



APPLICATION FORM FOR RECOGNITION OF A FOREIGN QUALIFICATION

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

A. Required Documents¹ Checklist		
1	Certified 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		
		Home phone
		Mobile phone
		Work phone
Date of Birth: (DD/MM/YYYY)		
Please specify the reason why you are requesting qualification/award recognition		
C. Information on the Awarding Body		
Name of Education or Training Institution/Organisation		
Web address	Email address	Phone
Status of educational institution		Public <input type="checkbox"/> Private <input type="checkbox"/>
D. Information on the Qualification/Professional Award		
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 <input type="checkbox"/> Distance/Online <input type="checkbox"/> Combined on-campus & distance/online <input type="checkbox"/>		

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 <input type="checkbox"/> No <input type="checkbox"/>
Title of the research paper/thesis		
Duration of research paper/thesis work		
Did the programme of study include a work component?		Yes <input type="checkbox"/> No <input type="checkbox"/>
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 Assurance Assessment <input type="checkbox"/> (b) Assessment for Comparable SQF Level <input type="checkbox"/>		
G. Signature of the Holder of the Qualification		
<i>I certify that the information stated in this application is correct and that the attached documents are authentic.</i>		
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>I agree to my personal information being sent to another agency if necessary.</i> Signature		