

# ASSESSMENT OF ACADEMIC CREDENTIALS APPLICATION GUIDELINES AND FORM

Ref: UCJ/901/1/3

## **Guidelines for Application**

#### Application for Recognition and Equivalence of Qualifications

The University Council of Jamaica (UCJ) requires the following documents to assess academic credentials:

- 1. An application form fully completed and signed. See the section 'Credential Assessment' from the dropdown menu 'Services', on our website <u>www.ucj.org.jm</u>.
- 2. Copies of the degrees, diplomas, and academic certificates to be assessed, **certified** by a Justice of the Peace or Notary Public.
- 3. Copies of the degrees, diplomas, academic certificates, high school diploma, or examination passes used to enter the programme of study, **certified** by a Justice of the Peace or Notary Public.
- 4. Copy of English translation for qualifications in foreign languages, **certified** by a Justice of the Peace or Notary Public. A copy of the qualification in the original language of study **MUST** also be **certified** and submitted. See our website (<u>www.ucj.org.jm</u>) for a list of approved translators.
- 5. Official transcript for each qualification to be assessed. This should be **sent directly** from the institution of study to the UCJ.
- 6. Copy of one form of valid photo identification and Tax Registration Number (TRN), **certified** by a Justice of the Peace or Notary Public. A passport is required for foreign nationals. Certified copy of name change and correction **MUST** be submitted.

#### Name and seal of the Justice of the Peace or Notary Public must be clearly shown.

#### Application for Assessment of Qualifications for the CARICOM Skills Certificate

- Persons who wish to obtain the CARICOM Skills Certificate should apply to the Ministry of Labour and Social Security. The CSME INFORMATION SHEET may be accessed from the Ministry's website <u>https://www.mlss.gov.jm/community/work-permit-forms/</u>
- 2. The UCJ assesses for equivalency, qualifications obtained from institutions other than those specified in the CARICOM (Free Movement) Skilled Persons Act, 1997 (University of the West Indies, University of Guyana, University of Technology, MICO University College and University of Suriname).
- 3. All the required documents identified in the box above should be submitted to the UCJ, in order to obtain an equivalency statement to support applications for the CARICOM Skills Certificate. A sealed status letter from the institution may be used instead of a transcript.

# The UCJ will retain a copy of the completed application form and supporting documents for only three (3) years.



#### **ASSESSMENT FEES**

- 1. The fees to be paid are listed below in Jamaican dollars. Payment can only be made by Direct Deposit to the UCJ's account. **NO** payment can be made at the office of the UCJ.
- 2. BANKING INFORMATION:Account Name: University Council of JamaicaBank: ScotiabankBranch: Oxford RoadAccount Number: 76716Type: Current

| Local Qualifications  |                |  |  |  |
|---|----------------|--|--|--|
| Fee Information   | Processing fee |  |  |  |
| Application Fee (Non-refundable. MUST be paid by all applicants)      | \$1,000        |  |  |  |
| Processing Fee - 10-Day Assessment Service (for 1st qualification)    | \$2,000        |  |  |  |
| Processing Fee - 5-Day Assessment Service (for 1st qualification)     | \$3,000        |  |  |  |
| Additional qualification (from the same institution)                  | \$1,000        |  |  |  |
| Additional qualification (from different institution)                 | \$2,000        |  |  |  |
| Extra copy of assessment statement(at the time of application)        | \$500          |  |  |  |
| Duplicate assessment statement (within three years of initial report) | \$1,000        |  |  |  |

#### Local Qualifications

#### **Foreign Qualifications**

| Processing fee |
|----------------|
| \$1,500        |
| \$3,000        |
| \$4,000        |
| \$1,500        |
| \$3,000        |
| \$500          |
| \$1,500        |
|                |

**NOTE:** A copy of the payment receipt with the name of the applicant **MUST** be submitted with the completed application form and supporting documents.

#### REFUND

- 1. The application fee is **NON-REFUNDABLE**.
- 2. The processing fee is subject to a partial refund of 50% only when the application is cancelled within 4 days for the 10-day service or within 2 days for the 5-day service.
- 3. No refund will be made if an application includes forged, altered, or falsified documents.
- 4. Application for refund should be made using the **'Request for Refund Form'** (see website <u>www.ucj.org.jm</u>).



#### **COLLECTION OF THE CREDENTIAL ASSESSMENT STATEMENT**

Applicants will be notified via **<u>email</u>** when the assessment statement is available for collection. One of the following delivery options may be selected:

- 1. Electronic Copy for Institution/Organisation. The assessment statement will be sent via email to an identified institution or organisation.
- 2. Pick up from the UCJ. The applicant or an authorised person/courier can collect the assessment statement from the office of the UCJ. A signed authorisation letter is required for collection by a third party.
- 3. A valid photo ID should be presented upon collection of the statement.

