Form XIII
(Regulation 17(1))

Higher Education Act, 2013
(Act No. 4 of 2013)

Higher Education (General) Regulations, 2024

APPLICATION FOR VARIATION OF ACCREDITED LEARNING PROGRAMME

PART I: INSTRUCTIONS AND INSTITUTIONAL DETAILS

A. INSTRUCTIONS

1. A Higher Education Institution applying for variation of a learning programme should complete this Application Form and forward it to:

   The Director-General
   Higher Education Authority
   P.O. Box 50795
   Ridgeway
   LUSAKA

   Email: info@hea.org.zm
   Web: www.hea.org.zm

2. Each application must be accompanied by proof of payment of fees for variation of a learning programme as provided in the second schedule. The application fee is non - refundable

3. Applications with incomplete, missing information or that do not follow the prescribed format shall be rejected.

4. All information relating to the learning programme including reference to policy documents should be embedded in the application form except for the following which should be attached:

(a) Approval of the changes to the curriculum by a relevant professional body (where applicable)

B. ADMINISTRATIVE DATA

Name of Higher Education Institution		
Type of Higher Education Institution (Tick where appropriate)	☐	College
	☐	University College
	☐	University
	☐	Technical University College
	☐	Technical University
	☐	Institution established by any other written law
	☐	Institutions for specialised training of professionals in a specified field
Status of Institution (Tick where appropriate)	☐	Proposed Private Higher Education Institution
	☐	Registered Private Higher Education Institution
	☐	Public Higher Education Institution
Tier of the Institution (except institutions providing specialised training and proposed Higher Education Institutions) (Tick one tier)	☐	Tier 1
	☐	Tier 2
	☐	Tier 3
	☐	Tier 4
Physical Address of the Higher Education Institution		
Notification Address of the Higher Education Institution (Indicate Business Address)		
Postal Address		
Telephone Numbers		
E-mail Address		

Contact Person (e.g. The Head/Coordinator of Quality Assurance Unit)	Name:	
	Email Address:	
	Contact Number:	
* For Registered and Recognised Higher Education Institutions, the Head of Quality Assurance Unit or Coordinator shall be the liaison person between the Authority and the Higher Education Institution.		

C. Learning Programme Details

Name of accredited Learning Programme (e.g., BSc Economics, CA Certificate in Accountancy)	
Date Learning Programme was accredited.	
Level of Qualification e.g., National Qualifications Framework level 7	
New name of varied Learning Programme (If different from above)	
Mode of Delivery e.g., Open and Distance Learning /Conventional/ both Open Distance Learning and Conventional	
Total Notional hours and Credits	
Curriculum Review Period (refer to Zambia Qualifications Authority Requirements)	

PART II: DETAILS OF VARIATION TO THE LEARNING PROGRAMME

Indicate any variations to the following:

Rationale

Aim(s) of the programme

Learning Outcomes (Based on National Qualifications Framework Level Descriptors)

Teaching and Learning Plan

Curriculum

Assessment Policy

Staff

Facilities for Programme Delivery

Teaching and Learning Support

Regulations

DECLARATION

I/We, ... , hereby declare that the information given above is true and correct to the best of my/our knowledge. Should the information be verified to be false this application shall be rendered invalid.

Signature:.....

Designation:.....

Date:.....

WITNESS

Name:……

Signature:……

Date:……

FOR OFFICIAL USE ONLY

Received by……
Officer

Signature……

Date……

Application Fee Paid:……

Date of Payment:……

Receipt No: ……

Serial No.: ……

STAMP