



*Ensuring Quality, Standards and
Recognition for Tertiary
Education*

The Grenada National Accreditation Board

APPLICATION FORM FOR INSTITUTIONAL REGISTRATION

The Grenada National Accreditation Board (GNAB) was established in 2014 and is the duly authorised body by Act No. 15 of 2011 as amended by Act No. 31 of 2014, with responsibility for quality assurance and accreditation of post-secondary and tertiary level institutions in Grenada and advising on the status of quality assurance and accreditation with respect to foreign or transnational, post-secondary and tertiary level programmes and institutions. Post-secondary and tertiary level education and training refer to institutions and programmes which generally require successful completion of secondary schooling or its equivalent, and which lead to the award of qualifications at the sub-baccalaureate, baccalaureate, and postgraduate levels.

INSTRUCTIONS

Institutions seeking initial or continuing Institutional Registration are required to complete this form. When completing the form institutions should be guided by the Institutional Registration Policy (IREG 1.1), Procedural Requirements for Institutional Registration (IREG 1.3), and Conditions of Registration for Post-Secondary and Tertiary Institutions in Grenada. Please ensure that all information provided is current and accurate. If you require any assistance in completing the form, please contact the GNAB secretariat. Completed forms along with other submission requirements for Institutional Registration should be delivered to GNAB at the address below.



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Part A – Legal, Governance, Mission

Application type	Initial Registration: <input type="checkbox"/>	Continuing Registration: <input type="checkbox"/>
Is the institution already in operation?	Yes : <input type="checkbox"/>	No: <input type="checkbox"/>
Previously denied Registration?	Yes : <input type="checkbox"/>	No: <input type="checkbox"/>
Registration period <i>(if applicable)</i>	Start date initial Registration (yy/mm/dd):	Expiration date Registration (yy/mm/dd):
Institution Name:		
Institution Head:	Name:	Job Title
Main Campus/ Head Office Address		
Contact Information	Telephone:	Fax Number:
	E-mail Address	Website Address:
Legal Establishment & Institutional Control	Date Established: (yy/mm/dd)	Public: <input type="checkbox"/>
	Private non-profit: <input type="checkbox"/>	Private for-profit: <input type="checkbox"/>
	Other (describe):	
Board or Governing Body	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Number of Board members:	
Institutional Mission		



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Part B – Programmes & Enrolment

Title of programme	*Level	**Awarding Body	Fulltime Duration (# years)	***Required credits for completion	No. of enrolled Students (headcount)				
					males	females	local	foreign	all students

(Use supplement sheets if required)



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Staff Type	# of staff (headcount)
Academic Staff:	
Administrative, Technical & Support Staff:	

KEY

**Level of programme:*

- UC- Sub-Baccalaureate Certificate
- UD- Sub-Baccalaureate Diploma
- A- Associate Degree
- B- Bachelor’s Degree
- PC Postgraduate Diploma
- PD Postgraduate Diploma
- M- Master’s degree
- D- Doctoral degree

******Awarding institution/body refers to the institution in whose name the qualification is awarded. This can either be the institution seeking Institutional Registration of another institution with which it has a collaborative agreement

******* Where the system is based on contact hours please note that one (1) credit should be equivalent to about 15 contact hours of teaching.



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Part C – Personnel and Facilities

Name of Campus/ Teaching Site	Campus/ Teaching Site Address	Facilities and Learning Resources Available On Site <i>(insert yes or no)</i>						
		Library	Special Lab/ Workshop	IT Lab	Enhanced classroom	Wireless internet	Recreation facility	Student cafeteria

(Use supplement sheets as required)



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Part D – Agreement to Terms and Conditions

I, the undersigned, declare that to the best of my knowledge all statements made in this application are true. I agree that should the institution obtain Institutional Registration it will maintain compliance with the criteria and general conditions of the status awarded during the period for which it is granted

Name of Institutional Head

Signature of Institutional Head:

Date (dd/mm/yy)



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For official use only:

Application Documents	Received (yes/no)
Letter of intent	
Completed Application Form	
Complete written submission with supporting evidence	
Application Processing Fee	



SUPPLEMENTARY SHEETS

[illegible]



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