#### DUPLICATE ASSESSMENT STATEMENT

An applicant may apply for a duplicate assessment statement within three years of initial application. The UCJ will retain a copy of the completed application and supporting documents for only three (3) years. It is important to note that credential assessments are based on the best information available to the UCJ at the time of the application. Education is dynamic; therefore, changes occur in all countries from time to time. On this basis, the conclusion for new assessments may be different from previous assessments.

#### SCOPE AND LIMITS OF CREDENTIAL ASSESSMENT STATEMENTS

The assessment conducted by the UCJ is based on research, well-established methodologies, and is advisory. The UCJ does not evaluate course content or make a judgment on the quality of individual credentials.

#### COMMUNICATION WITH APPLICANTS

The UCJ communicates primarily by email. If there is need for additional information applicants will be contacted via email. Please check your email including the junk box or spam folder.

#### SUBMISSION OF THE APPLICATION

The *fully* completed and signed application form along with the supporting documents and required assessment fees may be sent by email or delivered to:

#### THE UNIVERSITY COUNCIL OF JAMAICA

31 Windsor Avenue, Kingston 5 Telephone: (876) 618-4267/ (876) 929-7299/ (876) 920-1424/ (876) 920-1165 Email: <u>credentials@ucj.org.jm</u> Website: <u>www.ucj.org.jm</u>

#### Office hours for services: 9:00 a.m. to 4:00 p.m. (Mondays to Fridays)



Incoming Date

Ref: UCJ/901/1/3

FOR OFFICE USE Reference No. \_\_\_\_

Due Date:

### **CREDENTIAL ASSESSMENT APPLICATION FORM**

Before completing this form make sure you read the Guidelines for Application

#### Applicants should complete ALL pages of the application form. Write in BLOCK capitals

| PERSONAL DETAILS  |                       |                 |         |               |                 |          |
|---|-----------------------|-----------------|---------|---------------|-----------------|----------|
| Name: (First)   | (Middle)              | (Last)          |         |               | Gender:         |          |
|   |                       |                 |         |               | 🗆 Male          | 🗌 Female |
| Maiden Name/Former Nam  | e:                    |                 |         |               | Nationality:    |          |
|   | Γ                     |                 |         |               |                 |          |
| Date of Birth: Month/Day/Y  | ear Email Address:    |                 |         |               | Mobile Telepho  | one:     |
| Mailing Address:  |                       |                 | Occur   | ation         |                 |          |
| Maining Address:  |                       |                 | Occup   | ation:        |                 |          |
|   |                       |                 |         |               |                 |          |
| TYPE OF ASSESSMENT SE   | RVICE REQUIRED        |                 |         |               |                 |          |
| Assessment of Qualification for CARICOM Skills Certificate        |                       |                 | Local   | Foreign       |                 |          |
| Equivalence of Qualification     Local                            |                       |                 | Foreign |               |                 |          |
| □ Recognition of Institution/Qualification □ Local □              |                       |                 | Foreign |               |                 |          |
| APPLICATION TYPE Initial Application Duplicate Report Application |                       |                 |         |               |                 |          |
| APPLICATION TYPE  | Initial Application   |                 | те керс | ort Applicati | on              |          |
| PURPOSE OF ASSESSMENT   |                       |                 |         |               |                 |          |
| Further Education   | Employment            | Job Advancer    | nent    | Other (sp     | ecify):         |          |
| Public Institution  | Public Sector         | Public Se       | ector   |               |                 |          |
| Private Institution   | Private Sector        | □ Private S     | Sector  |               |                 |          |
| TYPE OF IDENTIFICATION  |                       |                 |         |               |                 |          |
| Driver's Licence No:  | Passport No:          | Elector Regist  | tration | Card No:      | TRN:            |          |
|   |                       |                 |         |               |                 |          |
|   |                       |                 |         |               |                 |          |
| <b>COLLECTION OPTION:</b>   | Electronic copy for a | an institution/ | organi  | sation        | Pick up by thir | d party  |
| Name of Person:   |                       | Email Addres    | s:      |               |                 |          |
|   |                       |                 |         |               |                 |          |
| Name of Institution/Organis                                       | ation:                |                 |         |               |                 |          |
|   |                       |                 |         |               |                 |          |



