

Application Form for Recognition of the Intended Programme

(PLEASE FILL SEPARATE APPLICATION FORM FOR EACH INTENDED PROGRAMME TO BE RECOGNIZED)

| 1. Applicant's Information | | | | | | | | |
|---|---------------------------------|--|------------------|--|--|--|--|--|
| Full Name: ID Card No/ PP No: Permanent Address: Current Address: Mobile No: | Nationality: | D.O. Atoll: Islan Atoll: Islan | d:d: | | | | | |
| 2. Intended Programme for MQA recognition/approval | | | | | | | | |
| Name of the Programme: | | | | | | | | |
| Entry Criteria: | | | | | | | | |
| MNQF Level: Programme Duration: Study Duration of the Programme: | | | | | | | | |
| Programme Commencing Date:/ | | | | | | | | |
| 3. Intended HEI for MQA recognition/approval | | | | | | | | |
| Name of the HEI: Awarding body: Country: (if different from above) Ownership of the Institute: Government Private Government and Private (put a tick where appropriate) | | | | | | | | |
| 4. Mode of Study | | | | | | | | |
| Full-Time Duration:) | | | | | | | | |
| 5. Delivery Modality | | | | | | | | |
| Face to Face E-Learning (Type: | | | | | | | | |
| 6. Lower Secondary Education obtained | | | | | | | | |
| Name of the Certificate S | School (Atoll/ Island) | Results (eg; 3A, 1B, 20 | C) Date Obtained | | | | | |
| 2. | | | | | | | | |
| 3 | | | | | | | | |
| 7. Higher Secondary Education obtained | | | | | | | | |
| Name of the Certificate S | School (Atoll/ Island) | Results (eg; 3A, 1B, 2C) Date Obtained | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 8. Tertiary and Higher Education Qualifications obtained Date Date | | | | | | | | |
| Title of the Qualification | Attained University / College / | Institute Duration | Started Complete | | | | | |
| 1 | | | | | | | | |
| 3 | | | | | | | | |

| 9. Employment History | | | | | | | |
|--|-----------------------------------|--------------------|-----------|-----------------|----------|--|--|
| Total work experience in: Yea | ur(s) | Month(s) | | Dav(s) | | | |
| Total work experience in: Year(s) | | | | | | | |
| | | | | | | | |
| | Designation: From: Organization: | | | | | | |
| Contact Person: Designation: Contact No: | | | | | | | |
| Ownership of the Organization: Government Private Government and Private Others | | | | | | | |
| (put a tick where appropriate) | | | | | | | |
| If "OTHERS" please specify: | | | | | | | |
| Previous Employment History | | | | | | | |
| Previous Posts | Emp | oloyer | | From | То | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| Checklist - Documents to be submitted: (put a tick where appropriate) | | | | | | | |
| Original and copies of SSC, GCE(O/L), GCE(A/L), HSE, IGCSE and Post Secondary Education Copy. Placement copy (Note: for scholarship and loan applications Department of Higher Education requires placement to be verified.) Documents showing course duration, course entry criteria and course structure. If the concerned qualification is Certificate 4 and above, documents of related work experience and CV (if from alternate entry.). If the Academic programme is a distance education programme, details of examinations and assessment arrangements. Documents showing that the Training Provider is recognized in the country of study. Documents showing that the Awarding Body is recognized in the country of origin. Copy of National Identity Card. | | | | | | | |
| PLEASE ENSURE ALL THE REQUIRED DOCUMENTS ARE SUBMITTED FOR SPEEDY PROCESSING | | | | | | | |
| DECLARATION: I declare that all the information given in this application form is accurate and all the mentioned documents are submitted. I also declare that the certificate I submitted as supporting documents are genuine certificates I obtained and not forged. I agree to take the full responsibility of all the implications resulting if I submit any forged certificate on untrue information. Name: Date: Sign: | | | | | | | |
| 10. FOR MQA USE ONLY: | | 11. If submitted f | from a co | uncil in atolls | <u> </u> | | |
| Form received by: | | Council Name: | | | | | |
| Name of the staff: | | Name of the staff: | | | | | |
| Date:// | Sign: | Date:/ | | Sign: | Stamp: | | |