To the President/Director of the International Education Quality Accreditation Body (IEQAB)

The university/College/Training Service Provider requests to accept the application on carrying out institutional

(Name of the educational organization)

accreditation and sends all necessary information:

|  |  |  |
| --- | --- | --- |
| 1 | Name of the educational organization |  |
| 2 | Registered address |  |
| 3 | Full name of the head of the organization |  |
| 4 | Data on the state license to conduct educational activities |  |
| 5 | The number of study programmes  submitted by the educational organization and the list of study programmes (Bachelor, Master, and PhD programmes) or (Diploma, Graduate Diploma, Post Graduate Diploma, Advanced Diploma Programmes) or (Training Programmes, Short Training, Professional Training Programmes). |  |
| 6 | Bank account details | Taxpayer Registration Number Individual Identification Code Bank Identification Code Business Identification Number Bank details (Name, Account Number, Type of Account, County, etc.)  Beneficiary Code, SWIFT, Phone/fax: , E-mail: |
| 7 | The number of organizational units in the organization |  |
| 8 | The overall number of students, including those studying on the  state educational grant |  |
| 9 | The contingent of students:  from them on the full-time form – from them on the students with the use of distant education (including on the completion of the correspondence form).) – |  |
| 10 | Name and information of the  contact person, phone and e-mail |  |
| 11 | Full name of the Accountant/Finance Director,  phone and e-mail |  |

\* *submit scanned copies of the organization's constituent documents, licenses, and certificates of previous institutional accreditation.*

The Head of the Organization

(signature) (Full name)

Stamp

*Note: the application shall be documented on the official letterhead of the organization.*