Template 1: Application cover sheet

­­Date of application: Click here to enter a date.

Program title:

Program code:

Institution:

Faculty/School/Department:

Duration of program (in FTE years):

Delivery mode/s:

Campus(es) where the program is offered:

Length of professional experience component (days of supervised practice):

Stage(s) of schooling (e.g. early childhood/primary, primary, secondary):

If primary program, specialisation/s offered:

Website URL:

Date(s) of any preliminary meeting(s) with regulatory authority for this application: Click here to enter a date.

Date of program commencement: Click here to enter a date.

Is the application for:

A new program  An existing program

If existing, is this application for:

Stage One  Stage Two

If existing, what is the date of:

Last accreditation: Click here to enter a date. Approval expiry: Click here to enter a date.

Original program commencement: Click here to enter a date.

Program contact person:

Name:

Position:

Postal address:­­­­

Email: Phone:

Declaration by dean/head of school

I , being

(name)

(title of position)

endorse the attached as the formal application from

(name of faculty/school)

We undertake to comply with the reporting requirement specified in Program Standard 6.4.

Signed: Date:

Phone: Email: