

THE NATIONAL ACCREDITATION COUNCIL OF GUYANA

APPLICATION FOR EQUIVALENCE ASSESSMENT

ORIGINAL DOCUMENT MUST BE SUBMITTED

A. BIOGRAPHICAL DATA

1. NAME: _____
(*First Name*) (*Middle Name*) (*Last Name*)

2. HOME ADDRESS: _____

OFFICE ADDRESS: _____

E-MAIL ADDRESS: _____

3. TEL. NO(S): (*HOME*): _____ (*OFFICE*): _____

4. DATE OF BIRTH: _____

5. COUNTRY/PLACE OF BIRTH: _____

6. CITIZENSHIP: _____

7. OCCUPATION: _____

8. MOTHER LANGUAGE: _____

9. DATE OF APPLICATION: _____

10. PURPOSE OF ASSESSMENT e.g.(further education, employment, professional certification, other):

B. ACADEMIC DATA

11. List certificate(s) to be assessed:

Certificates	Examining Body	Date of Award

CONTENT OF PROGRAMME(S) FOLLOWED (Courses, subjects, examinations)	GRADES

12. COUNTRY OF STUDY: _____

13. DURATION OF COURSE OF STUDIES: (FROM) _____ (TO) _____

14. FULL TIME PART TIME CORRESPONDENCE

15. With what qualifications did you enter this programme? _____

16. Entry Requirements for programme of Studies: _____

17. Name and Address of Issuing Institution/Agency: _____

18. Thesis title (if applicable): _____

19. Practical Component (if any) of programme of studies: _____

20. To what does the credential give access in the country of origin?

- Further study (specify level)
- Professional Certification
- Employment

For official use

Assessment fee paid

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Transcript requested..... Date requested

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Assessment completed onday of..... 200.....

Remarks

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Assessor's Signature: