



# MALDIVES QUALIFICATIONS AUTHORITY

Ministry of Education, Higher Education and Skills Development  
Male', Republic of Maldives



## Application for Programme Accreditation

### 1. Programme Details:

**Name of the Academic Programme:** .....

*For naming the qualifications, please refer to the MNQF qualifications titles.*

<b>MNQF level</b> (please tick where appropriate)	Level 1 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 5 <input type="checkbox"/>	Level 7 <input type="checkbox"/>	Level 9 <input type="checkbox"/>
	Level 2 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	Level 6 <input type="checkbox"/>	Level 8 <input type="checkbox"/>	Level 10 <input type="checkbox"/>

**Duration:** ..... **Credits:** ..... **Learning hours:** ..... **Contact hours:** .....

**Mode of Study:**  
(please tick where appropriate) ☐ **Full - Time** ☐ **Part - Time** (**Duration:** .....)  
*Note: Ideally the duration of a part-time study is double the duration of full-time*

**Delivery Modality:**  
(please tick where appropriate) ☐ **Face - to - Face** ☐ **Distance** ☐ **e-Learning** ☐ **Blended Learning**

**Medium of Instruction:**  
(please tick where appropriate) ☐ **English** ☐ **Dhivehi** ☐ **Arabic** ☐ **Others** (.....)  
*If others please specify*

### 2. Higher Education Provider:

**Name:** .....

**HEI type:**  
(please tick where appropriate) ☐ **University** ☐ **College** ☐ **Tertiary Institute** **MOHE registration no:** .....

**Registered address at Ministry of Higher Education (MOHE):** **Address:** .....  
**District:** ..... **Tel No:** ..... **Mobile No:** .....  
**Email:** .....

**Registered campuses where this programme will be conducted:**

<b>Campus 1:</b>	<b>Name:</b> .....	<b>Address:</b> .....
	<b>Tel No:</b> .....	<b>Mobile No:</b> ..... <b>Email:</b> .....
<b>Campus 2:</b>	<b>Name:</b> .....	<b>Address:</b> .....
	<b>Tel No:</b> .....	<b>Mobile No:</b> ..... <b>Email:</b> .....

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

### 3. Awarding Body (if different from above):

**Name:** .....

**HEI type:**  
(please tick where appropriate) ☐ **University** ☐ **College** ☐ **Tertiary Institute**

**Address / Main campus:** .....

**Country:** .....

**Tel No:** ..... **Mobile No:** ..... **Email:** .....

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

- \* Accreditation document of the country of origin.
  - \* Agreement between the programme providing HEI and awarding HEI, approving to conduct the specific programme.
- Please enclose:*
- \* A copy of the certificate of registration at the Ministry of Higher Education (MOHE).
  - \* Soft copy of the final document submitting for programme accreditation, prepared in accordance with the Guideline and Format for Programme Accreditation.

<b>4. Applicants Declaration:</b>		HEI's Official Stamp
I declare that all information provided in this form and the document is true and accurate.		
<b>Name:</b> .....	<b>Sign:</b> .....	
<b>Designation:</b> .....	<b>Date:</b> ...../...../.....	

## 5. FOR OFFICIAL USE

### Checklist

#	Items to Check	Check by MQA
1.	Completed MQA "Application for Programme Accreditation" form.	
2.	Programme document developed as per the guideline and format for Programme Accreditation.	

### ACCEPTANCE OF APPLICATION

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

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

Comments:

.....  
 .....  
 .....

### For the reference of the HEI

#### Timeframe for Programme Accreditation and Fee Structure

MNQF Level	Timeframe for the accreditation process	Accreditation Fee (in MVR)
Level 1	6 months	400.00
Level 2		600.00
Level 3		700.00
Level 4	8 months	1,000.00
Level 5		3,000.00
Level 6		4,000.00
Level 7	10 months	7,000.00
Level 8		8,000.00
Level 9		10,000.00
Level 10	1 Year	15,000.00