



STATEMENT ON RECOGNITION

actt/0011/20/reg/oo

Applicant's Name as stated on the Credential: **Name of Applicant**

Name of Institution: **Name of foreign institution**

State and/or Country of Origin: **Name of state and/or country of institution**

Recognition Status of Institution: **Recognition status of the institution at the time the applicant attended the institution**

Accreditation/Recognition Agency: **Name of the accreditation/recognition agency**

Current Period of Institutional Accreditation: **Accreditation period of the institution**

Approved Level of Awards: **The levels the institution is approved to offer i.e.: Certificates, Bachelor's and Master's degrees (where applicable)**

Name of Credential: **Level and subject area of credential as stated on certificate**

Date on Credential: **Date as stated on credential**

Specialised Programme Accreditation (if relevant): **Specialised accreditation of programme, if applicable**

Recognition of Programme by ACTT: **Recognised/Not Recognised by The Accreditation Council of Trinidad and Tobago**

Month Day, Year

/s/ Executive Director

This statement is not a verification of a credential awarded to an individual.