**Doc. 200.4**

**REQUEST FOR REVIEWING**

**PROGRAMS OF STUDY OFFERED IN CYPRUS**

**WITH THE METHOD OF**

**FRANCHISE / VALIDATION**

Date:

* **Higher education institution:**

…………………………………………………………………………

* **District / Town:** ………………………………………………………………
* **Collaborating Member State institute of Higher Education:** ………………………………………………………………………………………………………………………………………………………..
* **Program of study (Name, ECTS, duration, cycle)**

**In Greek:** ………………………………………………………….

…………………………………………………………………………

**In English:** ……………………………………………………….

…………………………………………………………………………

* **Language of instruction:** ………………………………….
* **Programme’s status:**

**New program:** ……………

**Currently operating:** ……………

CYQAA DIPAE

republic of cyprus

**The request for reviewing the program of study, is submitted to CYQAA in order to be offered and operate at the beginning of:**

1. **the winter semester** ……………

**or**

1. **the spring semester** ………………

**INSTITUTION’S CHECK LIST**

**In order for your request to be forwarded and properly examined, you must confirm that the following have been delivered at CYQAA’s offices**

**(check √ where applicable):**

1. Cover letter ………
2. Application in print using the document No. 200.4 (1 copy) ………
3. Application using the document No. 200.4 in digital form (1 copy) ………
4. Practical Training Guide (if there is one) ………
5. Submission of the Foundation Year’s program (if it is offered) ………
6. Test for English language competency or set levels on the basis of international

examinations ………

1. The institution’s admission criteria of School Leaving Certificate / Apolytirion overall final grade………
2. Teaching staff short profile / Short CV (Doc. 500.01.03 / 500.01.04) ………
3. Expected number of students for each year (the institution must submit the exact number of students per semester) ………
4. Expected countries of origin of students, proportionally by country (the institution must submit the exact numbers per semester) ………

**Program’s of study Coordinator:**

**Name:** ………………………………………. **Signature:** ……………………………………….

**Tel.:** ………………………………………. **e-mail:** ……………………………………………

**Date of Application Submission:** ………………………………………………

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| **This Document is submitted on the basis of Article 11 of Laws 136(Ι)/2015 to 47 (I)/2016 for auditing (reviewing) the cross border program of study offered with the method of franchise / validation**  **Note the following**:  **1.** The Institution of Higher Education prepares and submits, both in print and electronically, the request with the cover letter, which must be signed by the chief administrative officer of the institution established in the Republic of Cyprus and the chief administrative officer of the collaborating EU member state/ Great Britain Institution.  **2.** the requests for reviewing the program of study scheduled to be offered with the method of franchise / validation is submitted to the Agency,   * Until the end of June, in order to be offered and operate at the beginning of the winter semester   or   * Until the end of September in order to be offered and operate at the beginning of the spring semester   **3.** The institution is responsible to ensure that the request contains all required information and that the information is true and accurate.  **4.** The request must include evidence, for everything defined by the provisions of the Law, as it is stated in Part A and Part B of this document. |

**GENERAL INSTRUCTIONS FOR COMPLETING THIS DOCUMENT**

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| --- |
| **1. Since, it is not possible to pre-estimate the necessary space to enter information required, interested parties are requested to copy this document on their computers, along with the instructions included herewith, allowing the necessary space for every entry.**  **2. Each program of study must be submitted as a separate request. If the same program of study is offered at the main premises of the institution, as well as at an institution’s branch, separate applications should be submitted.** |

**REQUESTED DATA:**

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| * **Institution in the Republic of Cyprus:**   ……………………………………………………………………………………………………   * **District:** ………………………………………………………………………………………………… * **Collaborating member state institution:**   ……………………………………………………………………………………………………   * **Name of program of study in Greek:**   ……………………………………………………………………………………………………   * **Name of program of study in English:**   ……………………………………………………………………………………………………   * **Institution’s legal Chief Officer:**   ……………………………………………………………………………………………………   * **Signature of Institution’s legal Chief Officer:**   ……………………………………………………………………………………………………   * **Institution’s Representative (if it is a company):**   ……………………………………………………………………………………………………   * **Signature of Institution’s Representative (if it is a company):**   …………………………………………………………………………………………………   * **Person Responsible by Law of the Collaborating Institution:**   ……………………………………………………………………………………………………   * **Signature of the person Responsible by Law of the Collaborating Institution:**   ……………………………………………………………………………………………………   * **Representative of the Collaborating Institution:**   ……………………………………………………………………………………………………   * **Signature of the Representative of the Collaborating Institution**   **(if it is a company):**  ……………………………………………………………………………………………………   * **Date of request’s submission:**   ………………………………………………………………………………………………….. |

**PART A**

**Instructions: Complete according the Article 11 of Laws 136(I)/2015 to 47(I)/2016. Any additional documents (e.g. agreements, memoranda of understanding etc.) must be submitted as annexes with the necessary references.**

