

6. **Present Occupation:** _____
Name of Employer: _____
Address of Employer: _____

(Please tick as appropriate)

7. **Please state whether you are applying for – A. RECOGNITION** } **of qualifications**
and/or B. EQUIVALENCE }

8. ACADEMIC DETAILS

List examinations in chronological order

(Please attach copies of certificates. Originals must be produced for verification purposes)

Awards	Awarding Institution and Country of Origin	Grade Achieved	Year of Award	From		To	
				Month	Year	Month	Year
(a)							
(b)							
(c)							
(d)							
(e)							
(f)							
(g)							

B. QUALIFICATION FOR WHICH RECOGNITION/EQUIVALENCE IS BEING SOUGHT

1. **Qualification:** _____

(state full name of certificate, diploma or degree)

2. **Name of Awarding institution** **Office Tel**

3. **Address of Awarding institution** **Fax**

Website _____

4. Date of Registration

Day Month Year

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5. Minimum Entry Requirements for B1

6. Duration of Course

From		To		Year of Award
Month	Year	Month	Year	

7. **If qualification is not obtained from**
 (i) Tertiary Education Institutions as listed under the Tertiary Education Commission Act,
 (ii) Institutions operating under the Technical School Management Trust Fund (TSMTF),
 (iii) Registered Private Post-Secondary Education Institutions in Mauritius,
 Please submit course syllabus

(Please tick as appropriate)*

7.1 Mode of attendance and details	Year (s)	Contact time (hrs)	Self-directed/Guided Studies (hrs)
*Full time ()
*Part time ()
*Distance Education ()

7.2 **Mode of assessment applicable to Certificate/Diploma/Degree mentioned at B1**

Continuous assessment	
Module/Unit examinations	
End of Year examination	
By submission of thesis/dissertation	
On-line Examination	

[Please tick appropriate box(es)]

Please submit details of results as appropriate.

7.3 **If examination in question was taken in Mauritius, please state examination centre**

(Please provide examination notification)

7.4 **Reason(s) for which Recognition/Equivalence is(are) being sought**

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