



APPLICATION FORM (VERIFICATION AND EVALUATION OF QUALIFICATIONS)

REF NO:

1. PERSONAL DETAILS OF APPLICANT/QUALIFICATION HOLDER

TITLE: <i>(Mr/Miss/Ms/Mrs/Dr/Professor)</i>
NAME:
SURNAME:
MAIDEN NAME:
PASSPORT/ID NUMBER:
ADDRESS:
PHONE/CELL NUMBER:
E-MAIL ADDRESS:

2. PURPOSE OF APPLICATION FOR VERIFICATION OR EVALUATION (Tick relevant area)

a) Employment/Promotion ()
b) Academic Admission ()
c) Audit of qualifications ()
d) Professional Registration ()
e) Other (specify)

3. Tick the relevant area and **attach copies of certificate(s) and transcript(s)** of qualification(s) you wish to verify and/or evaluate.

DOCUMENTS	QUALIFICATION	Tick
SENIOR SECONDARY QUALIFICATIONS <i>(academic, technical, vocational & industry based qualifications)</i>	IGCSE	
	LGCSE/COSC	
	IB	
	AS	
	A LEVEL	
	MATRIC	
	Other (specify):	
TERTIARY QUALIFICATIONS <i>(Higher Education, TVET & Professional qualifications)</i>	CERTIFICATE(S)	
	DIPLOMA(S)	
	DEGREE(S)	
	POSTGRADUATE CERTIFICATE/DIPLOMA	
	MASTER'S	
	PHD	
	TRANSCRIPT(S)	

4. QUALIFICATION SUMMARY

Full Qualification Name	
Name of awarding institution & Country where it is located <i>(institution where you graduated)</i>	
Contact details of Institution <i>(Phone number, E-mail address, and office that can be contacted)</i>	
Name of Study Centre & Country where it is located <i>(if applicable)</i>	
Contact details of Study Centre <i>(Phone number, E-mail address, and office that can be contacted)</i>	
Month and Year of admission	
Duration of the programme	
Mode of delivery of the programme	
Month and Year of completion	
Student number/University number of an applicant.	

5. FILL IN THE CONSENT FORM

ATTACHED SIGNATURE OF APPLICANT

SIGNATURE **DATE**

FOR OFFICE USE ONLY

DATE RECEIVED	
DATE OF PAYMENT & AMOUNT PAID	
VERIFICATION	
EVALUATION	

SIGNATURE OF OFFICER PROCESSING THE APPLICATION NAME:

SIGNATURE:

DATE:

PERSONAL INFORMATION CONSENT FORM

I, _____, (an Applicant herein)

Do hereby, give consent/permission to The Council on Higher Education (CHE) Lesotho to access/collect my personal data/information from the third party for the purpose(s) of evaluation/verification and/or otherwise of my qualification(s).

THUS, MADE AND SIGNED AT MASERU ON THIS _____ DAY OF _____, 2022.

(signature)

HOW TO SUBMIT

Fill in and sign the form. Email the form and the supporting documents to info@che.ac.ls.