## **Application for Programme Accreditation**

1. Programme Details:								
Name of the Academic Programme:								
For naming the qualifications, please refer to the MNQF qualifications titles.								
MNQF level (please tick where appropriate)		Level 1 Level 3 Level 2 Level 4		Level 5 Level 6	Level 7 Level 8	Level 9 Level 10		
Duration:		Credits:		Learning hours:	Conta	Contact hours:		
Mode of Study: (please tick where appropriate)		Full - Ti		Time (Duration:		)		
Delivery Modality: (please tick where appropriate)		Face - to	- Face	Pistance e-I	Learning	Blended Learning		
Medium of (please tick when	Instruction: re appropriate)	English	Dhive	hi Arabic	Others (	) pecify		
2. Higher Education Provider:								
Name:								
HEI type: (please tick when	re appropriate)	Universi	ty College	Tertiary Institute	MOHE registration no:			
Registered address at Ministry of Higher Education (MOHE):  District: Email:								
Registered	campuses who	ere this program	me will be condu	cted:				
Campus 1:	Name:			Address:				
	Tel No:	No: Email:						
Campus 2:	mpus 2: Name: Address:							
	Tel No:	I	Mobile No:		Email:			
Note: If there are more campuses for this programme please provide that information in a separate sheet.								
3. Award	ing Body ( <i>if</i>	different from	above):					
Name:								
HEI type: (please tick when	re appropriate)	Univer	sity	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.

4. Applicants I	HEI's Official Stamp				
I declare that all					
Name:	Sign:				
Designation:					
5. FOR OFF	ICIAL USE				
Checklist					
# Items to C	Check by MQA				
1. Completed M	1. Completed MQA "Application for Programme Accreditation" form.				
2. Programme d	tion.				
Application Re	ference Number:	Date Received:			
Receiving Staf	ıre:				
Comments:					
For the referen	ce of the HEI				
2 02 10 2 00.	Timeframe for Programme Accreditation	on and Fee Structure			
MNQF Level	Timeframe for the accreditation proc	eess Acc	reditation Fee (in MVR)		
Level 1			400.00		
Level 2	6 months		600.00		
Level 3			700.00		
Level 4			1,000.00		
Level 5	8 months		3,000.00		
Level 6			4,000.00		
Level 7			7,000.00		
Level 8	10 months		8,000.00		
Level 9			10,000.00		
Level 10	1 Year		15,000.00		