GOVERNMENT OF ZAMBIA

STATUTORY INSTRUMENT NO. 25 OF 2016

The Higher Education Act, 2013
(Act No. 4 of 2013)


In Exercise of the powers contained in section fifty-two of the Higher Education Act, 2013, the following Regulations are made:

PART I
PRELIMINARY

1. These Regulations may be cited as the Higher Education (Higher Education Quality Assurance System) Regulations, 2016.

2. In these Regulations, unless the context otherwise requires—
   “Authority” has the meaning assigned to it in the Act;
   “Higher education institution” has the meaning assigned to it in the Act;
   “operational plan” means a plan approved by the Authority in accordance with section seventeen of the Act;
   “repealed Act” has the meaning assigned to it in the Act;
   “Zambia Qualifications Authority” means the Authority established under section seven of the Zambia Qualifications Authority Act, 2011.

PART II
REGISTRATION OF PRIVATE HIGHER EDUCATION INSTITUTION

3. A person who intends to operate a private higher education institution shall apply to the Authority for registration in Form I set out in the First Schedule upon payment of the fee set out in the Second Schedule.

4. The Authority shall for the purposes of ensuring compliance with the Act and verification of the information provided in the application by the private higher education institution, conduct—
an institutional audit; and
(b) a physical inspection of the premises to be used.

5. (1) The Authority shall, where it approves an application for registration, issue an applicant with a certificate of registration in Form V set out in the First Schedule.

(2) A private higher education institution with more than one campus shall be issued with a separate certificate for each campus.

PART III
ACCREDITATION OF LEARNING PROGRAMMES IN HIGHER EDUCATION INSTITUTIONS

6. The Authority shall accredit learning programmes offered in a higher education institution for the purpose of—

(a) setting and safeguarding the quality of academic programmes;
(b) recognising learning programmes;
(c) ensuring the continuous improvement of the quality of academic programmes;
(d) providing the public with notice that a higher education institution meets the standards of the Zambia Qualifications Authority; and
(e) developing institutional arrangement.

7. (1) A higher education institution shall apply to the Authority for the accreditation of a learning programme in Form II set out in the First Schedule upon payment of the fee set out in the Second Schedule.

(2) The Authority shall, where an application meets the requirements for accreditation, within thirty days of receipt of an application under sub-regulation (1), approve the application and inform the applicant in Form III set out in the First Schedule.

(3) The Authority shall, where it rejects an application for accreditation, inform the applicant in Form IV set out in the First Schedule.

8. The Authority shall accredit a learning programme of a higher education institution if—

(a) the aims and objectives of the learning programmes promote national or regional human resource development;
(b) the curriculum is clearly defined and responds to the demands of the labour market;

(c) the student enrolment in the learning programmes is clearly determined;

(d) the levels of qualifications conform to the National Qualifications Framework provided under the Zambia Qualifications Authority Act;

(e) the higher education institution has clear and defined assessment methods for Under-Graduate and Post-Graduate programmes;

(f) the staff to be employed are adequate for the efficient delivery of the learning programmes and possess the necessary qualifications and experience in the relevant field;

(g) the facilities that are required to deliver the learning programmes are sufficient;

(h) there are academic support services for the efficient delivery of the learning programmes;

(i) there are institutional management arrangements set in place for the purpose of internal quality assurance; and

(j) adequate financial provision has been made or is guaranteed for the efficient delivery of the learning programmes.

9. The Authority shall, where it approves an application for accreditation, issue the applicant with a certificate of accreditation in Form VI set out in the First Schedule.

10. (1) The proprietor of a higher education institution shall not offer a learning programme for which it is not accredited.

(2) A person who contravenes sub-regulation (2) commits an offence and is liable, upon conviction, to a fine not exceeding two thousand five hundred penalty units or to imprisonment for a period not exceeding two years, or to both.

11. (1) A higher education institution shall not alter an accredited learning programme without the prior approval of the Authority.

(2) An application to alter an accredited learning programme shall be in Form VII set out in the First Schedule.

(3) The Authority shall, within thirty days of receipt of the application to alter an accredited learning programme, approve the application if the proposed alteration meets the requirement of these Regulations.
(4) An alteration of accreditation approval shall be in Form III set out in the First Schedule.

12. The Authority shall, where a higher education institution fails to comply with the standards set out under regulation 8, issue a notice of intention to revoke its accreditation in Form VIII set out in the First Schedule.

(2) A notice issued under sub-regulation (1) shall specify the details of the failure to comply with the standards.

(3) A higher education institution shall, within thirty days of receipt of a notice of intention to revoke accreditation, remedy the failure specified in the notice and make representation in writing to the Authority, stating why the accreditation shall not be revoked.

(4) Where the higher education institution fails to remedy the default, the Authority shall revoke the accreditation issued to the higher education institution and notify the higher education institution in Form IX set out in the First Schedule.

(5) The Authority shall, where it revokes the accreditation of a higher education institution, publish a notice of revocation in the Gazette and a daily newspaper of general circulation in Zambia.

(6) The Authority shall cancel the notice of intention to revoke accreditation of a higher education institution if the Authority is satisfied that the higher education institution has put in place necessary measures to comply with these Regulations.

(7) A higher education institution which is subject to a notice under this regulation shall meet the Authority’s administration costs and other expenses incurred in the enforcement of this regulation.

13. (1) A higher education institution may apply for the renewal of accreditation of a learning programme to the Authority in Form II set out in the First Schedule.

(2) The Authority shall, where a higher education institution complies with these Regulations renew its accreditation of a learning programme.

14. The higher education institution shall display—

(a) in a conspicuous place on its premises, the certificate of accreditation or a certified copy of the same; and

(b) in its official documents, its accreditation number and an indication that it is accredited.
15. The Authority shall, within the first quarter of the year, publish in the *Gazette* and a daily newspaper of general circulation the learning programmes accredited in the higher education institutions.

**PART IV**

**CLASSIFICATION OF HIGHER EDUCATION INSTITUTIONS**

16. (1) A higher education institution may apply to the Authority for classification in Form X set out in the First Schedule.

(2) The Authority shall, within thirty days of receipt of an application under sub-regulation (1), where the application meets the requirements for classification, approve the application in Form III set out in the First Schedule.

(3) The Authority shall, where it rejects an application for classification, inform the applicant in Form IV set out in the First Schedule.

17. The authority shall, publish a list of the classifications of higher education institutions within the first quarter of the year, in the *Gazette* and a daily newspaper of general circulation in Zambia.

**PART V**

**GENERAL PROVISIONS**

18. (1) A higher education institution whose certificate of registration or accreditation is destroyed or lost may apply to the Authority for a duplicate certificate in Form XI set out in the First Schedule upon payment of the fee set out in the Second Schedule.

(2) The Authority may, upon receipt of an application under sub-regulation (1), issue a duplicate certificate of registration or accreditation in Form V or VI set out in the First Schedule respectively.

19. The fees set out in the Second Schedule are the prescribed fees for the matters specified in the Schedule.

20. A person who is aggrieved with the decision of the Authority under these Regulations may appeal to the Minister within thirty days of the service of the decision on that person.
The Higher Education Act, 2013  
(Act No. 4 of 2013)


APPLICATION FOR REGISTRATION AS A PRIVATE HIGHER EDUCATION INSTITUTION

A. INSTRUCTIONS

1. A Private Higher Education Institution applying for Registration should complete this Application Form and forward it to:
   The Director-General  
   Higher Education Authority  
   P.O. Box 50464  
   LUSAKA

2. Applicants should forward all the listed documents with their application. An application will not be processed if any of the required documents is not provided.

<table>
<thead>
<tr>
<th>Documents</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Certificate of Incorporation or Registration of Business Name</td>
<td></td>
</tr>
<tr>
<td>(2) A sworn affidavit/ declaration that the proprietor, board members have never been declared bankrupt or found guilty of a criminal offence</td>
<td></td>
</tr>
<tr>
<td>(3) A sketch showing the location of the Institution</td>
<td></td>
</tr>
<tr>
<td>(4) Three referees (one of whom should be the current banker) who can independently be contacted by the Authority</td>
<td></td>
</tr>
<tr>
<td>(5) Evidence of financial resources or guarantee</td>
<td></td>
</tr>
<tr>
<td>(6) Lease agreement or proof of ownership of training premises</td>
<td></td>
</tr>
<tr>
<td>(7) Report or Letter of change of use of premises from the Local Authority</td>
<td></td>
</tr>
<tr>
<td>(8) Report or Letter of approval from the Local Authority in the case of Boarding Houses</td>
<td></td>
</tr>
<tr>
<td>(9) Five copies of the Operational Plan</td>
<td></td>
</tr>
</tbody>
</table>
B. ADMINISTRATIVE DATA

