(Regulation 11(2)(a))
_____

APPLICATION FOR ACCREDITATION OF A UNIVERSITY

Important Notice:
   (a) This form must be filled by the applicant who is the holder of Provisional Licence wishing to apply for Accreditation; and
   (b) In the course of completing this form, the applicant is required to make reference to University Qualification Framework and various guidelines and check-lists as may be issued from time to time by the Commission, including the minimum guidelines and norms for governance units and harmonization of awards, minimum guidelines for Employment, Staff Performance Review and Career Development issued by the Commission

PART I
GENERAL MATTERS

1. Name of applying organization/person.………………………………………………………….............

2. Particulars of the applying organization/ person:…………………………………………………..…………
    …………………………………………………………………..

2.1   If the applicant is an organization-
      (a) Type of the organization(Government/ Partnership/Trust/ Society/NGO/others *(please specify)*):
          ………………………………………………………….......................................
      (b)   Origin of the Organisation (Local/Foreign):……………………………………………….........
      (c)   Nature of business of the organization……………………………………………………….....
      (d)   Place of business of the organisation: ………………………………………………………...
      (e)   Date of incorporation/registration: ………………………………………………………….....
      (f)   Incorporation/registration certificate number:……………………………………………….......
      (g)   Date of expiry of the incorporation/registration certificate:……/…..……./20.........................
      (h)   Tax Identification Number (TIN):…………………………………………………………………
      (i)   VAT Registration Number:……………………………………………………………………
      (j)   Name and title of the Chief Executive Officer of the organisation:
            …………………………………………………………....…………………………………...
      (k)   Physical address of the organization: ………………………………………………………….....
      (l)   Postal address of the organization:…………………………………………………………....
      (m)   Postal Code:………………………………………….......................…………………
      (n)   Telephone Numbers:……………………………………………………………………….
      (o)   Mobile Number:………………………………………………………………………….
      (p)   Fax Number:……………………………………………………………………………..
      (q)   Email Address:…………………………………………………………………………..
      (r)   Website:…………………………………………………………………………….....

2.2   If the applicant is an individual
      (a)   Name and title of the applicant: ……………………………………………………………
      (b)   Nationality: …………………………………………...
      (c)   Date and place of Birth: ………………………………………………………….……......
      (d)   Nature of business of the applicant: ………………………………………………………...
      (e)   Place of business of the applicant: ………………………………………………………
      (f)   National Identification Number (NIN): …………………………………………………….....
      (g)   Tax Identification Number (TIN): …………………………………………………………..
      (h)   Physical address of the applicant: …………………………………………………………..

(i)   Postal address of the applicant: ……………………………………………………………………………...

(j)   Postal Code: ……………………………………………………………………………………..

(k)   Telephone Numbers: ……………………………………….....................................

(l)   Mobile Number: ………………………………………………………………………………..

(m)   Fax Number: …………………………………………………………………………………...

(n)   Email Address: ……………………………………………………………………………….....

(o)   Website: …………………………………………………………………………………………

PART II
DETAILS OF THE INSTITUTION PROPOSED FOR ACCREDITATION

3.   Name of the institution: ………………………………………………………….................................

4.   Category of the institution (university/college/institute/centre /directorate/ others *(please specify)*)……………………………………………………………………………….....

5.   Type of the institution (public/private/Public Private Partnership (PPP)) …………………………………
…………………………………………………………………………………...

6.   Particulars of the institution:-

  (a) Physical address of the institution: …………………………………………….................

  (b) Postal address of the institution: ……………………………………………................

  (c) Postal Code: ……………………………………………………………………………….

  (d) Telephone Numbers: ……………………………………………………………………….

  (e) Mobile Number: ……………………………………………………………………………

  (f) Fax Number: ……………………………………………………………………….......

  (g) Email Address: ………………………………………………………………………..

  (h) Website: …………………………………………………………………………….......

