



FOR RECOGNITION OF A FOREIGN QUALIFICATION

Please complete this application, attaching the required documents as listed below and return to: Samoa Qualifications Authority, Qualifications Division.

A. Required Documents¹ Checklist		
1	Certified ² photocopy of the qualification in its original language	
2	A certified translation of the qualification into English (if the qualification is in a language other than Samoan or English).	
3	A certified photocopy of transcript/list of subjects/courses passed.	
4	A certified translation of the transcript/list of subjects passed into English (if in a language other than English).	
5	Documentation in support of name change (if applicable) e.g. marriage certificate.	
B. Personal Details		
First name		Title (Mr/Mrs/Ms)
Surname		
Previous name if changed		
Email address		
Postal address		Home phone
		Mobile phone
		Work phone
Date of Birth: (DD/MM/YYYY)		
Please specify the reason why you are requesting qualification recognition		
C. Information on the Awarding Body		
Name of Education or Training Institution/Organisation		
Web address	Email address	Phone
Postal address (street, city, country)		

Status of educational institution	Public <input type="checkbox"/>	Private <input type="checkbox"/>
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¹ Original copies of documents may be required

² A certified photocopy is a copy that has been signed and stamped by an authorised person such as a Justice of the Peace, a Notary Public, a lawyer or a solicitor etc. The authorised person needs to sign copies stating that they are true and correct, print their name and position and if possible affix an official stamp.

D. Information on the Qualification

Title of qualification in original language (if other than English or Samoan)

Title of qualification in English

Specialisation/main field of study

Dates started and completed

Study Mode On-Campus Distance/Online Combined on-campus & distance/online

Length of Programme of Study

Year qualification was awarded

Contact details for the Programme of Study

Name & Address

Email address

Phone number

E. Additional information regarding the qualification

Did the programme of study include a research paper/thesis?

Yes No

Title of the research paper/thesis

Duration of research paper/thesis work

Did the programme of study include a work component?

Yes No

Duration of work component

Contact details for where the work component took place

Name & Address

Email address

Phone number

Any other relevant information

F. Type of Assessment Required

Please tick the appropriate box for the type of assessment requested for this application.

(a) Authenticity & Quality Assured Status Assessment (b) Assessment for SQF Level

Please indicate option for processing.

(a) Normal/Standard (b) Fast Track 1 (c) Fast Track 2 **G. Signature of the Holder of the Qualification***I certify that the information stated in this application is correct and that the attached documents are authentic.*

Date

Signature

Data Protection

In order to process your application accurately, it may be necessary to forward your details to a third party agency overseas.

I agree to my personal information being sent to another agency if necessary.

Signature