



FIJI HIGHER EDUCATION COMMISSION

APPLICATION FOR RECOGNITION

(Sections 16 and 30 of the Higher Education Promulgation 2008)

Name of Institution

Category of Institution (Please choose a number from the table at the back of this form)

APPLICATION CHECKLIST

- Completed Application form for Recognition
Certified true copy of the certificate of Registration or other documentation related to legal entity status
Documents on procedures and policies that relate to academic integrity and honesty
Information relating to governing body including its relationship to the owners or financial sponsors and its terms of reference and membership
Organisational chart and an explanation of the relationships and reporting lines among key positions and structure
Documents on student grievance policy and procedure

FOR OFFICIAL USE

Fees Paid Receipt Number File Number

Receiving Officer Signature Date / / 20

Comments:

Table with columns for Decision (Approved/Not Approved), Recognition Number, Certificate Number, and empty space for details.

Name of Director: Signature:

Date: / / 20

**A. DETAILS OF INSTITUTION**

**A.1 Institution**

Name of Institution		
Business Name(s)		
Postal Address		
Business Address		
Contact Numbers	Tel:	Fax:
Web Address (if any)		
Email Address (general)		

**A.2 Type of Institution**

Indicate the type of institution by placing a tick beside the descriptor.

Type of Institution	✓ (Tick)
University	
Institute of Technology	
School of Medicine	
School of Nursing	
Teacher Training Institute or College	
School of Agriculture	
Computer Training School	
Police Academy	
Army Training School	
Vocational School	
School of Hospitality	
Catering School	
Language School	
Bible College	
Aviation School	

Type of Institution	✓ (Tick)
Hairdressing School	
Beauty Therapy School	
Care giving School	
Performing Arts School	
Sports Academy	
Theological School	
Seminary	
Others (Please specify)	

**A.3 Details of Authorized Officer:**

(The authorized officer is a senior manager of the institution)

Name		
Position		
Postal Address		
Contact Numbers	Tel:	Fax:
	Mobile:	
Email Address		

**A.4 Authorized Contact Person (if different from A3 above):**

Name	
Position	
Postal Address	
Contact Numbers	Tel: _____ Fax: _____ Mobile: _____
Email Address	

**A.5 Education and /or Training Locations:**

Indicate below the details of all locations in Fiji where the institution plans to deliver or is delivering courses. Details of agents are to be shown if the institution intends to deliver courses through an agency arrangement.

<b>Location No. 1</b>	
Name	
Business Address (including Street Address)	
Contact Numbers	Tel. No. _____ Fax No. _____
Agency Arrangement (Check box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Agent	
Programme(s) to be offered at this site	

<b>Location No. 2</b>	
Name	
Business Address (including Street Address)	
Contact Numbers	Tel. No. _____ Fax No. _____
Agency Arrangement (Check box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Agent	
Programme(s) to be offered at this site	

<b>Location No. 3</b>	
Name	
Business Address (including Street Address)	
Contact Numbers	Tel. No.                      Fax No.
Agency Arrangement (Check box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Agent	
Programme(s) to be offered at this site	

<b>Location No. 4</b>	
Name	
Business Address (including Street Address)	
Contact Numbers	Tel. No.                      Fax No.
Agency Arrangement (Check box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Agent	
Programme(s) to be offered at this site	









FIJI HIGHER EDUCATION COMMISSION

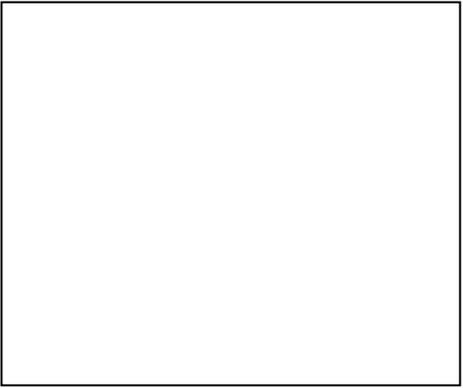
DECLARATION

I, \_\_\_\_\_,
[full name of authorized officer]
the \_\_\_\_\_,
[designation of the authorized officer]
of the \_\_\_\_\_,
[name of the institution]

do solemnly and sincerely declare that the information contained on the preceding pages is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable for prosecution.

Declared at \_\_\_\_\_}
this \_\_\_\_\_ day of}
\_\_\_\_\_, 20\_\_\_\_.}

.....
[Signature]
(To be signed in front of the witness)



Official Stamp of the Institution

Before me:

\_\_\_\_\_
[Full name of witness\*\*]

.....
[Signature of witness]

Occupation \_\_\_\_\_

Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date: \_\_\_\_\_
Phone No. \_\_\_\_\_

\*\* This declaration can only be witnessed by a legal practitioner

**Table on Category of Higher Education Institutions**

Category Number	Description
1	Vocational Institution
2	Local Higher Education Institution conferring single awards up to diploma level
3	Local Higher Education Institution conferring multiple awards up to diploma level
4	Overseas Higher Education Institution conferring multiple awards up to diploma level
5	Local Higher Education Non-University Institution or Non Degree-awarding Institute of Technology conferring awards up to degree level
6	Overseas Higher Education Non-University Institution or Non Degree-awarding Institute of Technology conferring awards up to degree level
7	Overseas University or Degree-awarding Institute of Technology
8	Local University or Degree-awarding Institute of Technology