

Certificate No: _____



This is to certify that

(NAME AND SURNAME OF STUDENT)

has successfully achieved the

(NAME OF PROGRAMME)

DURATION OF THE PROGRAMME: (IN DAYS, OR WEEKS, OR MONTHS, OR YEARS)

awarded by (NAME OF EDUCATION INSTITUTION) LICENCE NUMBER: (Insert license Number)

LICENCE CATEGORY: (Insert here the applicable licence category)

(THE NAME OF THE APPOINTED HEAD OF INSTITUTION)

(NOMENCLATURE OF HEAD OF INSTITUTION e.g. CEO)

Certificate conferred on: (Insert date here)

The Malta Further and Higher Education Authority (MFHEA) deems this certificate to be at (MQF LEVEL OF PROGRAMME) (NUMBER OF ECTS) of the Malta Qualifications Framework and the European Qualifications Framework.