Required Information Before Commencing the Programme

1	1. Higher Education Provider Reference No:															
Name:										pe: k where appropri	ate) U1	niversity	Coll	ege	Tertiary Institute	
T	Tel No: Mobile No: Email:					Campus Detail (Name, Atoll & Islan										
2. Programme Details																
	Name of the Programme: Credits: MNQF Level: Entry Criteria:															
Batch Details						Mode of Study De						very Modality				
Batch No: Commencing Date:						Full-Time					Face - to - Face E-Learning					
D	Duration: No. of Student enrolled: Part-Time (Duration: Distance Note: Ideally the duration of a part-time study is double the duration of full-time											Ble	Blended Learning			
4	4. Student(s) Details: (Attach Students lists as shown below)															
#	Student Name	nt Name Permanent Adress NID /PP No. Age Gender Cor			Contact Num	tact Number Qualification Name Previous C							enrolled un eral Entry	olled under (tick as appropriate) Entry Alternative Entry		
_							[4(a) D - 4	- 1 (4)	7.75	7 7 7						
	. Coordinator(s) D						Lecturer(s) Det					10 11	T 11 D		Modules	
# Coordinator's NameNID /			o. Contact Highest Qualification Year Comp) /PP No.	Contact Number	Highest Qual			Teaching Experience in Years		
7	7. Time Table: (attach time-table, so MQA can process with Random Batch Audit)															
Pl	ease refer to the Guidelines	for Programme Au	udit and Regulation	n for Progra	mme Audit	for fu	irther details about the	e Random	Batch Au	ıdit						
8. Declaration:														HEI's		
	I declare that all the information provided in this form and the document is true and accurate.													Official		
Prepared by:													Stamp			
Name: Designation: Date: Sign:																