Macao Higher Education Quality Evaluation

Application for Program Review

Name of Institution:

Type of Application:

☐ New Application  *(Please fill in Part 1 to Part 3)*

☐ Application for Amendment  *(Please fill in Part 4 only)*

No. of Attachments:

Signature of Institution Representative and Stamp of Institution:

____________________________________

Declaration: I declare that I have read and have understood the Points to Note, all information given in this application is true.

Title of Signatory: ____________________________

Name (IN BLOCK LETTERS): ____________________________

Date: ____________________________ (to be filled in by GAES)

Document Entry No.: ____________________________

Date of Application: ____________________________

Points to Note:

- Please fill in “N/A” for fields that are not applicable. Additional sheets can be added if there is insufficient space to fill in this application form. HEIs can also provide application related information in form of attachment.

- The information requested in the application form is intended to assist GAES in considering whether the application should be approved. Upon necessary, GAES will contact the provided contact person directly for further information.

- Any personal data requested by the application form is used to process the application. Information may be disclosed to other public authorities, professional bodies or personnel for the above purpose. Applicants must provide personal data required by this form. The application may not be processed if the information provided is insufficient.

- The HEI which submitted the application may request access to and amendment of the information provided in the application form.
Attachments of this application:

☐ Attachment 1:
☐ Attachment 2:
☐ Attachment 3:
☐ Attachment 4:
☐ Attachment 5:
☐ Attachment 6:
☐ Attachment 7:

(No. of attachments is subject to the actual situation of the institution)
### Part 1: Information of Contact Person

<table>
<thead>
<tr>
<th></th>
<th>1st Contact Person</th>
<th>2nd Contact Person</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
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<tr>
<td>Department/ Faculty</td>
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<tr>
<td>Telephone No.</td>
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<tr>
<td>Email</td>
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### Part 2: Information of the Program

2.1 Is this Program Review application conducted in the form of a cluster of programs?

- [ ] Yes
  
  *(Please attach supporting documents which prove feasibility of this evaluation exercise to be conducted as cluster programs from the EQAA)*

- [ ] No

2.2 Name of program(s)

  *(Please list out all program names if this evaluation exercise is conducted as a cluster of programs)*

### Part 3: Information of Evaluation Proposal

3.1 Name of the proposed External Quality Assurance Agency (EQAA):

3.2 Reason for engagement of the EQAA:

  *(Please elaborate and provide relevant supporting documents according to Chapter 1 of Section A of the “Guidelines for EQAAs”)*

3.3 Total amount of the evaluation exercise (Total amount as stated on the quotation):

  *(Please attach quotation of evaluation fee)*
### 3.4 Timeline of evaluation exercise:
(Can be provided in form of attachment)

### 3.5 Working language of evaluation exercise:

### 3.6 Language of evaluation report:

### 3.7 Reason of deviation(s) from the Guidelines, modifications and their implications (if applicable):
(Please attach supporting documents)

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#### Part 4: Amendment to Evaluation Proposal

<table>
<thead>
<tr>
<th>4.1</th>
<th>Original arrangement:</th>
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<tbody>
<tr>
<td>4.2</td>
<td>Reason for the amendment:</td>
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<tr>
<td>4.3</td>
<td>Brief of the amended arrangement:</td>
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<td>4.4</td>
<td>Revised evaluation fee (if applicable):</td>
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