7.   Date the institution was granted Provisional Licence (PL) :……/…...………./20..... *(attach copy)*

PART III
SELF ASSESSMENT STATUS

8.   Date self assessment was conducted:……/…..………./20.....

9.   Names of Experts who conducted the self assessment

  (a) ……………………………………………. (Chairman)

  (b) ……………………………………………. (Member)

  (c) ……………………………………………. (Member)

  (d) ……………………………………………. (Member)

  (e) ……………………………………………. (Secretary)

10.   Outcome of the self assessment

  (a) Level of attainment in the implementation of the master plan

       i)   75% and above

       ii)   50% to 74%

       iii) 25% to 49%

       iv) Below 25%

  (b) Quality of attainment in facilities

       i)   Physical Facilities as per approved check list *(attach the completed check-list)*;

       ii)   Laboratory facilities, if applicable, as per approved check list *(attach the completed check-list)*;

       iii) Workshops, if applicable, as per approved check list *(attach the completed check-list)*;

       iv) Teaching Clinics (veterinary and/or medical), if applicable, as per approved check list *(attach the completed check-list)*;

v) Staff offices as per approved check list (*attach the completed check-list*);
vi) Functional facilities (i.e. conference hall, common rooms etc), where applicable, as per approved check list (*attach the completed check-list*);
vii) Students' accommodation and related facilities as per approved check list (*attach the completed check-list*);
viii) Health and sanitation facilities as per approved check list (*attach the completed check-list*);
ix) ICT infrastructure as per approved check list (*attach the completed check-list*);
x) Library resources as per approved check list (*attach the completed check-list*);
xi) Facilities for persons with special needs as per approved check list (*attach the completed check-list*);and
xii) Facilities for public safety and security as per approved check list (*attach the completed check-list*)

(c) Quality of attainment in Programmes (*attach evidence*)
    i) Are the programmes in line with the institution's vision and mission?
        Yes ☐ No ☐

    ii) Are the programmes in line with the discipline(s) to which they relate?
        Yes ☐ No ☐

    iii) Does the Institution carried out the situation analysis for each programme?
        Yes ☐ No ☐

    iv) Are the programmes in line with the professional requirements (if any)?
        Yes ☐ No ☐

    v) Do the programmes contribute to the attainment of the National vision and other development programmes?
        Yes ☐ No ☐

    vi) Are the programmes learning outcomes clearly articulated and understood?
        Yes ☐ No ☐

    vii) Are the modes of delivery commensurate with the requirements of the programme and the discipline as well as professional standards?
        Yes ☐ No ☐

    viii) Are the programme built around best practices on quality assurance (teaching, assessment, credit accumulation and transfer, programme review, etc) with regards to such programmes?
        Yes ☐ No ☐

    ix) Is the fees structure for various programmes sustainable?
        Yes ☐ No ☐

(d) Quality of attainment in recruitment of staff : (*attach evidence*)
    i) Number of academic staff recruited per programme: …………..……………….......................
    ii) Strength of academic staff qualifications as required by the programme:
        …………………………………………………………………………………………………
    iii) Number of administrative and technical staff recruited for available positions:
        ……………………………………………………………………………………...............
    iv) Strength of administrative and technical staff as required by positions: ………………………
    v) Plans for staff development: ……………………………………………...………………

(e) Quality of attainment in governance and administration of the institution:
    i) Quality of the approved governance structure: ………………………………………..........
    ii) Quality of the approved management structure:………………………………………............
    iii) Quality of the governance tools and instruments available: ……………………...................
    iv) Quality of the management tools and instruments available: ………………....................

v) Quality of the resource mobilization and management structures, tools and instruments:
………………………………………………………………………………......................

vi) Quality of the students welfare structures, tools and instruments: …………......................

vii) Quality of staff and students disciplinary matters: …………………………….................

