## MQA-01/02 2017 (PROVISIONAL \& FULL ACCREDITATION)

## PART A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER

Part A of the MQA-01 (2017) and MQA-02 (2017) of this Code of Practice for Programme Accreditation (COPPA) seeks general information on the Higher Education Provider (HEP).

1. Name of the Higher Education Provider (HEP):
2. Date of establishment:
3. Date of registration (if applicable):
4. Reference no. of registration (if applicable):
5. Name of the chief executive officer (however designated):
6. Address:
i. Address:
ii. Correspondence (if different from above):
7. Tel.:
8. Fax:
9. Email:
10. Website:
11. Names and addresses of Faculties/Schools/Departments/Centres (if located outside the main campus):
i.
ii.
iii.
12. Names and addresses of branch campuses (if applicable):
i.
ii.
iii.
13. List of Faculties/Schools/Departments/Centres in the HEP (and its branch campuses) and number of programmes offered:

| No. | Name of Faculties/Schools/ <br> Departments/Centres/MOE- <br> approved Regional Centres | Location | Number of <br> Programmes Offered |
| :--- | :---: | :---: | :---: |
|  |  |  |  |

14. Details of all programmes currently conducted by the HEP (and its branch campuses including any offshore arrangements):

| No. | Name of <br> Programme | MQF <br> Level | Awarding <br> Body | Type of <br> Location <br> conducted | Programme <br> (collaboration/ <br> own/ external <br> programme/ <br> joint award/ <br> joint degree) | Approving <br> Authority <br> and Date <br> of <br> Approval | Date and <br> Duration of <br> Accreditation <br> by MQA/ <br> Professional <br> Body | Student <br> Enrolment | Programme <br> Status* |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

* For public university, indicate status of each programme as follows: active, jumud, beku, lupus or penawaran semula.
* For private HEP, indicate status of each programme as follows: active or inactive (approved but currently not conducted).

15. Total number of academic staff:

| Status | Academic Qualification | Number of Staff |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Malaysian | NonMalaysian | Total |
| Full-time (all types of designation, including those on 1 year contract or more) | Doctorate (Level 8) |  |  |  |
|  | Masters (Level 7) |  |  |  |
|  | Bachelors (Level 6 - including professional qualification) |  |  |  |
|  | Diploma (Level 4) |  |  |  |
|  | Others |  |  |  |
|  | Sub-total |  |  |  |
| Part-time | Doctorate (Level 8) |  |  |  |
|  | Masters (Level 7) |  |  |  |
|  | Bachelors (Level 6 - including professional qualification) |  |  |  |
|  | Diploma (Level 4) |  |  |  |
|  | Others |  |  |  |
|  | Sub-total |  |  |  |
|  | Total |  |  |  |

16. Total number of students:

|  | Number of students |  | Total | Disabled Student |
| :--- | :--- | :--- | :--- | :--- |
|  | Local | International |  |  |
| Male |  |  |  |  |
| Female |  |  |  |  |
| Total |  |  |  |  |

17. Student attrition:

|  | Year | Total <br> students (A) | Number of students <br> leaving the institution <br> without graduating <br> (B) | Attrition <br> Rate <br> $(\%)$ <br> $(B / A)^{*} 100$ | Main <br> reasons for <br> leaving |
| :--- | :--- | :--- | :---: | :---: | :---: |
| Past 1 year |  |  |  |  |  |
| Past 2 years |  |  |  |  |  |
| Past 3 years |  |  |  |  |  |

Note: The attrition rate should be provided for each individual year.
18. Total number of administrative and support staff:

| No. | Classification by Function <br> (e.g.: technical, counselling, financial, IT, <br> human resource, etc.) | Number of Staff |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

19. Provide audited financial statement for the last three consecutive years:

| Year | Financial statement (RM) |  |
| :--- | :---: | :---: |
|  | Profit/Surplus | Loss/Deficit |
| Past 1 year |  |  |
| Past 2 years |  |  |
| Past 3 years |  |  |

Note: Profit and loss reporting is based on after tax.
20. Provide the latest, dated and signed organisational chart of the HEP.
21. Contact person for the submission:
i. Name and Title:
ii. Designation:
iii. Tel.:
iv. Fax:
v. Email:

