



[www.wcrde-edu.org](http://www.wcrde-edu.org)

**World Council For Regular and Distance Education**

Application for Accreditation by  
WCRDE  
World Council For Regular and Distance Education

**Accreditation APPLICATION FORM**

# Applying to WCRDE for Membership

Thank you for your interest in applying for membership through WCRDE. Below are the steps an individual need to undertake in order to complete the application process.

1. An individual need to complete the Application Form and send this into the WCRDE office with the application fee as mentioned into [Membership Fee](#).
2. On its receipt, the application form will be checked by one of our assessors. WCRDE may then make a request to the individual for further information to support their application.
3. If an application is successful, WCRDE will forward the individual the WCRDE accreditation & membership certificate, logo and authorised wording to be used on the individual's website.
4. If an application is unsuccessful the application fee will be refunded to the source account minus an administration fee of US\$150.

## **Renewal for WCRDE Membership :**

The annual WCRDE Accreditation and Membership renewal fee of amount would be same, needs to be received and cleared by WCRDE prior to the expiry of the current period of accreditation and membership to ensure continuity. If the renewal fee is not received as previously stated, WCRDE Accreditation and Membership will be considered as withdrawn and the name of the individual will be removed from the WCRDE Accreditation page detailed on the WCRDE website. If WCRDE Accreditation and Membership is to be gained after it has been allowed to lapse, it will be considered to be a new application and therefore the initial fee as mentioned into [Membership Fee](#) will be required along with the completion of a new WCRDE Membership application form.

# APPLICATION FORM for WCRDE Individual Accreditation and Membership

<b>TITLE</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof					
<b>NAME OF PERSON</b>						
<b>NAME OF INSTITUTION</b> (Last working Job)						
<b>POSITION/DESIGNATION</b>				<b>MAIN TELEPHONE</b>		
<b>ADDRESS 1</b>				<b>WORK TELEPHONE (if different)</b>		
<b>ADDRESS 2</b>				<b>HOME TELEPHONE</b>		
<b>TOWN/CITY</b>				<b>MOBILE/WHATSAPP</b>		
<b>ZIP CODE</b>				<b>PRIMARY EMAIL</b>		
<b>COUNTRY:</b>				<b>SECONDARY EMAIL</b>		

\*Star the e-mail and phone number you would like listed in the directory

### Details of Educational Qualifications:

Course Studied	Name of the Course	Major	Month & Year of Passing	Name of the Institution/College/University	Percentage of Marks/Class
Hr. Secondary					
Under Graduate					
Post Graduate					
M.Phil					
Ph.D					

(Enclose XEROX copy of UG/PG/Phd Provisional Certificate and list of publication in separate sheet).

### SUCCESSFUL TEACHING EXPERIENCE:

The teaching requirement (two full years or equivalent) has been met in the following manner:

School/College/University	School/College/University Division	Years of Teaching

### ACCREDITATION SEMINAR (attach copy of certificate) (check):

<b>Subject Area:</b>
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**Date Attended**

Day	Month	Year

Day	Month	Year

\_\_\_\_\_  
Name of Teacher/Faculty

\_\_\_\_\_  
Signature



# Application Form for WCRDE

## Individual Accreditation and Membership

### References

Please give the names of two people willing to write in support of the individual application for membership. At least one should be able to provide a personal reference for the Applicant.

School/College/University Name:	Address & Mobile No. :
VC/Director/Principal/Designate's Name:	Email:

Day	Month	Year

\_\_\_\_\_  
Signature

School/College/University Name:	Address & Mobile No. :
VC/Director/Principal/Designate's Name:	Email:

Day	Month	Year

\_\_\_\_\_  
Signature

### Approval of Accreditation

*This section is to be completed by the Accreditation Officer and Office of the WCRDE only.*

**For use by the Accreditation Officer, Office of the WCRDE only.**

<input type="checkbox"/> <b>Approved</b>	Start Date: _____	End Date: _____	<b>Entered</b> <input type="checkbox"/>
	Renewal eligibility after one year: _____		
<input type="checkbox"/> <b>Denied</b>			<b>Emailed</b> <input type="checkbox"/>
<input type="checkbox"/> Signature required for completion _____			
<input type="checkbox"/> Require proof of attendance at Accreditation Seminar			
<input type="checkbox"/> Other: _____			
Accreditation Officer's Signature _____	Date _____	DD/MON/YEAR	

One copy of the form and documentation is to be kept on file.