



**THE  
UNIVERSITY COUNCIL  
OF JAMAICA**

**APPLICATION FORM FOR  
RECOGNITION OF TRANSNATIONAL  
EDUCATION QUALIFICATIONS**

## **PREFACE**

The *Application for Recognition of Transnational Education Qualifications* has been prepared by The University Council of Jamaica (UCJ) to provide institutions which are preparing for recognition of transnational education qualifications by the Council with a standard template for the detailed presentation of information and documentation required for recognition of transnational education qualifications. It is to be used in conjunction with the *Guidelines for Recognition of Transnational Education Qualifications*.

Questions about policies and procedures should be directed to the offices of the UCJ.

**The University Council of Jamaica**  
**6b Oxford Road, Kingston 5**  
**Tel: (876) 929-7299, 906-8012, 920-1165, 920-1424**  
**Fax: (876) 929-7312**  
**Email: [info@ucj.org.jm](mailto:info@ucj.org.jm)**  
**Website: [www.ucj.org.jm](http://www.ucj.org.jm)**

## INSTRUCTIONS

Please complete the *Application for Recognition of Transnational Education Qualifications* and provide supporting documentation as requested in respect of each programme to be evaluated. The appropriate application fee should be paid at the time of the submission.

A separate application form should be used for each programme, unless the extent of commonality between programmes is such as to suggest that such a procedure would not be the most effective way of presenting the necessary information.

The *Application for Recognition of Transnational Education Qualifications* should be completed consistent with the guidelines provided in the *Guidelines for Recognition of Transnational Education Qualifications*. The **Self-Study** is an integral part of the required documentation, comprising the submission for Recognition. Both the Comprehensive/Institutional Self-Study and the Departmental/Programme Self-Study are required for recognition of transnational education qualifications, details of which are provided in the Self-Study handbook. The Comprehensive/Institutional Self Study is normally undertaken once every five years. However, at the time of the *Application for Recognition of Transnational Education Qualifications*, the institution should ensure that an update of key institutional information is provided.

A **Site Visit** to the overseas campus is a requirement for the recognition of transnational education qualifications. This will entail interviews with the President, Dean(s) and Administrators of the programme(s).

*Information provided should be adequately given in the format requested by the UCJ. Institutions should use the electronic version of the application form and expand as required.*

Please submit hard and electronic copies of the completed application form, Self-Study report and supporting documents as indicated below. The electronic copies should be saved to jump/flash drives or other electronic memory devices (e.g. CD/DVD).

## **Hard Copies**

- 6 Completed Application Forms (each programme)
- 6 Self Study reports (Institutional and Departmental)
- 1 Sample Certificate (each programme)
- 1 Sample Transcript (each programme)

## **Electronic Copies (6 Jump/Flash Drives or other electronic memory devices)**

- Completed Application Form
- Self-Study reports
- Syllabuses including required texts, reading lists, and other learning resources
- External Examiners' reports
- Audited Financial Statement

The hard and electronic copies of the completed application form, self-study reports and supporting documents should be submitted to:

**The Executive Director  
The University Council of Jamaica  
6b Oxford Road  
Kingston 5  
Tel: (876) 929-7299, 906-8012**

## A. INSTITUTIONAL PROFILE

### 1. NAME OF INSTITUTION

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### 2. ADDRESS

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### 3. TELEPHONE

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### 4. WEBSITE

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### 5. DEPARTMENT WITH RESPONSIBILITY FOR THE PROGRAMME:

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### 6. HEAD OF RESPONSIBLE DEPARTMENT: *(for joint programmes-both Heads)*

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### 7. STAFF MEMBER RESPONSIBLE FOR SUBMISSION: *(Name, Title and contact information)*

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## B. PROGRAMME INFORMATION

### 8. NAME OF PROGRAMME FOR WHICH APPLICATION FOR RECOGNITION IS BEING SUBMITTED: *(exactly as it appears on certificate; submit a sample certificate)*

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### 9. TOTAL NUMBER OF CREDITS:

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### 10. DURATION: *(YEARS AND/OR SEMESTERS)*

#### (a) PART-TIME:

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#### (b) FULL-TIME:

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11. **DELIVERY MODALITY:** (*face-to-face, online, mixed modality etc.*) \_\_\_\_\_
12. **DATE PROGRAMME/QUALIFICATION WAS FIRST DELIVERED:**  
\_\_\_\_\_
13. **COMPLETION DATE OF FIRST GRADUATING COHORT:** \_\_\_\_\_
14. **DATE OF LAST MAJOR REVISION OF THE PROGRAMME:** \_\_\_\_\_
15. **NATURE AND DATES OF FORMAL APPROVALS ALREADY ACCORDED TO THE PROGRAMME:**  
(*e.g. Validation, Accreditation*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **C. CRITERIA FOR RECOGNITION**

### **16. GOVERNANCE & ADMINISTRATION**

*16.1 Provide a brief overview of the governance, administrative & management structures in place at the institution.*

*16.2 Outline the current accreditation status of the programme*

*16.3 Outline the administrative structure for the management of the programme(s).*

### **17. EQUIVALENCE OF QUALIFICATIONS**

*Clearly outline the policies and procedures in place to ensure equivalence of the qualifications offered by the institution.*

### **18. RELEVANCE**

*Outline measures in place to ensure the qualification is relevant to the local context (not applicable to programmes offered fully online).*

### **19. INTEGRITY**

*Clearly state the policies and systems in place to ensure the highest level of integrity of the qualifications offered by the institution.*

**20. CONSUMER PROTECTION**

*Outline the systems in place to maintain consumer protection and accuracy of information (admissions, job placement, marketing, fees and financial aid & quality assurance & accreditation)*

**21. PROTECTION OF THE RIGHTS OF ENROLLED STUDENTS**

*Outline policies in place to ensure students have access to information about the programme offered (changes in policies, changes in fees, examinations, termination of programme)*

**PERIOD OF CURRENT ACCREDITATION/RECOGNITION**

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**LOCAL PARTNER INSTITUTION (S) WHERE THE QUALIFICATION WILL BE OFFERED (IF APPLICABLE)**

**NAME OF LOCAL INSTITUTION** \_\_\_\_\_

**ADDRESS OF LOCAL INSTITUTION** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**SUBMIT COPY OF THE WRITTEN AGREEMENT ON THE COLLABORATIVE ARRANGEMENT**