme Coordinator of this batch:

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

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

**Total number of pages in this document:**   *pages*

**FOR MQA USE ONLY**

**Remarks:**

**Name:** ..... **Date:** ...../...../..... **Sign:** .....