(*Regulation 12(2)(3)*)

VERIFICATION OF PARTICULARS SUBMITTED FOR GRANT OF ACCREDITATION BY TECHNICAL EVALUATION COMMITTEE

Important Notice:

In the course of verifying TCU Form No. 9, the verifier 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

	Scale of Compliance		Remarks			
	1	2	3	4	5	
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/						
etc)						
(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						
(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						

PART I GENERAL MATTERS

	Sc	Scale of Compliance		ance	Remarks	
	1	2	3	4	5	
(1) Mobile Number						
(m) Fax Number						
(n) Email Address						
(o) Website						
PART II						
DETAILS OF THE INSTITUTION PROPOSED FOR	ACCRE	DIT	ΑΤΙ)N		
3. Name of the institution						
4. Category of the institution (university/ college/institute/centre		1				
/directorate/others (<i>please specify</i>)						
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 License (PL)						
SELF ASSESSMENT STATUS 8. Date self assessment was conducted						
9. Experts who conducted the self assessment						
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. Buildings for academic function						
ii. Facilities for research and practical training						
iii. Workshops						
iv. Academic Staff Offices						
v. Administration offices						
vi. Student Services offices						
vii. Provision for Disabled Persons (c) Quality of attainment in Programmes						
i) Are the programmes in line with the institution's vision and						
mission?						
ii) Are the programmes in line with the discipline(s) to which they relate?						
iii) Are the programmes in line with the professional requirement (if any)?	ts					
iv) Do the programmes contribute to the attainment of the National vision and other development programmes?						
v) Are the programmes learning outcomes clearly articulated and understood?	d					

	Scale of Compliance			Remarks			
	$\begin{array}{c c} \hline 1 & 2 & 3 & 4 & 5 \end{array}$					Remarks	
	-	2	5		5		
vi) Are the modes of delivery commensurate with the							
requirements of the programme and the discipline as well							
as professional standards?							
vii) Are the programme built around best practices on quality							
assurance (teaching, assessment, credit accumulation and							
transfer, programme review, etc) with regards to such							
programmes?							
viii) Is the fees structure for various programmes sustainable?							
(d) Quality of attainment in recruitment of staff							
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		<u> </u>					
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?							
ii) Is there a sound internal financial control system based on							
international auditing reporting standards?							
iii) Are the financial operations automated or manual?							
inf) The die inductor operations automated of manual.							
PART IV							
COUNCIL/BOARD RESOLUTION							
11 Date and Number of the Council/Deard Desclution allowing the institution							
11. Date and Number of the Council/Board Resolution allowing the institution							
to apply for accreditation							
12. Conditions which were imposed by the council/board in relation to the							
accreditation							
13. Whether TCU Form No. 5 has been completed							
PART V MATTERS BELATED TO CHARTER							
MATTERS RELATED TO CHARTER							
14. Governance Structure and composition							
15. Administration and Management							
16. Senior Administrative Officers							
17. TCU Form No. 6 has been completed		<u> </u>					

		Sca	ale of	f Coi	mplia	ince	Remarks
	ſ	1	2	3	4	5	
PART VI LIBRARY MATTERS AND OTHER PHYSICAL FACILITIES							
18. TCU Form No. 7 has been completed							
19. TCU Form No. 8 has been completed							
PART VII APPROVED PROGRAMM							
20. List of approved Programmes							
a) Name of the Programme							
b) Cluster and discipline							
c) Nomenclature							
d) Student staff ratio							
e) Mode of delivery							
f) Duration				_		_	
g) Admission requirements							
h) Total credits							
 i) Date approved by Senate j) Date programme submitted to the completed Professional Body for input 							
k) Date approved by TCU							
PART VIII STUDENT PROJECTION	N	1		-			
21. The projected profile of student population vs institutional capacity							
a) Total Number of students per programme per year							
b) Total enrolment						_	
c) Total number of staff for the programme PART IX FINANCIAL SUSTAINABILITY							
22. Statement of the financial resources available for the exclusive use of the institution certified by a qualified accountant							
PART X COMMISSION DIRECTIVES							
23. Implementation of Commission directives							

24. Declaration by Technical Evaluation Committee

We members of the Technical Evaluation Committee declare that the information provided above is true to the best of our knowledge

S/N	Name	Title	Position	Signature	Date
1.					
2.					
3.					
4.					
5.					

25. Declaration by Management of the Institution

S/N	Name	Title	Position	Signature	Date
1.					
2.					
3.					

	FOR OFFICIAL USE ONLY
(i) Endorsement by Director of Accreditatio	on and Quality Assurance
Signature:	
(ii) Endorsement by Accreditation Committe	<i>Date////</i>
Form verified by: Name:	Signature: Date:
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