



BORANG C

Ketua Pegawai Eksekutif
Agensi Kelayakan Malaysia
Tingkat 14B, Menara PKNS-PJ
No 17, Jalan Yong Shook Lin
46050 Petaling Jaya
Selangor Darul Ehsan

PERMOHONAN BAGI PERAKUAN STATUS SWAAKREDITASI

Nama pemberi pendidikan tinggi:

Alamat:
.....
.....

No.Telefon: No.Faks: E-mel:

Pegawai yang boleh dihubungi:

Nama (gelaran):

Jawatan:

No. Telefon: No. Faks: E-mel:

Jumlah program yang dijalankan oleh institusi:

	Bilangan Program
Kampus induk	
Kampus cawangan	
Kolej bersekutu	
Pusat wilayah	
Lain-lain	
Jumlah	

Bersama-sama ini disertakan *Demand Draft* (No:.....) dibayar kepada “Agensi Kelayakan Malaysia” bagi pembayaran permohonan perakuan status swaakreditasi dan salinan *Demand Draft* tersebut.

Jumlah bayaran (*sila tanda [/] jika berkenaan*):

- RM 30,000.00 (PPT kurang daripada 50 program)
- RM 40,000.00 (PPT dengan 50-100 program)
- RM 50,000.00 (PPT dengan lebih 100 program)

* *Sila catatkan nama pemberi pendidikan tinggi di belakang Demand Draft*

Turut disertakan:

- (i) Satu salinan surat undangan daripada Menteri yang disebut di bawah subseksyen 61(1) Akta MQA 2007 (Akta 679);
- (ii) Tujuh salinan bercetak dan tujuh *softcopy* dokumen MQA-03; dan
- (i) Satu salinan perakuan pendaftaran institusi / bukti penubuhan institusi.

Cop rasmi:

.....
Tandatangan dan nama pegawai

Tarikh:

Untuk kegunaan pejabat sahaja:

(*Sila tanda [/] jika berkenaan*)

- Demand Draft* (asal dan salinan);
- Satu salinan surat undangan daripada Menteri;
- Tujuh salinan bercetak tujuh dan *softcopy* dokumen MQA-03; dan
- Satu salinan perakuan pendaftaran institusi / bukti penubuhan institusi.

Nama pegawai penerima:.....

Tandatangan:

Tarikh:.....



FORM C

Chief Executive Officer
Malaysian Qualifications Agency
Tingkat 14B, Menara PKNS-PJ
No 17, Jalan Yong Shook Lin
46050 Petaling Jaya
Selangor Darul Ehsan

APPLICATION FOR CERTIFICATE OF SELF-ACCREDITATION STATUS

Name of higher education provider:

Address:
.....
.....

Telephone No: Fax No: E-mail :

Contact person:

Name (title):

Designation:

Telephone No: Fax No: E-mail:

Total number of programmes conducted by the institution:

	Number of programmes
Main campus	
Branch campus(es)	
Affiliated college(s)	
Regional center(s)	
Others	
Total	

Enclosed herewith a Demand Draft (No:) made payable to the “Agensi Kelayakan Malaysia” being payment for the application for self-accreditation status and a copy of the said Demand Draft.

Total Fee (please tick [/] where appropriate):

- RM 30,000.00 (HEP more than 50 programmes)
- RM 40,000.00 (HEP with 50-100 programmes)
- RM 50,000.00 (HEP more than 100 program)

* Please noted the name of higher education provider behind the demand draft

Also enclosed are:

- (i) A copy of the invitation letter from the Minister referred to under subsection 61(1) of the MQA Act 2007 (Act 679);
- (ii) Seven hard copies and seven soft copies of MQA-03 document; and
- (iii) A copy of the certificate of establishment of the institution / proof of establishment.

Official stamp

.....
Signature and name of the officer of

Date:

For office use only:

(please tick [/] where appropriate)

- Demand draft (original and copy);
- A copy of the invitation letter from the Minister;
- Seven hard copies and seven soft copies of MQA-03 document; and
- A copy of the certificate of the establishment of the institution / proof of establishment.

Name of receiving officer:

Signature:

Date: