

THE NATIONAL ACCREDITATION COUNCIL OF GUYANA

APPLICATION FOR EQUIVALENCE ASSESSMENT

*ORIGINAL DOCUMENT MUST BE SUBMITTED*

A. BIOGRAPHICAL DATA

1. NAME: \_\_\_\_\_  
(*First Name*)                      (*Middle Name*)                      (*Last Name*)
2. HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_
3. TEL. NO(S): (*HOME*): \_\_\_\_\_ (*OFFICE*): \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_
5. COUNTRY/PLACE OF BIRTH: \_\_\_\_\_
6. CITIZENSHIP: \_\_\_\_\_
7. OCCUPATION: \_\_\_\_\_
8. MOTHER LANGUAGE: \_\_\_\_\_
9. DATE OF APPLICATION: \_\_\_\_\_
10. PURPOSE OF ASSESSMENT e.g.(further education, employment, professional certification, other):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



17. Name and Address of Issuing Institution/Agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Thesis title (if applicable): \_\_\_\_\_

19. Practical Component (if any) of programme of studies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. To what does the credential give access in the country of origin?

- Further study (specify level)
- Professional Certification
- Employment

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**For official use**

Assessment fee paid

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Transcript requested..... Date requested

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Assessment completed on .....day of..... 200.....

Remarks

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Assessor's Signature: .....