1. Name of Proprietor: ………………………………………………………………………

2. Contact details for the Proprietor

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Please Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
<td></td>
</tr>
<tr>
<td>Telephone Numbers</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Designation of Contact Person</td>
<td></td>
</tr>
</tbody>
</table>

3. Name of the Higher Education Institution: ………………………………………

4. Address and contact details of the Higher Education Institution

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Please Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
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<td>Telephone Numbers</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td></td>
</tr>
<tr>
<td>Name of Contact Person</td>
<td></td>
</tr>
<tr>
<td>Designation of Contact Person</td>
<td></td>
</tr>
</tbody>
</table>

5. Bank Name and details

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Please Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

C. OPERATIONAL PLAN

Please provide a summary of the operational plan, under the following headings:

1. Vision, Mission and Strategy

*Long, Medium and Short Term objectives of the Institution.*

2. Governance and Management

*Governance and Management systems and structures, quantities and qualifications of the leadership.*

3. Academic Programmes

*Definition of all Learning Programmes (Undergraduate/Post-Graduate/Research/ Distance Programmes, including arrangement of Faculties.)*
### 4. Research

Facilities, equipment, etc. to support Research.

### 5. Student Admission and Learner Support

Projected numbers of Students, Entry Requirements, and Learner Support systems.

### 6. Staff

Staff Policies, Numbers and Qualifications of academic and Senior Non-Academic Staff, including Academic Assistance, disaggregated between Full-Time and Part-Time Staff.

### 7. Financial Resources

Sources and availability of financial resources to operate the Institution, including financial management and control procedures.

### 8. Physical and Technological Infrastructure

Physical infrastructure to support teaching, learning and research, including technology systems for learner support and operational functions.

### 9. Health and Safety

Evidence of compliance with the minimum Health and Safety Regulations under relevant written law. Provision of health and safety facilities within the institution for staff and students.

### 10. Any other information

---

DECARATION

I, .................................................., hereby declare that the information given above is true and correct to the best of my knowledge. Should the information be verified to be false, this application shall be rendered invalid.

.................................................. ..................................................

Signed Date

Witness:

.................................................. ..................................................

Name Signature

..................................................

Date
FOR OFFICIAL USE ONLY

Received by: __________________________________________

Officer

RECEIPT No.

Date Received: ________________________________________

Amount Received: ______________________________________

Serial No. of application: ________________________________
The Higher Education Act, 2013
(Act No. 4 of 2013)


APPLICATION FOR ACCREDITATION/RENEWAL OF ACCREDITATION OF HIGHER EDUCATION LEARNING PROGRAMMES

A. INSTRUCTIONS

A Higher Education Institution applying for accreditation of learning programmes should complete this Application Form and forward it to:

The Director-General
Higher Education Authority
P.O. Box 50464
LUSAKA

B. ADMINISTRATIVE DATA

1. Name of Higher Education Institution: ……………………………………………

2. Contact details for the Higher Education Institution

<table>
<thead>
<tr>
<th>Please Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
</tr>
<tr>
<td>Postal Address</td>
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<td>Telephone Numbers</td>
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<tr>
<td>Fax Number</td>
</tr>
<tr>
<td>E-mail Address</td>
</tr>
<tr>
<td>Contact Person</td>
</tr>
<tr>
<td>Designation of Contact Person</td>
</tr>
</tbody>
</table>

C. Details of Higher Education Learning Programmes

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Learning Programme</td>
</tr>
<tr>
<td>Aims and Objectives</td>
</tr>
</tbody>
</table>

Rationale of the Learning Programme in relation to national and/or regional human resources demands.
<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum</strong></td>
<td><strong>Details of Learning Outcomes, Teaching and Learning Plans, Levels of Qualifications and Articulation in the Zambia Qualifications Framework</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td><strong>Methods of Assessments, validation and Security. Arrangements for Assessments of Dissertations and Thesis in Post-Graduate Programmes.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff</strong></td>
<td><strong>Numbers and Qualifications of Staff for the Programme, including the balance between Full-Time and Part-Time Staff. (Please attach Curriculum Vitae of all Staff on this Programme)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facilities for Programme Delivery</strong></td>
<td><strong>Facilities provided and available for Teaching, Learning and Research</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teaching and Learning Support</strong></td>
<td><strong>Facilities, Equipment and networks available to support Teaching and Learning.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal Quality Assurance</strong></td>
<td><strong>Details in internal policy, strategies and institutional arrangements for Internal Quality Assurance.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Resources</strong></td>
<td><strong>Sources, availability and adequacy of financial resources to support the Learning Programme.</strong></td>
</tr>
</tbody>
</table>
### OTHER INFORMATION

