

Submitted by:

Click here to enter text.

**Name of Institution**

 Click here to enter a date.

**Date of Submission**

Submitted to:

**National Accreditation & Equivalency Council of The Bahamas**

Tonique Williams Darling Highway & Knowles Drive

P.O. Box N-3913

Nassau, N.P., The Bahamas

Email: info@naecob.org

**Instructions**:

This annual report updates the institution's status and informs NAECOB of any changes over the last operational year.

This report has **five (5) parts**: General Information, Institution Details, Institutional Statistics, Governance and Signature.

**ANSWER ALL SECTIONS .**

 Please return the completed form to the office. An annual report submitted after the deadline date will incur a late fee of $75.00.

**PART I: GENERAL INFORMATION**

**ANNUAL REPORT YEAR**: Click or tap here to enter text.

**NAME OF INSTITUTION**: Click here to enter text.

**TYPE OF INSTITUTION**: Click here to enter text.

**PROPRIETOR:** Click or tap here to enter text.

**CHIEF EXECUTIVE OFFICER (CEO) :** Click here to enter text.

**CHIEF ADMINISTRATIVE OFFICER :** Click here to enter text.

**CHIEF ACADEMIC OFFICER :** Click here to enter text.

**POSTAL ADDRESS**: Click or tap here to enter text.

**STREET ADDRESS**: Include Building Number and Subdivision

**TELEPHONE NUMBER**: Click or tap here to enter text.

**FAX NUMBER:** Click here to enter text.

**E-MAIL ADDRESS**: Click here to enter text.

**ALTERNATIVE E-MAIL ADDRESS**: Click here to enter text.

**WEBSITE**: Click here to enter text.

**PART II: INSTITUTION DETAILS**

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| **1. LEVEL OF PROGRAMME OFFERINGS***(Please check all that apply and for each specific type and duration)*☐ Certificate ☐ Diploma☐ Associate Degree ☐ Bachelor’s Degree☐ Master’s Degree[ ]  Postgraduate work☐ Other Tertiary/ Post-Secondary ProgrammesClick here to enter text. | **2. TYPE OF PROGRAMMES/COURSES***(Please check all that apply)*[ ]  Technical and Vocational[ ]  College Prep Programme[ ]  Degree-Granting Programme[ ]  General Interest/Professional Development[ ]  Other *(Please specify)* Click here to enter text. |
| 1. **AFFILIATION/ACCREDITATION**

Are there any new or renewal agreements?[ ]  **NO** [ ]  **YES** **(***If yes, please attach the agreement)*Name of Institution: Click here to enter text.Name of Association: Click here to enter text.Period of Agreement: Click here to enter text. | 1. **Institutional Engagement**

Please indicate if there is any institutional engagement with local Bahamian bodies, universities, employers, and other stakeholders.[ ]  Local Partnerships[ ]  Career Events[ ]  Alumni Engagement[ ]  Other *(Please specify)* Click here to enter text. |
| 1. **SUPPORT SERVICES**

Please specify the types of support services available for online Bahamian students.[ ]  Academic Advising[ ]  Technical Support[ ]  Tutoring[ ]  Other *(Please specify)* Click here to enter text. | 1. **DELIVERY FORMAT**

Please provide details on how courses are delivered to students in the Bahamas.[ ]  Synchronous [ ]  Asynchronous[ ]  Hybrid[ ]  Self-paced modules[ ]  Weekly live sessions, self-paced modules |

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| 1. **FINANCE**

The institution must have the necessary financial resources to achieve the objectives of its programmes and services. 1. **Were there any changes to the tuition fee schedule per student?**

[ ]  **NO** [ ]  **YES** *If yes, please attach the tuition fee schedule.*1. **Were there any additional scholarships or grants provided to Bahamian students?**

[ ]  **NO** [ ]  **YES** *If yes, please indicate the number of students being funded and total scholarship amount.* Click here to enter text. |
| 1. **ACADEMIC YEAR (AT-A-GLANCE)**

Elaborate on the highlights/milestones/challenges the institution would have encountered over the last year. Click here to enter text. | 1. **LICENCE**

Please provide an updated copy of your accreditation certificate.Click here to enter text. |

**PART III:** **INSTITUTIONAL STATISTICS**

Please include the number of Bahamian full-time and part-time students, over the last operational year.

SECTION 3.I Number of Bahamian Students Enrolled at Institution

SECTION 3.II Academic Progress

SECTION 3.III Programmes Enrolled

**Section 3.i– Tertiary/ Post-Secondary School**

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| **NUMBER OF BAHAMIAN STUDENTS ENROLLED** **FULL TIME** |
| **AGE AS OF SEPTEMBER 30TH** | **UNDER 17** | **18** | **19** | **20** | **21** | **22** | **23-25** | **26-30** | **31-40** | **OVER 40** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |
| **PART-TIME** |
| **AGE AS OF SEPTEMBER 30TH** | **UNDER 17** | **18** | **19** | **20** | **21** | **22** | **23-25** | **26-30** | **31-40** | **OVER 40** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |

**Section 3. ii: Academic Progress**

The Institution should provide the academic performance of Bahamian students enrolled on the date the report is signed.

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| **ACADEMIC PROGRESS** |
| **Metric** | **Value (%)** |
| Bahamian Students Retention Rate (%) |  |
| Bahamian Students Completion Rate (%) |  |
| Total number of Bahamian student graduates over the last operational year.  |  |
| Total enrollment of Bahamian students over the last operational year.  |  |

**Section 3. iii: Programme Enrollment**

The Institution should outline the various programmes in which Bahamian students are enrolled.

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| **PROGRAMME ENROLLMENT** |
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| **Programme Name** |

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 | **Level (e.g., Bachelor's, Master's)** | **Number of Bahamian Students Enrolled** |
| **Males** | **Female** |
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**PART IV: GOVERNANCE**

Governance: Please include names of persons on your Board of Directors. **N/A** [ ]

The Institution’s Governing Board must comprise a minimum of five (5) persons with specific authority over the institution and is an active policy-making body. The Board should ultimately be responsible for ensuring that financial resources are adequate to provide sound educational curricula. The CEO/President cannot be the Chair of the Board.

Should there be no changes to Board Members, you are required to submit **one letter** signed by each Board Member, verifying continued acceptance in their role on the Board should be submitted (if applicable).

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| **BOARD OF DIRECTORS** |
|  | **NAME** | **OCCUPATION** | **TENURE** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

**PART V: SIGNATURE**

SIGNATURE ATTESTING TO COMPLIANCE

Click here to enter text.(**Name of Institution**) has provided complete and accurate disclosure of information and has attached a complete and accurate listing of all curricula offered by the institution and all substantive changes, the location of the curricula and the modes of delivery of curricula.

Signature of CEO: Date: Click here to enter a date.

Signature of Proprietor: Date: Click here to enter a date.

Signature of Principal/President/Director: Date: Click here to enter a date.

**Please return completed form to:**

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