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Ref. #: _____

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BARBADOS ACCREDITATION COUNCIL

APPLICATION FOR RECOGNITION OF QUALIFICATION (TO BE COMPLETED BY AWARDING BODY¹)

SECTION A: GENERAL INFORMATION

Name of Awarding Body -----

Address: -----

Telephone No:----- Facsimile No:-----

Email:----- Website:-----

Name of Qualification for which application
for recognition is being submitted: -----

(Title of Award)

Number of years this
Qualification has been offered: _____

Not previously offered
(please tick if applicable)

(FOR COLLABORATIVE ARRANGEMENTS ONLY)

Is there a written agreement on the collaborative
arrangement with a local/foreign provider²?

Yes

No

¹ Awarding Body – a post-secondary or tertiary institution/provider that awards qualifications such as a Certificate, Diploma or Degree bearing its own name.

² Local providers are required to submit a 'Collaborative Provision Report' that provides evidence that the programme leading to this qualification meets with the requirements for Collaborative Arrangements as outlined in BAC's booklet entitled "An Institution's Guide to the Collaborative Provision of Post-Secondary or Tertiary Education and Training".



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SECTION B: QUALIFICATION INFORMATION

Name of qualification for which
Application for Recognition is being submitted:

(Title of Award)

Programme Entry Requirements:

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Duration of the Programme:

.....

Programme Exit (Graduation) Requirements:

.....

.....

Practical Component(s) (if any) of the programme:

.....

Continuing education available (after the completion of programme)? **Yes** **No**

(FOR COLLABORATIVE ARRANGEMENTS ONLY)

Comparable qualification offered by the foreign institution at its home campus/site (*only if applicable*)

.....

Head of Local Partner Institution/Awarding Body

Signature: **Date:**

Title and designation:

BAC Registration No.:

PLACE
INSTITUTIONAL
STAMP HERE