

The National Accreditation Council of Guyana REGISTRATION

## INSTITUTIONAL DATA FORM

The National Accreditation Council (N.A.C) was established by an Act of Parliament, Act 12 of 2004, and proclaimed on July 30, 2004 as the principal body in Guyana for advising on the accreditation and recognition of post secondary and tertiary educational and training institutions, programmes and awards, whether local or foreign, and for the promotion of the quality and standards of post secondary and tertiary education 8 (1) and Section 20 (1) of the Act state that: Institutions lawfully performing their functions in Guyana at the commencement of this Act shall, for the period of two years thereafter, be deemed to be authorized to continue to perform such functions, provided that no such institution shall advertise of offer to the public any new courses or programmes without the prior approval of the Council. In accordance with the provisions under this Act, providers of post secondary and tertiary (higher) education are invited to complete this Institutional Data Form.

Relevant terms defined in the Act are:

<u>Post Secondary Education</u> – all education and training programmes which are not at tertiary level but which are offered to secondary school leavers to meet their vocational or continuing education needs;

<u>Tertiary education</u> – the teaching and learning process that occurs following successful completion of secondary schooling or its equivalent and leads to the award of sub-baccalaureate awards, baccalaureate and post graduate degrees;

<u>University</u>- A tertiary institution that offers programmes leading to awards at the baccalaureate or post baccalaureate levels and is characterized as well by a commitment to research that maintains, advances, disseminates and assists the application of knowledge.

### INSTITUTIONAL DATA FORM

Please complete this form requesting information on your institution and programme (s). Kindly ensure that the data provided are accurate. If you require any assistance in interpreting the requirements of the application form please contact the Officer at (592) 225 - 9526.

Instructions:

Form must be addressed to:

The Executive Director National Accreditation Council 68 Brickdam, Georgetown, Guyana. Tel# (592) 223-7935 | (592) 225 - 9526 Fax#: (592) 226-0091 Email: Info@nac.gov.gy Website: http://www.nac.gov.gy



The National Accreditation Council of Guyana

# REGISTRATION

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

### 2. Address of Institution:

	3. Mailing address of Institution (if different from above):																					
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	r	r	r			1					1	1	1			r	1	1	1			
	<ul> <li>4. Does this institution have any satellite sites? Yes No</li> <li>5. If yes, please indicate the location of these sites:</li> </ul>																					
Co	Contact Information																					
	6.	Tele	e																			
	7.	Fax																				
	8.	Em	ail a	ddre	ss:									_	Weł	osite	: _				 	

#### INSTITUTIONAL DATA FORM

9. Type of institution:	
A. Public/State owned:	
B. Private:	
<ul><li>a) Sole Proprietor</li><li>b) Partnership</li><li>c) Company</li><li>d) NGO</li></ul>	
C. Other (Please specify):	

10. Please state this institution's registration number from the Registrar of Companies (if relevant):

## **Collaborative arrangement/ Partnership**

11. Is this	institution offe	ring any programme	s in collaboration	with other institutions either lo	ocal or
overseas?	Yes	No			

12. If yes, please provide the institution name(s), address(es), and relevant programme(s). You may attach separate sheets of paper if required.

13. Is there a written agreement or contact between the institutions engaged in the collaborative

arrangement? Yes No



The National Accreditation Council of Guyana

## REGISTRATION

14. Which institution's name is on the certificate(s) of the qualification(s) awarded via the collaborative arrangement?

#### **Staff resources:**

15. Please complete the following table indicating the number of staff in each category:

	Full-Time	Part-Time
Teaching staff		
Administrative staff		
Other staff		

### INSTITUTIONAL DATA FORM

#### **Programmes:**

16. Please indicate the programmes currently offered at this institution

(You may copy this table and attach if required)

Total number of		
students		

KEY \*Level of programme:

Title of programme	*Level	**Awarding Body	Duration	Delivery	No. of	f
				FT / PT	Stude	nts
			(Weeks)		FT	PT
C co	ertificate					
	ploma					

A Associate degree

B- Bachelor's degree

D Doctoral degree

M Master's degree

\*\* Awarding body refers to the institution in whose name the qualification is awarded.

FT : Full-time;

PT : -Part-time

Head	of	inst	itu	tion
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Name: \_\_\_\_\_

FT		]
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The National Accreditation Council of Guyana

# REGISTRATION

Title of Position: \_\_\_\_\_

Signature (head of institution):

Date: \_\_\_\_\_\_ (dd/mm/yyyy)

OFFICIAL USE ONLY				
Date received: Institutional Code: Nac-idf	(dd/mm/yyyy)			