



The National Accreditation Council of Guyana

RECOGNITION OF AWARDING BODIES

APPLICATION FORM

INFORMATION ON AWARDING BODY IN GUYANA

Name of Awarding Body: _____

Type of Institution: Local ☐ Foreign ☐

Local Operating Address: _____

Foreign Operating Address: _____

Tel: _____ Email: _____

Website: _____

If foreign, please state the body which recognises/accredits the institution in its country of origin:

INFORMATION REGARDING THE QUALIFICATION OFFERED BY THE AWARDING BODY IN GUYANA

Title of qualification: _____

Specialisation / Main field of study: _____

What date was the curriculum formulated? _____

Since formulation of the curriculum, has it ever been updated or reviewed? YES ☐ NO ☐

If YES, state details (including dates and by which body): _____

Length of programme of study (according to curriculum): _____

Does the programme's curriculum include a thesis/ research paper? YES ☐ NO ☐

Does the curriculum include work experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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The National Accreditation Council – Guyana reserves the right to request additional information not specified in this form from the Applicant.

DECLARATIONS:

I declare that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Designation: _____