Required Information Before Commencing the Programme

| 1. Higher Education Provider | | Reference No: |
|--|---|--|
| Name: | | HEI type: (please tick where appropriate) University College Tertiary Institute |
| Tel No: Mobile No: Email: | | Campus Detail: (Name, Atoll & Island) |
| 2. Programme Details | | |
| Name of the Programme: | | |
| Entry Criteria: | | |
| Batch Details | Mode of Study | Delivery Modality |
| Batch No: Commencing Date: | Full-Time | Face - to - Face E-Learning |
| 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 Distance Blended Learning | | |
| 4. Student(s) Details: (Attach Students lists (Excel and PDF version) as shown below) | | |
| # Student Name Permanent Adress NID /PP No. Age Gender Cont | tact Number Previous Qualification Name Awardin | S Qualifications Student enrolled under (tick as appropriate General Entry Alternative Entry |
| | | |
| 5. Coordinator(s) Details: (Attach lists as shown below) 6. Lecturer(s) Details: (Attach lists as shown below) | | |
| # Coordinator's NamNID /PP No. Contact Number Highest Qualification Year Complete | | ID /PP No. Contact Number Highest Qualification Teaching Experience in Years Modules |
| | | |
| 7. Time Table: (attach time-table, so MQA can process with Random Batch Audit) | | |
| Please refer to the Guidelines for Programme Audit and Regulation for Programme Audit for further details about the Random Batch Audit | | |
| 8. Declaration: | | |
| I declare that all the information provided in this form and the document is true and accurate. | | |
| Prepared by: | | Stamp |
| Name: Designation: | Date:/ | A. C. |