



Application for Conducting Programmes in Offshore

1. Higher Education Provider:

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

2. Accredited Programme Details:

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

3. Offshore Provider:

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

Campus 1:	Name: Address: Tel No: Mobile No: Email:
Campus 2:	Name: Address: 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:
.....
.....
.....