<table>
<thead>
<tr>
<th>Programme Reference Number</th>
<th>Name of Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Information pertinent to this Learning Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*Note: Applicants may use additional pages for additional Learning Programmes*

### DECLARATION

I/We, ……………………………………………, hereby declare that the information given above is true and correct to the best of my/our knowledge. Should the information be verified to be false, this application shall be rendered invalid.

………………………………………………………………………………………………………………………

Signed: ………………………………………………… Date: …………………………………………………

**Witness:**

………………………………………………………………………………………………………………………

Name: ………………………………………………… Signature: …………………………………………………

Date: …………………………………………………

---

### FOR OFFICIAL USE ONLY

Received by: …………………………………………………………………………………………………………………………

Officer: …………………………………………………………………………………………………………………………

RECEIPT No.: …………………………………………………………………………………………………………………………

Date Received: …………………………………………………………………………………………………………………………

Amount Received: …………………………………………………………………………………………………………………………

Serial No. of application: …………………………………………………………………………………………………………………………

STAMP: …………………………………………………………………………………………………………………………
NOTICE OF ACCEPTANCE OF APPLICATION

(1) Here insert the full names and address of applicant.

To (1)..............................................................................................................
..............................................................................................................

(2) Here insert the reference No. of the application.

IN THE MATTER OF (2)...........................................................................
..............................................................................................................

You are hereby notified that your application for (3)..........................
..............................................................................................................

(3) Here insert type of application.

has been accepted on the following conditions*:

(a) ...........................................................................................................

(b) ...........................................................................................................

(c) ...........................................................................................................

(d) ...........................................................................................................

Dated this ................. day of ....................... 20 ......

..............................................................................................................

Director-General

Note * Additional conditions may be attached, where necessary, on a separate sheet.
The Higher Education Act, 2013
(Act No. 4 of 2013)


NOTICE OF REJECTION OF APPLICATION

(4) Here insert the full names and address of applicant.

To (1)…………………………………………………………………………………………………………………………………..
………………………………………………………………………………………………………………………………………………

IN THE MATTER OF (2)………………………………………………………………………………………………………………

You are hereby notified that your application for (3) …………………
……………………………………………………………………………………………………………………………………………………..

has been rejected on the following grounds*:

(a)………………………………………………………………………………

(b)……………………………………………………………………………

(c)………………………………………………………………………………

(d)………………………………………………………………………………

Dated this ………………….. day of ………………………… 20 ……….

……………………………………………………………………………………………………………………………………………………

Director-General

Note * Additional grounds may be attached, where necessary, on a separate sheet.
The Higher Education Act, 2013
(Act No. 4 of 2013)


CERTIFICATE OF REGISTRATION AS PRIVATE HIGHER EDUCATION INSTITUTION

This is to certify that

…………………………………………………………………………………………

Situated at

…………………………………………………………………………………………

has on the ………. day of ………………………… in the year ……………………………..

been Registered as a UNIVERSITY in accordance with the Higher Education Act No. 4 of 2013.

………………………………………….. ………………………………………

Chairperson Director-General
Higher Education Authority Higher Education Authority

Certificate Number: ………………………

This Certificate remains the property of the Higher Education Authority and must be surrendered on demand.
FORM VI
(Regulation 9

The Higher Education Act, 2013
(Act No. 4 of 2013)

The Higher Education (Higher Education Quality
Assurance System) Regulations, 2016

CERTIFICATE OF ACCREDITATION

This is to certify that the Higher Education Learning Programme

…………………………………………………………………………………………

Conducted by

…………………………………………………………………………………………

Situated at

…………………………………………………………………………………………..

Has satisfied the Quality Standards and Criteria set by the Higher Education Authority, in
compliance with the Higher Education Act No. 4 of 2013.

…………………………………………………………………………………………

Chairperson
Higher Education Authority

…………………………………………………………………………………………

Director-General
Higher Education Authority

Certificate Number: ………………………..

