



New Zealand Diploma in Business

PRESCRIPTION FEEDBACK FORM

Please use this form to identify to the New Zealand Qualifications Authority (NZQA) aspects of any 400-600 series prescription that need clarification.

| Prescription number | Issue(s) <i>Please specify the nature of the issue(s) including reference, as applicable, to aim, level, credit, weightings, assessment notes, learning outcomes, and key elements and their sub-components</i> | Suggested solution(s) |
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Name:

Position:

Organisation name:

Email contact:

Date:

Email all feedback forms to tam@nzqa.govt.nz

or

Post to Tertiary Assessment and Moderation, NZQA, PO Box 160, Wellington