



Ensuring Quality, Standards and  
Recognition for Tertiary  
Education

The Grenada National Accreditation Board

## Application Form for Institutional Accreditation

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. GNAB has 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 that are seeking initial or continuing Institutional Accreditation are required to complete this form. When completing the form, institutions should be guided by the *Institutional Accreditation Policy*, *Procedural Requirements for Institutional Accreditation* and *General Conditions of Institutional Accreditation 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 GNAB secretariat. Completed forms along with other submission requirements for Institutional Accreditation should be delivered to GNAB at the address below.

### Grenada National Accreditation Board Secretariat

**First Floor, Building #12  
Church Street  
St. George  
Grenada**

**T: +473 435 1970/+473 440 3204**

**F: +473 435 4520**

**Email: [gnaboffice@accreditation.gd](mailto:gnaboffice@accreditation.gd)**

**[www.accreditation.gd](http://www.accreditation.gd)**



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**Part A - Legal, Governance, Mission**

<b>Application type</b>	Initial Accreditation		Continuing Accreditation		
<b>Candidacy for Accreditation or current Accreditation period</b> <i>(if applicable)</i>	Start date (yy/mm/dd):		Expiration date (yy/mm/dd):		
<b>Institution Name</b>					
<b>Institution Head</b>	Name:		Job Title:		
<b>Main Campus/ Head Office Address</b>					
<b>Contact Information</b>	Telephone:	Fax Number:	E-mail Address:		Website:
<b>Legal Establishment &amp; Institutional Control</b>	Date Established: (yy/mm/dd)	Public:	Private non-profit:	Private for-profit:	Other (describe):
<b>Board or Governing Body</b>	Yes	No	Number of Board members:		
<b>Institutional Mission</b>					



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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)*

**KEY**

\*Level of programme:

- UC- Sub-Baccalaureate Certificate
- UD- Sub-Baccalaureate Diploma
- A- Associate Degree
- B- Bachelor's Degree

- PC Postgraduate Certificate
- 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 Accreditation or 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 fifteen (15) contact hours of teaching.



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

**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 C - 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 Accreditation, it will maintain compliance with all 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): \_\_\_\_\_

**For official use only:**

Application Documents	Received (yes/no)
Letter of intent	
Completed Application Form	
Self-study report with supporting evidence	
Application Processing Fee	

[illegible]

[illegible]