**Curacao Transnational Accreditation Council.** Hoogstraat 18-22 , Otrobanda, Curacao. Email: info@ctac.ac

**Application for Institutional Accreditation Membership** ( To be used by Business Schools, Seminaries: Colleges, Polytechnics, and Universities)  
**Application Completion Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Full legal name of the Institution:............................................................................**

**2. Physical Campus Address........................................................................................**

**3.General Phone No:.....................**

Chancellor/ Chairman of the Board Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary of the Board Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President's / Vice-chancellor's/ Rector's Cell phone\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice-President's/ DVC/ Provost's phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Academic Officer's/ Head  of institution Committee on Accreditation.

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Under each of these 16 CTAC Curacao Conditions of Eligibility for Accreditation, write minimum of three paragraphs to one full page about how your institution fulfills and meets the requirements and attach proof of evidence in Appendices 1 -16**

**All applicant institutions must satisfy the Accreditation Council with the following eligibility criteria:**

**4.1. Must be a government registered entity in good standing.**

**4.2. must be licensed to carry out its activities.**

**4.3. must have an establishing charter, approval, or license to operate by the ministry of education.**

**4.4. Proof adequate physical campus.**

**4.5. proof of functional board of trustee.**

**4.6. Sound university administration.**

**4.7. qualified Ph.D. faculty.**

**4.8. proof of internal Quality Assurance and policies.**

**4.9. Adequate Learning Resources.**

**4.10. 30 credits of General Studies.**

**4.11. Assessment and Public Accountability.**

**4.12.website is continually updated and contains no misleading information.**

**4.13. Sound Accounting and record-keeping practice.**

**4.14. Independent Annual Audit showing statement of sound financial position.**

**4.15. Sound academic curriculum.**

**4.16. Physical Site and learning Resources.**

**5.0. Affirmation and signature**

5.1.We the members of the Board of Regents, Administration and faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ situated at the following address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.2. Hereby submit this Application for accreditation after obtaining, studying and agreeing with all the CTAC Curacao Accreditation policies, Accreditation Process Manual and Accreditation Process and Procedures, and having agreed with all CTAC accreditation terms and conditions.

5.3. We agree that we cannot advertise anything about the ongoing status of our application until an official decision has been made on our application by CTAC.

5.4. We also understand that CTAC accreditation is not guaranteed, and that CTAC reserves the full rights to deny or withdraw our accreditation without being liable for a refund or a legal action.

5.5. We understand and agree that CTAC is a Curacao transnational and cross-border accreditation agency and is not an alternative any country's national, regional or programmatic accreditation.  We are aware that our country's government may or may not recognize CTAC Curacao accreditation.

5.6. We understand and agree that all payments we have made to CTAC Curacao are not refundable.

5.7. No matter the outcome of the accreditation, we understand and agree that we cannot hold CTAC liable in any way or in any form, for the outcome of accreditation exercise as shall be publish on CTAC website. In witness therefore, signed and submit this application witnessed by a notary public this\_\_\_\_\_\_\_\_\_ th day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_. Anno Domini.

5.8. Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chancellor/Chairman of the Board

Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President/ Vice-Chancellor

Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.10.Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Registrar and Secretary of the Board.

Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ your intuition’s Seal here

**6. Notary Public witness**

**Email the documents as single pdf file with a proof payment to info@ctact.ac**

**7.Appendixes**