(f) Quality mechanisms for financial management:

i) Is the financial management system in line with international financial reporting standards?
Yes ☐ No ☐

ii) Is there a sound internal financial control system based on international auditing reporting standards?
Yes ☐ No ☐

iii) Are the financial operations automated or manual?
Yes ☐ No ☐

PART IV
COUNCIL/BOARD RESOLUTION

11. Date and Number of the Council/Board Resolution allowing the institution to apply for accreditation:……/…..………./20.....

12. Conditions which were imposed by the council/board in relation to the accreditation *(specify)*
   (a) …………………………………………………………………………………..
   (b) …………………………………………………………………………………..
   (c) …………………………………………………………………………………..
   (d) …………………………………………………………………………………..
   (e) …………………………………………………………………………………..

13. Whether TCU Form No. 5 has been completed *(attach the copy)*

PART V
MATTERS RELATED TO CHARTER

14. Governance:
   a) Name of the Chancellor: …………………………………………………………………………
   b) Name of the Chairman of the Council/Board: ………………………………………...............

15. Administration and Management:
   a) Name of the Vice Chancellor: …………………………………………………………………
   b) Name of Deputy Vice Chancellor for Academic Affairs: …………………………………….......
   c) Name of Deputy Vice Chancellor for Administrative Affairs: ………………………….............
   d) Name of the Registrar(if any): …………………………………………………………...
   e) Name of the Dean of Students: ……………………………………………………………..
   f) Name of the Secretary to Council/Board: ……………………………………………………….

16. Senior Administrative Officers:
   a) Name and position of the Senior Officer responsible for Finance and Administration:
   ………………………………………………………………………………………………………
   b) Name and position of the Senior Officer responsible for Human Resource: …………….................................
   c) Name and position of the Senior Officer responsible for Planning, Resource Mobilization and Management:
   …………………………………………………………………….
   d) Name and position of the Senior Officer responsible for Library Resources: ……………...............
   e) Name and position of the Senior Officer responsible for Estate Management: …………...............
   f) Name and position of the Senior Officer responsible for Procurement and Logistics:
   ………………………………………………………………………………………………………
   g) Name and position of the Senior Officer responsible for Internal Audit: …………………..
   h) Name and position of the Senior Officer responsible for Admissions: ………………………
   i) Name and position of the Senior Officer responsible for examinations and other assessments:
   …………………………………………………………………………………………………

j) Name and position of the Senior Officer responsible for quality assurance: ……………..................
17. Whether TCU Form No. 6 has been completed *(attach the copy)*

PART VI
LIBRARY MATTERS AND OTHER PHYSICAL FACILITIES

18. Whether TCU Form No. 7 has been completed *(attach the copy)*
19. Whether TCU Form No. 8 has been completed *(attach the copy)*

PART VII
APPROVED PROGRAMMES

20. List of approved Programmes

S/N	Name of the Programme	Cluster and discipline	Nomenclature	Student staff ratio	Mode of delivery	Duration	Admission requirements	Total credits	Date approved
1.									
2.									
3.									

PART VIII
STUDENT PROJECTION

21. The projected profile of students population

S/N	Name of the Programme	Total Number of Students per programme per year					*Total* enrolment	Total number of staff for the programme
		1st YR	2nd YR	3rd YR	4th YR	5th YR		
1.								
2.								
3.								

PART IX
DECLARATION

I declare that the information provided above is true to the best of my own knowledge

Name:………………………………………………………………………...
Title: ………………………………………………….………………….....
Signature: ……………………………………
Date ……/………………………20……………

Official Stamp or Seal

FOR OFFICIAL USE ONLY
Fees paid
(i) Bank draft / Pay order No…………………………. Dated………/………………/……
(ii) Receipt No……………………………….................. Dated……/…………………/......
(NB. All payments to be made through bank in favour of the Tanzania Commission for Universities)
Attachments verified by:
Name: ………………………………... Signature:…………………. Date: …………………..