



APPLICATION FOR PROGRAMME APPROVAL

Date of Application: _____

Name of Provider: _____

Name of programme _____ Programme code _____

Name of Final Award _____

Type of Award Certificate Diploma Associate Bachelor Master Doctorate

Proposed start date _____ Programme duration _____

DAY EVENING

1. Number of contact hours *(required)*
2. Credit hours awarded:
 Quarter Semester Trimester *(if applicable)*
3. Programme duration in weeks *(required)*
4. Programme duration in years *(required)*

List all courses to be offered as part of the new programme. For each course, indicate how many contact hours are lecture, laboratory, and practicum, and list the total number of contact hours in the right column. You may duplicate or modify the length of the tables or attach separately, as needed.

- If the student's progress is measured in credit hours, indicate the number of quarter, trimester or semester credit hours awarded for each course.
- If courses are taught using a non-traditional or distance learning mode of instruction and credit awards are based upon a rationale other than contact hour conversion, indicate the number of quarter, trimester or semester credit hours awarded for each course.

Please answer, as appropriate

- a. How many contact hours equal one lecture credit? _____
- b. How many contact hours equal one laboratory credit? _____
- c. How many contact hours equal one practicum credit? _____

Mode of delivery:

- a. traditional/on-site _____ b. non-traditional _____ *(list courses offered via on-line delivery in bold)*

Core Requirements

| COURSE NUMBER | COURSE NAME | LECTURE CONTACT HOURS | LAB CONTACT HOURS | PRACTICUM CONTACT HOURS | TOTAL CONTACT HOURS | TOTAL CREDIT HOURS |
|-------------------|-------------|-----------------------|-------------------|-------------------------|---------------------|--------------------|
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| TOTAL CORE | | | | | | |

General Electives (if applicable)

| COURSE NUMBER | COURSE NAME | LECTURE CONTACT HOURS | LAB CONTACT HOURS | PRACTICUM CONTACT HOURS | TOTAL CONTACT HOURS | TOTAL CREDIT HOURS |
|--------------------------------|-------------|-----------------------|-------------------|-------------------------|---------------------|--------------------|
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| TOTAL GENERAL EDUCATION | | | | | | |

Other Electives (if applicable)

| COURSE NUMBER | COURSE NAME | LECTURE CONTACT HOURS | LAB CONTACT HOURS | PRACTICUM CONTACT HOURS | TOTAL CONTACT HOURS | TOTAL CREDIT HOURS |
|----------------------------|-------------|-----------------------|-------------------|-------------------------|---------------------|--------------------|
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| TOTAL OTHER COURSES | | | | | | |

| | LECTURE CONTACT HOURS | LAB CONTACT HOURS | PRACTICUM CONTACT HOURS | TOTAL CONTACT HOURS | TOTAL CREDIT HOURS |
|------------------------------------|-----------------------|-------------------|-------------------------|---------------------|--------------------|
| TOTAL CORE REQUIREMENTS | | | | | |
| TOTAL GENERAL EDUCATION | | | | | |
| TOTAL OTHER COURSES | | | | | |
| OVERALL TOTAL FOR PROGRAMME | | | | | |

PROGRAMME DESCRIPTION

1. What are the entrance requirements or methods used to determine whether prospective students will be able to fulfil programme requirements?
2. How do these requirements compare with requirements for existing programmes?
3. What form of educational delivery is utilized (i.e. traditional (on-site), non-traditional, or other (if other, please explain))?
4. Provide the following programme information:
 - a) Copy of the letter of Programme Approval Committee/Sub Committee/Board approval;
 - b) Draft catalogue addendum including programme description;
 - c) List of descriptions for each course, externship, and laboratory component in the programme, as applicable;
 - d) Programme outline by quarter/trimester/semester;
 - e) Completed faculty data sheets for all new teaching staff in the programme;
 - f) Course syllabi meeting the following elements:

Note: Syllabi may be submitted on disk or CD using Microsoft Word

- i. title, course description, and appropriate prerequisites;
- ii. academic (occupational) objectives;
- iii. instructional materials and references;
- iv. teaching strategies;
- v. method of evaluation/student requirements;
- vi. weekly course outline;
- vii. mode of delivery;
- viii. graduation requirements;
- ix. determination of academic (occupational) objectives (e.g. standards);

5. If there is an practicum component :

- a) Please identify potential practicum sites:

| Location (on/off site) | Company (if off-site) |
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- b) Describe student responsibilities and method of supervision, and attach a copy of the proposed practicum.

