

Pre-Qualifying Criteria and Application for Course Approval

Application Form for Course Approval

<i>Applicant's Information</i>		
1. Full Name:	2. ID. No:	
3. Address:		
4. Tel:	5. Fax:	6. E-mail:

<i>Course Provider Institution</i>		
1. Name:		
2. Institution Type:	<input type="checkbox"/> University	<input type="checkbox"/> College
	<input type="checkbox"/> School	<input type="checkbox"/> Learning Centre
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Other, please specify
3. Registration No:	4. Registration Date:	
5. Administrative Office Address:		
6. Tel:	7. Fax:	8. E-mail:

<i>General Course Information</i>	
1. Course Name:	
2. Course Type:	<input type="checkbox"/> Certificate I
	<input type="checkbox"/> Advanced Certificate
	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Master's Degree
	<input type="checkbox"/> Certificate II
	<input type="checkbox"/> Diploma
	<input type="checkbox"/> Post-Graduate Certificate
	<input type="checkbox"/> Doctoral Degree
	<input type="checkbox"/> Certificate III
	<input type="checkbox"/> Advanced Diploma
	<input type="checkbox"/> Post-Graduate Diploma
3. Total Credits Hours of the Course:	4. Total Credits Points of the Course:
5. Length of the Course: <input type="checkbox"/> Weeks.	<input type="checkbox"/> Academic Years.

Please turn over

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Did anyone assist you in preparing the Course Approval Documents?

- No. Yes. If yes, please provide the name of the person or organization that assisted you.

Name of the person / organization:

Contact Number:

Information provided in this form and Course Approval Document is true and accurate.

Signature:

Date: