



APPLICATION FORM FOR INTERIM ACCREDITATION

A. GENERAL INFORMATION

1. Name of institution:.....

2. Physical location: Country:..... Town/City:.....

Street:..... Building:.....

3. Contact address:

(a) Postal address: P.O. Box Code:.....City/Town:
Country:.....

(b) Telephone:..... Fax:
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(c) Email:.....Website:.....

4. Type of institution (*tick as appropriate*)

(a) Public university

(b) Constituent college of a public university

(c) Private university

(i) Chartered

(ii) Operating with letter of interim authority

(iii) Operating with certificate of registration

(d) Other (*please specify*).....

5. Act of Parliament or other legislation under which institution is registered

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6. Campuses or branches offering training for KASNEB courses (*indicate address, location, name and telephone number of contact person*).....

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7. Indicate the agencies (if any) that have already accredited the institution.....

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B. DETAILS ON THE KASNEB COURSE(S) ON OFFER AT THE INSTITUTION

1. Information on students and trainers:

KASNEB course	No. of students			No. of trainers		Trainers' qualifications	
	Full time	Part time	Distance learning	Full time	Part time	Highest	Lowest

2. Information on ICT resources (*for institutions offering or intending to offer KASNEB's ICT courses*):

(a) Number, capacity and appropriateness of computer laboratories for learning purposes

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(b) Number of computers, processor type(s) and speed(s).....

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(c) Operating system(s) and application software(s) in use.....
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(d) Other ICT accessories available
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(e) Number and qualifications of ICT support staff (*indicate highest and lowest qualifications*).....
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C. DECLARATION

I declare that, to the best of my knowledge and belief, the information provided in this form is true and correct.

Name of Deputy Vice Chancellor (Academic Affairs)/Principal/Director

Name:.....

Signature:.....

Date and rubber stamp:.....