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

(Name of the educational organization)

programme 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 programmessubmitted 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, Country, SWIFT, etc.)Beneficiary Code - Phone/fax: , E-mail:  |
| 7 | Study programmes submitted by the educational organization for passing programme accreditation with the indication of the code and contingent of students for each programme |
| # | Code and name of the study program | Contingent of students | Student graduation(yes/No) | Name of the department (faculty) |
|  |  |  |  |  |
| 8 | Name and information of thecontact person, phone and e-mail |  |
| 9 | Full name of the Accountant/Finance Director,phone and e-mail |  |

\* *submit scanned copies of the organization's founding documents, licenses, and certificates of previous accreditation of educational programs.*

The head of the organization

(signature) (Full name)

Stamp

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