



Maldives Medical and Dental Council

Application for Programme Approval

1. PROGRAM DETAILS	
Name of the Academic Programme:.....	
Level of Programme:	<input type="checkbox"/> General <input type="checkbox"/> Specialty
Duration:.....Credits:.....Learning hours:.....Contact hours:.....	
Mode of Study:	<input type="checkbox"/> Full-Time
Delivery Modality: <i>(Please tick where appropriate)</i>	<input type="checkbox"/> Face-to-face No. of hours:..... <input type="checkbox"/> Online No. of hours:.....
Language of Instruction: <i>(Please tick where appropriate)</i>	<input type="checkbox"/> English Other:.....
2. HIGHER EDUCATION PROVIDER	
Name:	
HEI Type: <i>(Please tick where appropriate)</i>	<input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Tertiary Institute <input type="checkbox"/> Teaching Hospital
MOHE Registration no.:	
Registration address at Ministry of Higher Education (MOHE)	Address:..... City/Island:..... Phone no.:..... Email ID:.....
Registered campuses where this programme will be conducted:	
Campus 1:	Address:..... City/Island:..... Phone no.:..... Email ID:.....
Campus 2:	Address:..... City/Island:..... Phone no.:..... Email ID:.....
Campus 3:	Address:..... City/Island:..... Phone no.:..... Email ID:.....

Note: If there are more campuses for this programme, please provide that information in a separate sheet.

3. AWARDING BODY (if different from provider)

Name:

HEI Type: (Please tick where appropriate) University College Tertiary Institute

Address/Main campus: Address:.....
 City/Island:.....
 Phone no.:.....
 Email ID:.....

Country:

Contact: Tel no.:..... Mobile no.:.....
 Email ID:.....

Important notes
 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(s) submitting for programme approval, prepared in accordance with the MMDC accreditation standards and guide to data collection for programme approval.

4. DECLARATION BY APPLICANT:

I declare that all the information given in this application form is accurate and all the mentioned documents are submitted.
 Name:..... Date:...../...../.....
 Designation:.....
 Sign:..... Official Stamp

5. FOR OFFICIAL USE

Checklist
 Completed MMDC “Application for Program approval” form
 Programme document(s) developed as per MMDC accreditation standards and guideline for data collection for programme approval
 List of documents submitted

ACCEPTANCE OF APPLICATION

Application document number:.....
 Date:..... Fees received:.....
 Received by:..... Signature:.....
 Comments:.....
