**Self-Review Report 03 - Extending Accreditation**

**for the**

**<Program Name>**

**<*Nama Program*>**

**at**

**<University Name>**

**<Location>**

**<Date>**

**CONFIDENTIAL**

The information supplied in this Self-Review Report is for the confidential use of TTAC and its authorized agents and will not be disclosed without authorization of the institution concerned, except for summary data not identifiable to a specific institution.

## **FORM A : GENERAL INFORMATION ON THE EDUCATION PROVIDER**

|  |  |
| --- | --- |
| **EDUCATION PROVIDER (EP)** | |
| Name of the EP : |  |
| Date of establishment: |  |
| VC / CEO : |  |
| Email : |  |
| Address : |  |
| Correspondence (if different from above) : |  |
| Tel : |  |
| Website : |  |

1. Contact person for study information

|  |  |  |
| --- | --- | --- |
| i. | Name and Title | : |
| ii. | Designation | : |
| iii. | Tel | : |
| iv. | Fax | : |
| v. | Email | : |

## **FORM B: PROGRAMME DESCRIPTION**

1. Name of the programme (as in the scroll to be awarded):
2. MBOT Technology Field :
3. National Education Code (NEC):
4. MQF level:
5. Graduating credit:
6. Type of award (e.g., single major, double major, etc.):
7. Language of instruction:
8. Type of programme (e.g., home grown, collaboration etc.):
9. Mode of study (e.g., full-time/part-time):
10. Method of learning and teaching (e.g., lecturer, laboratory, tutorial, project etc.):
11. Mode of offering: (please (/) where appropriate)

|  |  |
| --- | --- |
| Undergraduate Programme | |
| Coursework |  |
| Industry Mode |  |
| Others |  |

1. Mode of delivery (please (/) as appropriate):

|  |  |
| --- | --- |
| Conventional |  |
| Open and Distance learning (ODL) |  |
| 2u2i |  |
| Work based learning (WBL) |  |

1. Duration of study:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full-time | | | Part-time | | |
| Long Semester | Short Semester | Industrial  Training | Long Semester | Short Semester | Industrial  Training |
| No. of Weeks |  |  |  |  |  |  |
| No. of Semesters |  |  |  |  |  |  |
| No. of Years |  | | |  | | |

*Note: Number of weeks should include study and exam weeks.*

1. Awarding body (e.g., own/others (with a evidence of collaboration)):
2. Entry requirement:

**GENERAL REQUIREMENT FROM PREVIOUS APPROVAL**

|  |  |  |
| --- | --- | --- |
|  | **ITEMS** | **FEEDBACK / ACTION PP**  **(must include proof of action such as minutes of meeting, paper approval, receipts, or related evidence)** |
| 1 |  |  |
| 2 |  |  |

**SUGGESTIONS FOR IMPROVEMENT FROM PREVIOUS APPROVAL**

|  |  |  |
| --- | --- | --- |
|  | **ITEMS** | **FEEDBACK / ACTION PP**  **(must include proof of action such as minutes of meeting, paper approval, receipts, or related evidence)** |
| 1 |  |  |
| 2 |  |  |