REQUEST FOR RECOGNITION OF INSTITUTION & OR PROGRAMME (INQUIRY)

PLEASE NOTE THAT WE WILL CONTACT YOU AS SOON AS THE INFORMATION REQUESTED IS AVAILABLE.

A. Personal Data

Name (Surname, First Name) ……

Address: …… Telephone: ……

Email Address: ……

Date …… Time: ……

B. Information Requested

Name of Institution (s) and or programme(s)

……

……

Please provide any general information about Institution(s) or programme(s)

……

……

……
Applicant's Signature

C. For Official Use Only

Action required:

Immediate response ☐ Research ☐
Meeting ☐

Service charge $10.00 ☐ **Paid**

Results:

……
……
……

……
Department Officer's Signature