#### **QUALIFICATION(S) FOR ASSESSMENT**

#### List all qualifications to be assessed (Submit certified copies).

| Qualification #1                            | Mode of Study:            | 🗆 Face-to-f   | Face                            | □ Distance with tu | itorial support |
|---|---------------------------|---------------|---------------------------------|--------------------|-----------------|
| Name of Degree/Diploma/Academic Certificate |                           |               |                                 |                    |                 |
|   |                           |               |                                 |                    |                 |
| Name of Institution                         |                           |               | Country                         | Period             | l of Study      |
|   |                           |               |                                 | Started            | Completed       |
|   |                           |               |                                 |                    |                 |
| Qualification used to en                    | ter the programn          | ne of study ( | Submit certified copy):         |                    |                 |
|   | o o o u do u . C du oo ti | )             |                                 | n 🗆 Othan          |                 |
| Examination Passes (S                       | econdary Educati          | on) 🗆 Ass     | sociate 🗆 Bachelor 🗌 Maste      | r 🗌 Other:         |                 |
| Qualification #2                            |                           |               | Face                            |                    | itarial support |
| Name of Degree/Diplom                       | Mode of Study:            |               |                                 |                    |                 |
|   | a/Academic Certi          | licate        |                                 |                    |                 |
| Name of Institution                         |                           |               | Country                         | Dorios             | l of Ctudu      |
| Name of Institution                         |                           |               | Country                         | Started            | of Study        |
|   |                           |               |                                 | Started            | Completed       |
|   |                           |               |                                 |                    |                 |
| Qualification used to en                    | ter the program           | ne of study ( | Submit certified copy):         |                    |                 |
| Examination Passes (S                       | econdary Educati          | on) 🗆         | Associate   Bachelor   Ma       | ster 🗆 Other:      |                 |
|   |                           | - /           |                                 |                    |                 |
| Qualification #3                            | Mode of Study:            | 🗆 Face-to-    | Face 🗆 Part-time 🗆 Fully Online | □ Distance with to | utorial support |
| Name of Degree/Diploma/Academic Certificate |                           |               |                                 |                    |                 |
|   |                           |               |                                 |                    |                 |
| Name of Institution                         |                           |               | Country                         | Period of Study    |                 |
|   |                           |               |                                 | Started            | Completed       |
|   |                           |               |                                 |                    |                 |
|   |                           |               |                                 |                    |                 |
| Qualification used to en                    | ter the program           | ne of study ( | Submit certified copy):         |                    |                 |
| Qualification used to en                    | ter the programn          | ne of study ( | Submit certified copy):         |                    |                 |

#### **TERMS AND CONDITIONS**

- 1. The credential assessments conducted by the UCJ are advisory.
- The regular processing of applications takes 10 working days and the express processing takes 5 working days. The processing time for the application starts the day the UCJ receives ALL required information, documentation and fees. In cases requiring extensive research, the process may take longer. Applicants will be notified by email of any delays.
- 3. The application fee is **NON-REFUNDABLE**. Only partial refund of the processing fee will be made, based on the conditions stated in the 'Guidelines for Application'.
- 4. Applicants have the right to appeal assessment decisions within one month after collecting the report. A fee may be applicable. Appeals should be made in writing.
- 5. Documentation submitted in support of the application, including transcripts, becomes the property of the UCJ. Documents will **not** be copied or returned to applicants.
- 6. After three years a new application should be submitted with all required documents and information.

# SUBMISSION OF THE SIGNED APPLICATION FORM AND SUPPORTING DOCUMENTS CONFIRMS YOUR AGREEMENT WITH THE TERMS AND CONDITIONS.



#### **FEE PAYMENT**

**TOTAL FEE PAYMENT** = Application Fee + Processing Fee + Fee for any other service, as stated in the 'Guidelines for Application'.

Indicate all the fees paid for this application:

- □ Application □ 10-Day Processing
- □ Additional qualification (same institution)
- □ 5-Day Processing □ Extra Copy □ Duplicate Report
- □ Additional qualification (different institution)

#### **STATEMENT OF DOCUMENT SUBMISSION**

Indicate the supporting documents submitted with this application:

- Official transcript for each qualification requested from institution of study, to be sent **directly** to the UCJ
- □ Sealed Status letter to support assessment of qualification for the CARICOM Skills Certificate
- Certified copy of degree, diploma, or academic certificate to be assessed
- Certified copy of degree, diploma, academic certificate, high school diploma, or examination passes used to enter the programme of study
- Certified copy of valid form of photo ID and Tax Registration Number (TRN)
- Certified copy of information page of passport for foreign nationals
- □ Certified copy of proof of name change and correction
- Certified copy of qualification in foreign language AND original English translation from approved translator
- Proof of payment of assessment fees with name of applicant clearly indicated

#### AN APPLICATION IS COMPLETE FOR PROCESSING WHEN ALL REQUIRED INFORMATION, DOCUMENTATION, AND FEES HAVE BEEN RECEIVED.

I certify that I have read, understand and agree to the above terms and conditions and statement of document submission. I also agree that, to the best of my knowledge, all information provided and documents submitted are true and correct.

Name (Print)

Signature

Date

#### ADDITIONAL INFORMATION (Use this space to provide additional information)

#### FOR OFFICE USE ONLY

| FEES:                     | COMMENTS |
|---------------------------|----------|
| Application:              |          |
| 10-Day Service:           |          |
| 5-Day Service:            |          |
| Extra Copy:               |          |
| Additional Qualification: |          |
| Duplicate statement:      |          |
| Total Due:                |          |
| Payment Type and Date:    |          |