6. Is licensure or certification required for persons employed in this field? ___ Yes ___ No
If yes, describe how the curriculum will develop the competencies to enable students to meet the licensing or certification requirements.
7. Does the programme include training conducted by a third party? ___ Yes ___ No
If yes, explain, including percentage offered.

All applications must include a current catalogue and a draft catalogue addendum that includes a programme description. Completed data sheets for all new teaching staff in the programme must also be submitted.

FOR NON-TRADITIONAL NEW PROGRAMME APPLICATIONS ONLY:

1. Please list all courses which will be delivered through a non-traditional format.

PART III – TRANSITION PLAN TO ADD A HIGHER QUALIFICATION

This section of the application must be completed if the qualification to be awarded for the new programme is higher than the qualification awarded for any other programme offered by the provider in question. *Applications will not be reviewed unless all areas of Part III are complete.*

EDUCATIONAL ACTIVITIES

1. Describe the changes made to the provider's mission to ensure that the inclusion of the qualification demonstrates that its programmes, courses, and services are appropriate to its mission and to the institution's specific goals and objectives.
2. How has the Provider's Strategic/Quality Assurance Plan been revised to address the new mission? What evidence is available to document the need for programmes at the new qualification level?
3. How does the proposed curriculum benchmark against other providers offering the same award?

TEACHING STAFF

1. What is the provider's plan to provide staff who are qualified to teach at the new qualification level?
2. What percentage of the existing staff is employed on an ongoing basis to ensure sound direction and continuity of the development of the programme?

(Master's or Doctorate Degrees Only)

1. Has a committee been appointed to oversee the new graduate programme? If so, who are the committee members, and what are their backgrounds and qualifications? What are the responsibilities of the committee?
2. Who will administer the programme? What are his or her qualifications and duties?

LEARNING AND INSTRUCTIONAL RESOURCES

1. Who oversees the learning and instructional resources? Please state the qualifications of this individual.
2. Describe the provisions for access to learning resources where there is no library available on campus.
3. What are the scheduled library hours of operation? Will the operating hours meet the needs of the students in the new qualification level programme?
4. Describe the budget and procedures the institution has in place to ensure that relevant additions are made to the library holdings and other learning resources to ensure that necessary resources are available to support the programme.

NEW PROGRAMME TEACHING STAFF INFORMATION

Name of Employee _____ Date of Employment _____

Job Title _____ Full or Part-time _____

EDUCATIONAL INFORMATION

Please list below all tertiary education qualifications beginning with the most recent.

| Name of Institution | Location | Qualification | Date of Award | Dates Attended |
|---------------------|----------|---------------|---------------|----------------|
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Major Subject (s) _____

List any Educational certificate or license now held _____

This document was issued by _____ Expiration Date _____

EMPLOYMENT INFORMATION

| Name of Employer | Job Title | Nature of Duties | Dates Employed |
|------------------|-----------|------------------|----------------|
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Applicant's Signature: _____

Date: _____

APPLICATION CHECKLIST

Complete the following checklist for each programme

NOTE: *Incomplete applications will be returned.*

Legal Name: _____

Operating Name: _____

Proposed Programme Name: _____

- Yes Completed Application for Programme Approval
- Yes Appendix A - Admissions
- Yes Appendix B – Programme Delivery Information
- Yes Appendix C – Evaluation and Grading System
- Yes Appendix D – Programme Accredited, Certified or Endorsed by Third-Party
 - Yes N/A Letters from Non-regulatory Professional Bodies
 - Yes N/A Report from a Government Representative
 - Yes N/A Signed Statements from Post-Secondary/Tertiary Institution
- Yes Appendix E – Financial Aid Information
- Yes Appendix F – Training Completion Plan
- Yes 2 copies of blank qualification
- Yes Payment – Company or Certified Cheque, Cash (only if paid in person), Bank Draft, Postal Money Order

Submit the completed application form along with the necessary supporting documentation to:

The Executive Director
Barbados Accreditation Council
123 A&B Plaza Centrale
Roebuck Street
St Michael, BB11080
Barbados, W.I.

Should clarification be required on any areas of the application applicants are encouraged to contact the Council.

Official use only

Date of payment: ____ / ____ / ____
 dd mm yyyy

Amount: \$ _____

Receipt No.: _____

For further information contact:

**The Barbados Accreditation Council
123 A & B “Plaza Centrale”
Roebuck Street
St. Michael, BB 11080
Barbados, W.I.
Tel: (246) 436-9094
Fax: (246) 429-9233
Email: info@bac.gov.bb
Website: www.bac.gov.bb**