

**CONFIDENTIAL**



An Institute of



Office of Graduate Studies and Professional Learning  
1 Nanyang Walk, Block 7, Level 3  
Singapore 637616

**Application for Course Accreditation into  
In-Service Programmes**

Please note

All completed forms are to be sent to:

Manager  
Professional & Leadership Development  
Office of Graduate Studies and Professional Learning  
National Institute of Education  
1 Nanyang Walk, Block 7, Level 3  
Singapore 637616

Email: [inservice@nie.edu.sg](mailto:inservice@nie.edu.sg)

|   |                |
|---|----------------|
| <b>Personal Particulars</b>               |                |
| Name of Applicant ( <i>as per NRIC</i> ): | NRIC:          |
| Email Address:                            | Contact No:    |
| School Attached to:                       | School Tel No: |
| Programme Title:                          |                |

This is to confirm that I am seeking to accredit the following courses after having successfully met all the requirements deemed necessary for the purpose of the awarding of the programme.

| Course Title / Course Code | Course Start Date | Course End Date |
|----------------------------|-------------------|-----------------|
|                            |                   |                 |

I declare that the information provided herein is to the best of my knowledge and I have not willfully suppressed any material fact. I accept that if any of the information given by me in this application is in any way false or incorrect, I may not be granted the course accreditation.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Official Use:**

| <b>To be Completed by Executive</b>  |                  |                    |
|--|------------------|--------------------|
| <input type="checkbox"/> Courses taken can be accredited.<br><br><input type="checkbox"/> Course(s) taken cannot be accredited, please specify course title(s) _____<br>_____  |                  |                    |
| _____  | _____            | _____              |
| <b>Name</b>  | <b>Signature</b> | <b>Date</b>        |
| <b>To be Completed by Manager</b>  |                  |                    |
| <input type="checkbox"/> Courses taken matched against programme structure and progress report.<br><br><input type="checkbox"/> Application is supported.<br><br>Comments (if any):<br><br><br><br><br><br>                |                  |                    |
| _____  | _____            | _____              |
| <b>Name</b>  | <b>Signature</b> | <b>Date</b>        |
| <b>For Approval by Associate Dean (Professional &amp; Leadership Development)</b>  |                  |                    |
| To comment/ approve as appropriate<br><br><div style="margin-left: 40px;"> <input type="checkbox"/> Approved<br/> <input type="checkbox"/> Not Approved           </div><br><br>Comments (if any):<br><br><br><br><br><br> |                  |                    |
| <b>Signature:</b> _____  |                  | <b>Date:</b> _____ |