**4.1** The educational institution of a member state is recognized in its country and duly authorized and accredited to provide courses and grant higher education qualifications with the method they are offered

Documentation: **……………………………………………………………………………………….**

**4.2** The program of study leading to the award of the higher education qualification in the Republic has been officially accredited by the authorized and accredited Agency established in the member state of origin of the higher education qualification;

Documentation: **……………………………………………………………………………………….**

**Position of the institution and program of study in the national rankings:**

- Institution

- Program

**4.3** The higher education qualification issued is the same as that which would have been awarded if the education had taken place entirely in the member state of origin of the higher education qualification;

Documentation: **……………………………………………………………………………………….**

**4.4** The higher education qualification, in case it certifies a vocational qualification, confers the same vocational rights in the territory of the member state of origin of the higher education qualification; and

Documentation: **……………………………………………………………………………………….**

**4.5** The higher education qualification issued in the Republic confers the same rights as those applicable in the territory of the member state of origin of the higher education qualification.

Documentation: **……………………………………………………………………………………….**

**PART B**

**Instructions: Complete according the Article 11 of Laws 136(I)/2015 to 47(I)/2016. Any additional documents (e.g. agreements, memoranda of understanding etc) must be submitted as annexes with the necessary references.**

**(a)** All the relevant reports and evaluations that have been made from the educational institute whose degree title will be awarded.

Documentation: **……………………………………………………………………………………….**

**(b)** Complete evidence for the academic facilities and services to be offered by the educational institute as well as those offered by the educational institute whose degree title will be awarded.

Documentation: **……………………………………………………………………………………….**

**(c)** Complete evidence of the criteria for admission, evaluation and graduation, which will be implemented from the educational institute as well as those who are implemented by the educational institute whose degree title will be awarded.

Documentation: **……………………………………………………………………………………….**

**(d)** The nominal list of the teaching staff and their relation to the educational institute (TABLE A), as well as CVs of the teaching staff involved in offering the program by the Cyprus educational institute (Document 500.1.04) and CVs of the teaching staff employed by the educational institute whose degree title will be awarded (Document 500.1.03).

Documentation: **……………………………………………………………………………………….**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **TABLE A: TEACHING STAFF** | | | | | | | |
| **Α/Α** | **Name and Surname** | **Academic qualifications/ credentials** | **Rank\*** | **FT/PT\*\*** | **Program(s) of study and institution(s)** | **Teaching periods per week for each program of study and institution** | **Total periods per week** |
|  | George Demetriou | PhD in Human Resource Management  MBA  BA in Business Administration | P | FT | Bachelor in Business Administration – Institution X Nicosia | 3 | 9 |
| MBA – Institution Z Larnaca | 3 |
| MBA – Institution Y Paphos | 3 |
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\* Rank: Professor (P), Associate Professor (Αssoc. P), Assistant Professor (Assis. P), Lecturer (L), Special Teaching Personnel (STP), Visiting Professor (Vis. P), Special Scientist (SS), Lab Assistant (LA)\*\* Full Time (FT), Part Time (PT)

**(e)** The relevant agreements / memoranda of understanding between the institutions

Documentation: **……………………………………………………………………………………….**

**PART C**

1. **Complete Table B**

**TABLE B: STRUCTURE OF THE PROGRAM OF STUDY**

|  |  |
| --- | --- |
| **PROGRAM REQUIREMENTS** | **ECTS** |
| Compulsory courses |  |
| Elective courses  (a) Courses of specialization  (b) General Education courses / Free Electives |  |
| Undergraduate / Postgraduate Assignment |  |
| Practical training |  |
| **Total ECTS** |  |

1. **Complete TABLE C accordingly, indicating the distribution of the courses (compulsory and elective/optional) per semester per academic year.**
2. **Complete TABLE D accordingly, indicating the weekly timetable each course will be delivered each semester per academic year.**

**TABLE C: COURSE DISTRIBUTION PER YEAR / PER SEMESTER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Α/Α** | **Course Type\*** | **Course Name** | **Course Code** | **Periods per week** | **Period duration** | **Number of weeks/ semester** | **Total periods/semester** | **ECTS** |
| **YEAR 1 : Semester A** | | | | | | | | |
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| **YEAR 1 : Semester B** | | | | | | | | |
| **1.** |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |

**\*** Compulsory or elective course

**TABLE D: WEEEKLY TIMETABLE PER YEAR / PER SEMESTER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Α/Α** | **Course Type\*** | **Course Name** | **Course Code** | **Periods per week** | **Day/Hours** | **Number of weeks/ semester** | **ECTS** | **Name of the responsible teaching staff** |
| **YEAR 1 : Semester A** | | | | | | | | |
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| **YEAR 1 : Semester B** | | | | | | | | |
| **1.** |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |

\*Compulsory or elective course