**DECLARATION: VERIFICATION AND CONFIRMATION BY THE DEPUTY VICE-CHANCELLOR (ACADEMIC / LEARNING & TEACHING) / ACADEMIC HEAD / CEO**

On behalf of the Institution, I, as the undersigned and designated authority, confirm the following to be true.

|  |  |
| --- | --- |
| **ITEM** | **√** |
| The application is consonant with the institution’s vision, mission and goals and has been approved by the relevant structure(s) in the institution in accordance with its policy for internal programme / qualification approval and review. |  |
| The application of the institutional policies in respect of this programme / qualification has been adequately explained. |  |
| The relevant policy documents, Department of Higher Education and Training and/or statutory body approval letters have been uploaded. |  |
| The programme / qualification is not currently being advertised or offered at any site of delivery and no students are currently enrolled for this programme / qualification. |  |
| The programme / qualification does not constitute more than 50% of any other programme that is currently offered by the Institution. |  |
| This application does not contain any plagiarised information. The programme is not the intellectual property of another institution nor was it derived from an existing registered qualification. |  |
| The institution does not have a similar qualification registered on the National Qualifications Framework. |  |
| The title, NQF level and minimum credits linked to the programme / qualification meet the requirements of the Higher Education Qualifications Sub-Framework. |  |
| The institution consents, in line with the Protection of Personal Information Act (POPIA), that personal information provided in the application and Institutional Profile may be used by parties involved in the processing of the accreditation application and the registration of the qualification on the National Qualifications Framework and the Department of Higher Education Registers. The CHE POPIA Privacy Notice is included below. |  |

|  |  |
| --- | --- |
| Signature: | Name and designation  Date: |