



Application for Academic Collaboration

Name of academic institution

Address of academic institution

Registered Address *(if different)*

Registration Number

Name and address of the
Registration Body
(e.g. Ministry of Education)

Name of owner of the academic institution

Legal status of the academic institution
(Private Limited Company/charity etc.)

Name/s of Directors

Website address

Number of students currently registered

Total number of students

By programme of study

By mode of study

Full time Part time Online Distance Learning Other

Number of staff currently employed

Full time Part time

Programmes of study currently
offered and academic levels

Do you have national accreditation?

Do you have any other academic collaborations with UK or non-UK institutions or awarding bodies

Three horizontal grey bars for text input.

Reasons for wishing to establish an academic collaboration with OQA

Three horizontal grey bars for text input.

OQA Programmes of study you would like to offer at your institution

Five horizontal grey bars for text input.

Person completing the submission

Name:

Position:.....

Date:

A large grey rectangular area containing the signature and date fields.