



## MALDIVES QUALIFICATIONS AUTHORITY

Ministry of Higher Education  
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: .....																	
Final Batch Audit Reference No: .....																			
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	Students Completed: .....																
		<input type="checkbox"/> Blended Learning																	
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 as shown below)																			
#	Student Name	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 as shown below)																			
#	Student Name	Student ID	Overall Course Attendance %	Marks for each module yearly															
				Year 1								Year 2							
				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	Module Name	Module Name
Grading System:				(Please include grading system)															

*(Attach Contact Person lists as shown below)*

#	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:** .....