



The National Accreditation Council of Guyana

RECOGNITION AND EQUIVALENCY OF QUALIFICATIONS

APPLICATION FORM FOR DETERMINATION OF RECOGNITION AND EQUIVALENCY OF QUALIFICATIONS

ORIGINAL DOCUMENTS MUST BE SUBMITTED ALONG WITH COPIES FOR VERIFICATION PURPOSES. THE ORIGINAL DOCUMENTS WILL BE RETURNED IMMEDIATELY.

SECTION A: BIOGRAPHICAL DATA

1. Name: (MR/MS./DR./OTHER) (First name) (Last name)		
2. Home Address:		
3. Office Address:		
4. E-mail Address:		
5. Tel. No(s): Home (a): Mobile Number (b)	(a)	(b)
6. Date of Birth (DD/MM/YYYY)		
7. Date of Application: (DD/MM/YYYY)		
8. Purpose of Assessment (e.g. further education, employment, professional certification, other):		

SECTION B: ACADEMIC DATA

9. Qualification to be assessed:	
9a. TITLE:	
9b. EXAMINING BODY:	
9c. DATE OF AWARD:	

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10. Country of Study:	
11. PROGRAMME TYPE:	Full time: <input type="checkbox"/> Part time: <input type="checkbox"/>
12. DELIVERY MODE:	Campus-Based (face to face): <input type="checkbox"/> Online: <input type="checkbox"/> Correspondence: <input type="checkbox"/>
13. With what qualifications did you enter this programme?	
14. Entry Requirements for Programme of Study:	
SECTION C: INSTITUTION OF STUDY AND AWARD	
15. FOREIGN INSTITUTION:	
15a. Name:	
15b. Foreign Operating Address:	
15c. Telephone number (s)	
15d. Website:	
15e. Duration of Study:	From: _____ To: _____
16. LOCAL INSTITUTION:	
16a. Name	
16b. Address:	
16c. Telephone number(s):	
16d. Website:	
16e. Duration of Study:	From: _____ To: _____
16f. Practical Component (if any) of programme of studies:	
17. Thesis title (if applicable)	



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18. To what does the credential give access in the country of origin?	
18a. Further study (specify level):	
18b. Professional Certification:	
18c. Employment:	

**The National Accreditation Council of Guyana reserves the right to request additional information not specified in this form from the Applicant.

AGREEMENT TO TERMS AND CONDITIONS:

I have read, understood and agree to all the Terms and Conditions of this application for a Statement of Recognition and Equivalency from the National Accreditation Council.

Signature:		Date: <i>(DD/MM/YYYY)</i>	
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<i>FOR OFFICIAL USE</i>	
Assessment fee paid:	
Transcript requested:	Date: <i>(DD/MM/YYYY)</i>
Assessment completed onday of..... 20.....	
Remarks:	
Assessor's Signature:	