



STATEMENT ON RECOGNITION

actt/xxx/xx/pvt/pt

Applicant's Name as Stated on 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:	The recognition status of the institution at the time the applicant attended the institution
Accreditation/Recognition Agency:	Name of accreditation/recognition agency that recognised the foreign institution
Current Period of Institutional Accreditation:	Accreditation period of foreign institution, if applicable
Approved Level of Awards:	The levels the institution is approved to offer, i.e.: Certificates, Bachelor's and Master's degrees, if applicable
Name of Credential:	Level and subject area of credential as stated on certificate
Date on Credential:	Date as stated on credential
Delivery Institution/Mode:	Name of local institution in partnership with foreign institution/Mode of delivery, i.e: Face-to-Face, Blended Learning
Status of Delivery Institution:	Registered/accredited status of local institution in partnership with foreign institution
Authorisation to Deliver Programme:	Authorisation of the local institution by the foreign awarding body /institution to offer the foreign programme
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 qualification awarded to an individual.