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
Website: 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

____________________________________________________________________________________

2. ADDRESS

____________________________________________________________________________________

3. TELEPHONE

____________________________________________________________________________________

4. WEBSITE

____________________________________________________________________________________

5. DEPARTMENT WITH RESPONSIBILITY FOR THE PROGRAMME:

____________________________________________________________________________________

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

____________________________________________________________________________________

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

____________________________________________________________________________________

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)

____________________________________________________________________________________

9. TOTAL NUMBER OF CREDITS: ________________________________

10. DURATION: (YEARS AND/OR SEMESTERS)

(a) PART-TIME:

____________________________________________________________________________________

(b) FULL-TIME:

____________________________________________________________________________________
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. **INTENSITY**

   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