



### APPLICATION FOR PROGRAMME ACCREDITATION

### **Application Form for Programme Accreditation**

As part of its functions for quality assurance and accreditation in Grenada, GNAB has established appropriate criteria and processes to facilitate Programme Accreditation for institutions seeking external review of their programmes. The process for Programme Accreditation established by GNAB evaluates a programme against criteria which focus on areas related to the programme's purpose and educational goals, administration and resources, teaching and learning processes, curriculum, and quality enhancement practices. A programme which has been evaluated by GNAB and found to have satisfied all its criteria for Programme Accreditation will be awarded the status of Accredited Programme.

The process for Programme Accreditation and the conduct of the evaluation are outlined in the Guidelines for Programme Accreditation while the criteria are detailed in the Criteria, Standards, and Scope of Evidence for Programme Accreditation. Institutions should be guided by these documents when completing this form.

Institutions should complete both part A and Part B of the form. Part B must be replicated for each programme being submitted for Programme Accreditation. Programme specification must be submitted along with the completed form for each programme.



### The Grenada National Accreditation Board

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### PART B - Institutional Profile

1.	Name of	institution:		
2.	Address	of institution's main campus/he	ad office:	
3.	Telephon	ie:		
4.	Website:			
5.	Name of	Department with responsibility	for the pro	gramme:
(	Head of w	acon an aible demonstrator		
6.	Head of f	esponsible department:		
7.	Staff men	nber responsible for submission	(liaison oi	n application):
Na	ime			
Jok	b title			
Ph	one		E-mail	



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### PART B - Programme Information

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2. Programi	ne level (sub-	baccalaureate, l	oachelors, n	nasters, doctor	ral)	
3. Academic	: Discipline					
4. List any s	pecializations					
	postandariona					
5. Total nun	nber of credit	S:				
6. Enrollme	nt females	Part-time	Full-time	local	Foreign	All students
illaies	Terriales	r art-time	Tull-tille	local	Toreign	All students
7. Duration: Part-time Full-time	No of yrs.					
8. Delivery in face-to-face online mixed	modality:					
9. Date prog	gramme was f	irst delivered:				
10. Completion	on date of firs	t graduating col	hort:			



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<ol><li>External review/accreditation</li></ol>	on status
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·	Has the status been awarded?	What is the name of accreditation	What are the effective dates? (yy/mm/dd)	
	(yes/no)	agency	start	end
Institutional accreditation				
Specialised accreditation				
Other (please state)				

I, the undersigned, declare that I am duly authorized by my institution to seek an evaluation by GNAB for programme accreditation with respect to the programme detailed, and that all information provided

### **Institutional Authorisation:**

and statements made in this application are accurate.

Name of Institutional Head
Signature of Institutional Head:
Date (dd/mm/yy)