This Certificate remains the property of the Higher Education Authority and must be surrendered
on demand.
The Higher Education Act, 2013
(Act No. 4 of 2013)


**APPLICATION FOR ALTERATION OF ACCREDITED LEARNING PROGRAMME**

<table>
<thead>
<tr>
<th>Information Required</th>
<th>Information Provided</th>
<th>Accreditation no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of the Institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Physical address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Contacts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel:</td>
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<tr>
<td>Fax:</td>
<td></td>
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<td>Email:</td>
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<tr>
<td>Others:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CURRENT PROGRAMME

| | |
| 4. Programme level - (degree, diploma, etc.,) | |
| 5. Aims and Objectives: | |
| 6. Curriculum: | |
| 7. Assessment: | |
| 8. Details of staff employed for the programme (including qualification, work load, part time and full time): | |
| 9. Facilities for Programme Delivery: | |
| 10. Teaching and Learning Support: | |
| 11. Internal Quality Assurance: | |
| 12. Financial Resources: | |
| 13. Other Information pertinent to the learning Programme: | |

### PROPOSED PROGRAMME

| | |
| 1. Programme level - (degree, diploma, etc.,) | |
| 2. Aims and Objectives: | |
| 3. Curriculum: | |
## DECLARATION

I/We, …………………………………………., hereby declare that the information given above is true and correct to the best of my/our knowledge. Should the information be verified to be false, this application shall be rendered invalid.

```
Signed Date
```

Witness:

```
Name Signature Date
```

---

### FOR OFFICIAL USE ONLY

Received by: ___________________________________________  
```
Officer
```
RECEIPT No. ____________________________________________

Date Received: __________________________________________

Amount Received: _______________________________________

Serial No. of application: _________________________________

---
NOTICE OF INTENTION TO REVOKE ACCREDITATION OF LEARNING PROGRAMME

CERTIFICATE NO.: ........................................

(1) Here insert the full names and address of holder of certificate.

To (1) ..............................................................................................................
..............................................................................................................

IN THE MATTER OF (2) ..............................................................................
..............................................................................................................

You are hereby notified that the Higher Education Authority intends to revoke your accreditation of the ................. Learning programme on the following grounds*:

(a) ..............................................................................................................

(b) ..............................................................................................................

(c) ..............................................................................................................

(d) ..............................................................................................................

You are requested to show cause why the accreditation should not be revoked and to take action to remedy the breaches set out in paragraphs ............................................ (above), within THIRTY days from the receipt of this notice.

Failure to remedy the said breaches shall result in the revocation of your accreditation.

Dated this ................. day of ................. 20 ........

.................................................................
Director-General

Note * Additional grounds may be attached, where necessary, on a separate sheet.
NOTICE OF REVOCATION OF ACCREDITATION
OF LEARNING PROGRAMME

(1) Here insert the full names and address of certificate holder.

(2) Here insert the certificate number.

To (1)……………………………………………………………………….
…………………………………………………………………………………….

IN THE MATTER OF (2) ……………………………………………………..
…………………………………………………………………………………….

You are hereby notified that your accreditation of the ………………….
Learning programme has been revoked on the following grounds*:

(a)……………………………………………………………………….

(b)……………………………………………………………………….

(c)……………………………………………………………………….

(d)……………………………………………………………………….

Dated this ………………… day of ………………….. 20 ……….

………………………………………………………………………………

Director-General

Note * Additional grounds may be attached, where necessary, on a separate sheet.
The Higher Education Act, 2013
(Act No. 4 of 2013)


APPLICATION FOR CLASSIFICATION OF A HIGHER EDUCATION INSTITUTION

A. INSTRUCTIONS

A Higher Education Institution applying for classification should complete this Application Form and forward it to:

The Director-General
Higher Education Authority
P.O. Box 50464
LUSAKA

B. ADMINISTRATIVE DATA

1. Name of Higher Education Institution: ..............................................................

2. Contact details for the Higher Education Institution

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Please Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
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<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Designation of Contact Person</td>
<td></td>
</tr>
</tbody>
</table>

3. Please provide details on the following:

1. **Vision, Mission and Strategy**
   
   Long, Medium and Short Term objectives of the Institution.

