



MALDIVES QUALIFICATIONS AUTHORITY

Ministry of Education, Higher Education and Skills Development
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:																	
Before Commencing Reference No: (Reference number should be aligned with before commencing application)																			
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 (Type:.....)	Students Completed:																
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 (Excel and PDF version) as shown below)																			
#	Student Name	Student ID	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 (Excel and PDF version) as shown below)																			
#	Student Name	Student ID	Overall Course Attendance %	Marks for each module yearly															
				Year 1								Year 1							
				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 above)

#	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:**