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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** |