2. **Governance and Management**
   
   Governance and Management systems and structures, quantities and qualifications of the leadership.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. <strong>Academic Programmes</strong></td>
<td>Definition of all Learning Programmes (Undergraduate/Post-Graduate/Research/ Distance Programmes, including arrangement of Faculties.)</td>
</tr>
<tr>
<td>4. <strong>Research</strong></td>
<td>Facilities, equipment, etc. to support Research.</td>
</tr>
<tr>
<td>5. <strong>Student Admission and Learner Support</strong></td>
<td>Projected numbers of Students, Entry Requirements, and Learner Support systems.</td>
</tr>
<tr>
<td>6. <strong>Staff</strong></td>
<td>Staff Policies, Numbers and Qualifications of academic and Senior Non-Academic Staff, including Academic Assistance, disaggregated between Full-Time and Part-Time Staff.</td>
</tr>
<tr>
<td>7. <strong>Financial Resources</strong></td>
<td>Sources and availability of financial resources to operate the Institution, including financial management and control procedures.</td>
</tr>
<tr>
<td>8. <strong>Physical and Technological Infrastructure</strong></td>
<td>Physical infrastructure to support teaching, learning and research, including technology systems for learner support and operational functions.</td>
</tr>
<tr>
<td>9. <strong>Health and Safety</strong></td>
<td>Evidence of compliance with the minimum Health and Safety Regulations under relevant written law. Provision of health and safety facilities within the institution for staff and students.</td>
</tr>
<tr>
<td>10. <strong>Any other information</strong></td>
<td></td>
</tr>
</tbody>
</table>
DECLARATION

I/We, ....................................................., hereby declare that the information given above is true and correct to the best of my/our knowledge. Should the information be verified to be false, this application shall be rendered invalid.


Signed

Date

Witness:

Name

Signature

Date

FOR OFFICIAL USE ONLY

Received by: ___________________________________________

Officer

RECEIPT No.

Date Received: ________________________________________

Amount Received: ___________________________________

Serial No. of application: _______________________________
The Higher Education Act, 2013
(Act No. 4 of 2013)


APPLICATION FOR DUPLICATE *CERTIFICATE OF
REGISTRATION/ACCREDITATION

A. PARTICULARS

1. Name of Higher Education Institution: ……………………………………………

2. Contact details for the Higher Education Institution

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Please Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal Address</td>
<td></td>
</tr>
<tr>
<td>Telephone Numbers</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Designation of Contact Person</td>
<td></td>
</tr>
</tbody>
</table>

B. REPLACEMENT OF LOST/DAMAGED CERTIFICATE

(i) Certificate of *Registration/Accreditation Number:
                          …………………………

(ii) Year issued: ………………………

(iii) Circumstances which led to loss or damage of the certificate:
                          ………………………………………………………………………………………………
                          ………………………………………………………………………………………………
                          ………………………………………………………………………………………………
                          ………………………………………………………………………………………………
                          ………………………………………………………………………………………………

(Attach police reports, sworn affidavit, damaged certificate and any other supporting documents to justify your application.)
DECLARATION

I/We, .................................................., hereby declare that the information given above is true and correct to the best of my/our knowledge. Should the information be verified to be false, this application shall be rendered invalid.

Signed                      Date

*Delete whichever is not applicable

FOR OFFICIAL USE ONLY

Comments by the Higher Education Authority

Application granted/rejected

Dated this ..................... day of ..................... 20 ........

Director-General
SECOND SCHEDULE  
(Regulations 3, 7,18 and 19)

**FEES**

<table>
<thead>
<tr>
<th>Category of Fees</th>
<th>Private Higher Education Institution</th>
<th>Public Higher Education Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foreign Higher Education Institution Fee Unit</td>
<td>Local Higher Education Institution Fee Unit</td>
</tr>
<tr>
<td>Submission of Application for Registration as a Private Higher Education Institution</td>
<td>3,334</td>
<td>1,667</td>
</tr>
<tr>
<td>Registration of a Private Higher Education Institution</td>
<td>50,000</td>
<td>33,334</td>
</tr>
<tr>
<td>Accreditation of a Learning Programme</td>
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<td>16,667</td>
</tr>
<tr>
<td>Annual Levy</td>
<td>17 per Registered Student</td>
<td>14 per Registered Student</td>
</tr>
<tr>
<td>Duplicate Certificate of Registration/Accreditation</td>
<td>6,668</td>
<td>3,334</td>
</tr>
</tbody>
</table>

LUSAKA  
26th April, 2016  
[MESVTEE/10/21/1]  

DR M. L. KAINGU,  
Minister of Higher Education