

## STUDY CENTRE ACCREDITATION FORM

Please complete the CIMG Study Centre Accreditation Form.

- Note:** 1. Please complete this form in BLOCK CAPITALS  
 2. Submit completed form via mail to [info@cimgghana.org](mailto:info@cimgghana.org) with an initial non-refundable registration fee of **GHS 500.00** (inclusive of processing and due diligence fees) to Ecobank Acct. No. **1441002298387**, Spintex Branch.

### PART A: APPLICANT DETAILS

NAME OF INSTITUTION:

ADDRESS:



TOWN / CITY:

COUNTRY:

NAME OF CONTACT PERSON:   
 e.g. Programmes Coordinator)

TELEPHONE NO.:  MOBILE NO.:

EMAIL:

### PART B: CIMG PROGRAMME PATHWAY DETAILS

Select programme pathway(s) for which you require accreditation.

PROGRAMME PATHWAY	QUALIFICATION	TICK
Pathway 7	Professional Master's in Applied Marketing	
Pathway 6	Professional Marketer - CIMG USP	
Pathway 5	Professional Postgraduate Diploma in Marketing	
Pathway 4	Professional Degree in Applied Marketing	
Pathway 3	Professional Diploma in Marketing	
Pathway 2	Professional Advanced Certificate in Marketing	
Pathway 1	Professional Certificate in Marketing	

Reasons for the programme pathway(s) selected:

List any Institutional Accreditations you presently have bodies/qualifications/organisations:

Proposed tuition delivery start date of CIMG programme:  
(NB: Given that the maiden exams starts in September,2021)

Delivery method (select, as may be appropriate)

Full time

Part time

Distance Learning

Online

Other:

Kindly provide data as per the attached excel templates:

1. A list of faculty and their qualifications.
2. A list of marketing-related qualifications offered by your institution.

### PART C: 2021 TUITION CENTRE OBJECTIVES FOR STUDENTS ENROLMENT

BSC/BBA/BTEC	EXISTING PROGRAMME	EXPECTED FOR CIMG PROGRAMME
<i>Example</i>	<i>85</i>	<i>20</i>
YEAR 1		
YEAR 2		
YEAR 3		
YEAR 4		
<b>TOTAL</b>		



MSC/MBA/MTECH	EXISTING PROGRAMME	EXPECTED FOR CIMG PROGRAMME
YEAR 1		
YEAR 2		
<b>TOTAL</b>		

**PART D: PHYSICAL FACILITIES/ EQUIPMENT/ LIBRARY**

When last was your institution inspected for accreditation and/or quality assurance purposes?  
Please name the institution(s):

Please indicate the availability of the below listed facilities in your institutions:

- 1. Lecture Halls**
- 2. Physical Library**
- 3. E-library**

Thank you for taking the time to complete this annual accreditation document.

Please return by email to [info@cimghana.org](mailto:info@cimghana.org)