



The National Accreditation Council of Guyana
APPLICATION FOR CONFERMENT OF
INSTITUTIONAL TITLE

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GENERAL INFORMATION

Current Name of Institution (as it appears on the prospectus and other institutional documents):

Proposed Name of Institution: _____

Address of Institution: _____

Name of Head of the Institution: _____

Signature: _____ Date of application: _____

Contact information:

Tel _____ Fax _____

E-mail address: _____

URL: _____

1.0 Please identify the Governing Body responsible for the institution

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

NAME	Interest(s) which they represent



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3.0 Under whose authority were members of the Governing Body appointed?

4.0 What is the length of one term of office?

5.0 When does the term of the current Governing Body expire?

6.0 What is the scope of responsibility of the Governing Body?

7.0 Please state the institution's Vision Statement

8.0 Please state the institution's Mission Statement

9.0 Please State the Institutional Source(s) of Funding

10.0 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	
Administrative Staff	
Technical Staff	
Ancillary Staff	



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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 Revenue

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

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

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| 1) Curriculum design and development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Curriculum delivery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Curriculum review | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Assessment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Admissions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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- | | | |
|--|------------------------------|-----------------------------|
| 6) Tuition, Compulsory and other Fees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Award of Qualification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Class Attendance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Dropping/Adding courses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10) Leave of Absence or Withdrawal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11) Granting of Business, scholarships and Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12) Financial Aid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13) Student Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14) Processing and Disbursing Transcripts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12.0 PART I – Level of Qualification currently offered or intend to offer by the institution (please tick): if applicable

- 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/ to be offered at this institution, that is to say, 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 II – Current Enrolment, if applicable

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 _____	Males		Academic year _____	Males	
	To _____ or			To _____ or		
	Cycle #	Females		Cycle #	Females	

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

13.0 Please complete the following table providing information on the qualifications and competencies of the institution’s academic staff.

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

NAME OF STAFF	POSITION (reference to position stated on Organisational Chart)	PROGRAMME TEACHING	HIGHEST LEVEL QUALIFICATION

14.0 What support services does this institution offer/will offer? (for example, library, bookstore, cafeteria, photocopying facilities, Student Counsellor)

1) Library

Yes

No



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- 2) Bookstore Yes No
 - 3) Student Counsellor/Guidance Officer Yes No
 - 4) Tutorials Yes No
 - 5) Instructors who have dedicated works or published articles:
 - 6) Office hours for student advisement Yes No
 - 7) Health Care Services Yes No
- Other _____
- Other _____
- Other _____

15.0 Has the institution conducted a market survey to ascertain the demand for this educational service?

Yes No

16.0 From where would the institution source its students? Please give details with evidence.

For intended or existing medical institution:

17.0 Does the institution have the following arrangements for clinical rotation and internship?

- a) An MOU with the teaching hospital showing:
 - o Each programme for clinical rotation and internship;
 - o The number of students the hospital (s) can accommodate for each programme;
 - o Duration of each clinical rotation cycle and internship

Head of Institution

Date