



Required Information before Commencing the Programme

1. Institute Details

Name:

HEI type: *(please tick where appropriate)* University College Tertiary Institute **Campus Detail:** *(Name, Atoll & Island)*

Tel No: Mobile No: Email:

Before Commencing Form Reference No:

2. Programme Details

Name of the Programme: MNQF Level:

Entry Criteria:

Batch Details	Mode of Study	Delivery Modality
Batch No:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Face - to - Face
Duration:	<input type="checkbox"/> Part-Time(Duration:.....)	<input type="checkbox"/> Distance
Commencing Date:	<small>Note: Ideally the duration of a part-time study is double the duration of full-time</small>	<input type="checkbox"/> E-Learning
No. of Student enrolled:		(Type:.....)

4. Student(s) Details: *(Attach Students lists as shown below)*

#	Student Name	Permanent Adress	NID /PP No.	Age	Gender	Contact Number	Highest Qualification	Year Awarded	Awarding Body	Country

5. Lecturer(s) Details: *(Attach Lecturer's lists as shown below)*

#	Lecturer's Name	NID /PP No.	Contact Number	Highest Qualification	Teaching Experience in Years	Modules

6. Programme Coordinator(s) Details: *(Attach Programme Coordinator's lists as shown below)*

#	Coordinator's Name	NID /PP No.	Contact Number	Highest Qualification	Year Completed

7. Information Required for Monitoring Purpose:

7.1 Devlivery:

Class Schedule			Campus Detail				
Date	Time	Module Name	Lecturer Name	Name of the Campus	Address	Contact Person	Contact no.

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

Prepared by:

Name: Sign:

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

HEI's
Official
Stamp