



NATIONAL ACCREDITATION COUNCIL-GUYANA

APPLICATION FOR CONFERMENT OF INSTITUTIONAL TITLE

GENERAL INFORMATION

1. Current Name of Institution: _____

2. Proposed Name of Institution: _____

3. Address of Institution: _____

4. Name of Head of the Institution: _____

5. Signature: _____ Date of application: _____

6. Contact information:

Tel _____ Fax _____

E-mail address: _____

URL: _____



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1. Please identify the Governing Body responsible for the institution

2. What is the composition of the Governing Body (or Board)?

NAME	Interest(s) which they represent

3. Under whose authority were members of the Governing Body appointed?

4. What is the length of one term of office?

5. When does the term of the current Governing Body expire?



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6. What is the scope of responsibility of the Governing Body?

7. Please state Institution's Vision Statement

8. Please state Institution's Mission Statement

9. Please State the Institutional Source(s) of Finding

10. Forecast of Expenditure and Revenues for Academic Year _____ to _____

(only percentages of the total budget are required)

Forecast of Staff Expenses (including salary, training, insurance etc)

Expenditure	% of Total Budget (Expenditure)
Instructors	



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Administrative Staff	
Technical Staff	
Ancillary Staff	

Forecast of Operating Expenses

Expenditure	% of Total Budget (Expenditure)
Upgrade and Maintenance	
Facilities	
Materials	
Other Operating Expenses	

Forecast of Student Expenses

Expenditure	% of Total Budget (Expenditure)
Scholarships	
Bursaries	
Other Grants	

Forecast of Revenues

Expenditure	% of Total Budget (Expenditure)
Tuition and Compulsory Fees	
Contribution from Benefactors	
Government Grants	
Other sources	



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11. Has this institution and documented policies and procedures for its teaching-learning process, including policies for:

Particulars	Yes	No
Curriculum design and development		
Curriculum delivery		
Curriculum review		
Assessment		
Admissions		
Tuition, Compulsory and other Fees		
Award of Qualifications		
Class Attendance		
Dropping/Adding courses		
Leave of Absence or Withdrawal		
Granting of Business, scholarships and Other Financial Aid		
Student Support		
Processing and Disbursing Transcripts		



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12. **Part 1** - Level of Qualification currently offered by the institution (please tick):

Certificate _____ Diploma _____ Associate Degree _____

Bachelor's Degree _____ Master's Degree _____ Doctoral Degree _____

Qualification Details:

Title of Qualification	Awarding Institution	Admission Requirements	Programme* duration (Please specify # of contact hours)

Please use a separate table to provide information for each level of the qualification being offered at this institution ie, use one table for certificates, another for Bachelor Degrees and so on. Additional copies of this table may be made as required.

***Programme – an approved curriculum composed of series of courses leading to certification such as a certificate, diploma, associate degree, bachelor’s degree, master’s degrees or doctoral degree.**



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Part 11 Current Enrolment

Level of Qualification

Certificate _____ Diploma _____ Associate Degree _____

Bachelor's Degree _____ Master's Degree _____ Doctoral Degree _____

Title and code (if relevant of Qualification)	Enrolment for qualification for period			Graduation for Qualification for Period		
	Academic year ____ To ____ or Cycle # _____	Males Females Males Females		Academic year ____ To ____ or Cycle # _____	Males Females Males Females	

Please complete a separate table for each qualification entered in Part I. additional copies of this table may be made as required.



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13. Please complete the following table providing information on the qualification and competencies of the institution's academic staff.

QUALIFICATIONS & COMPETENCIES OF TEACHING STAFF – LECTURES, INSTRUCTORS, TUTORS.

Name	Position (reference to position stated on organizational chart)	Programme teaching	Highest qualification level



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14. What support services does this institution offer? For example, library, bookstore, cafeteria, photocopying facilities, student counselor.

Particulars	Yes	No
Library		
Bookstore		
Student Counselor/Guidance Officer		
Tutorials		
Instructors who have dedicated, published Yes		
Office hours for student advise ment		
Health Care Services		
Other		
Other		

Head of Institution

Date