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|  | **Institute of Quantity Surveyors Sri Lanka**  **Application for**  **Recognition of Degree Programmes** |

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| **UNIVERSITY/ INSTITUTION** | | | | | | | | |
| Name | | |  | | | | | |
| Department | | |  | | | | | |
| Address | | |  | | | | | |
| Telephone | | |  | | Fax | |  | |
| Email | | |  | | | | | |
| **DEGREE PROGRAMME** | | | | | | | | |
| Name | | |  | | | | | |
| Level of entry | | | ☐ Regular entry at First year | | | ☐ Lateral entry | | ☐ Both |
| Mode of delivery | | | ☐ Full time | | | | ☐ Part-time | |
| Programme Duration | | |  | | | | | |
| **CONTACT PERSONS** | | | | | | | | |
| **Head of the Department** | | | | **Programme Leader** | | | | |
| Name |  | | | Name | |  | | |
| Email |  | | | Email | |  | | |
| Phone |  | | | Phone | |  | | |
| **DECLARATION ON BEHALF OF THE INSTITUTION** | | | | | | | | |
| I hereby certify that the information provided in this form and attachments are correct to the best of my knowledge. I am authorised to make this application on behalf of the University/ Institution, including a commitment to pay the relevant fees. | | | | | | | | |
| **Name** | |  | | | | | | |
| **Position** | | Head of the Department/ Leader of the Programme | | | | | | |
| **……………………………….**  **Signature** | | | | **…………………….**  **Date** | | | | |