

# **The National Accreditation Council of Guyana**

## STATEMENT ON RECOGNITION

#### **APPLICATION FORM**

Please complete the application form below and return to the National Accreditation Council of Guyana 109 Barima Avenue, Georgetown Guyana. For further information and clarifications before starting the application process, please contact the Council at: Tel: (592) 223-7901/ 225-8360/ 225-9526/ 225-7662 or email us at <a href="mailto:info@nac.gov.gy">info@nac.gov.gy</a>

#### **BIOGRAPHICAL DATA**

1.	Name:	
(Mr./N	Ms./Dr./Other) (First name ) (Last name)	
2.	Home Address:	
	Office Address:	
	E-mail Address:	
3.	Tel. No(s): (Home): (Mobile):	
4.	Date of Birth:	
5.	Date of Application:	
6.	Purpose of Assessment e.g.(further education, employment, professional certification, other):	
7.	Qualification to be Recognised:	
8.	Country of Study:	
9.	PROGRAMME TYPE: Full time:  part time:	
10.	<b>DELIVERY MODE</b> : Campus-Based (face to face):  Online:  Correspondence:	
INST	TITUTION OF STUDY OR PROSPECTIVE INSTITUTION	
11.	Foreign Institution:	
Nam	e:	
Forei	ign Operating Address:	

### APPLICATION FOR STATEMENT ON RECOGNITION

Tel:	Website:
12. <b>Local Institution:</b>	(To)
Tel:	Website:
Duration of Study: (From)	(To)
information not specified in this for AGREEMENT TO TERMS AN	D CONDITIONS:  o all the Terms and Conditions of this application for a Statement on
Signature:	Date:
For official use	
Assessment fee paid	
Assessment completed on	day of
Remarks	
Official's Signature:	
Date:	