

EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 4:

APPLICATION FOR INSTITUTIONAL ACCREDITATION

Before completing this application, please review the eligibility requirements for accreditation found in "*Document 1 – The Accreditation Process*". Upon completion of this form, submit the application, all required exhibits, and the fee to EAHEA.

Type of Application: ___ Initial Accreditation
___ Reaccreditation

Service Applied For: ___ Full Accreditation
___ Online Accreditation

Seeking Accreditation as: ___ Vocational Institution
___ Avocational Institution Offering Education/Professional Development

I. MAIN CAMPUS INFORMATION

All of the questions in this application pertain to the site listed immediately below, unless otherwise indicated. For EAHEA accreditation purposes, this site is designated as the main campus. All correspondence will be sent to the main campus.

1. Institution Name (dba): _____
(This is the authorized name under which the institution is doing business.)
2. EAHEA ID #, if currently accredited: _____
3. Street Address: _____
4. City/Postal Code: _____/_____
5. Country: _____
6. Telephone Number: (_____) _____
7. Email Address: _____
8. Institution's Website(s): _____

9. Primary Contact:
a. Name: _____

b. Title: _____

c. Email: _____

10. Contact for Financial Issues:

a. Name: _____

b. Title: _____

c. Email: _____

II. OFF-SITE ADMINISTRATIVE HEADQUARTERS/CORPORATE OFFICE

Does the organization have a corporate or administrative office other than the main campus? ___ Yes ___ No

If yes, please complete the following:

1. Name of the Institution: _____
2. Corporate Name (if applicable): _____
3. Street Address: _____
4. City/Postal Code: _____/_____
5. Country: _____
6. Telephone Number: (_____) _____
7. Email Address: _____

8. Primary Contact:

a. Name: _____

b. Title: _____

c. Email: _____

III. ADDITIONAL SITES

Does the institution operate training sites in addition to the main campus? ___ Yes ___ No

If no, proceed to Section IV, “Legal Nature of the Institution.”

If yes, complete the following:

a. Number of Branches: _____

b. Number of Auxiliary Classrooms: _____

Additionally, complete and provide the "Additional Locations Addendum" found on page 9.

IV. LEGAL NATURE OF THE INSTITUTION

1. Indicate the legal tax status of your institution by checking the appropriate box:

___ For-profit entity

___ Non-profit entity (If a non-profit entity, you must provide official written notice from the government authorizing non-profit status for your institution. You must also provide a signed EAHEA attestation affirming that your institution operates in accordance with EAHEA requirements for a non-profit institution.

2. Identify the type of legal entity of the institution by checking all that apply:

___ Corporation

___ Wholly owned subsidiary

___ Partnership

___ Sole proprietorship

___ Limited Liability Company (LLC)

___ Joint Stock Companies (JSC)

___ General Partnership

___ Professional/trade association

___ If other, please identify: _____

3. If applicable, provide a copy of the articles of incorporation or other documentation of the competent authority's authorization for your corporation to operate.

4. Fiscal Year-End Date: _____/_____ (day/month).

V. ACCREDITATION HISTORY

1. Initial Applicants Only: Has the institution previously held, applied for, been denied, or been withdrawn from accredited status with an accrediting agency recognized by a government or competent authority? ___ Yes ___ No

If yes, provide a copy of the denial/withdrawal/resignation letter, as applicable; and identify the name under which the institution made application and the name of the agency below:

_____

_____

_____

_____

2. All Applicants: Does the institution presently hold either institutional or programmatic accreditation with another accrediting agency? ___ Yes ___ No

If no, proceed to section VI, "Program and Participant Information," below.

If yes, please complete items a-c below and provide a copy of your current grant of accreditation:

a. What is the name of the accrediting agency? _____

b. Initial accreditation began on what date? _____/_____ (month/year)

c. Is the institution, and/or any of its sites or programs, currently under an appeal, show cause, probation, warning, or any form of adverse status with another accrediting agency? ___ Yes ___ No

If yes, provide relevant documentation regarding this action; and identify the details below:

_____

_____

_____

_____

VI. PROGRAM AND PARTICIPANT INFORMATION

1. Indicate the types of training that your institution offers. Please check all that apply.

___ programs of study/courses less than 300 clock hours

___ programs of study/courses 300 or more clock hours

___ occupational doctorate degree

___ occupational master degree

___ occupational bachelor degree

___ occupational associate degree

___ avocational/professional development

___ avocational/personal development

___ vocational

___ English language programs of study/courses

___ foreign language training

___ seminar/workshop training

___ corporate in-house training

___ test preparation

___ industry certification preparation

___ licensing preparation

___ clock hour programs

___ credit programs (ECTS or other credit units)

2. Is any training offered by your institution delivered via interactive distance learning? ___ Yes ___ No

If yes, identify the details below:

_____

_____

_____

_____

3. Initial Applicants Only:

a. On what date was the first class taught? _____/_____ (month/year)

b. Has the institution offered training continuously (without unscheduled interruption) for at least the previous one (1) consecutive year? ___ Yes ___ No

4. Reaccreditation Applicants Only:

Have classes been taught continuously since your last grant of accreditation? ___ Yes ___ No

VII. ADDITIONAL INFORMATION

1. All institutions: Provide the following:

a. Copies of all recruiting, advertising, and/or promotional materials utilized by the institution including transcripts of radio, television, and/or internet-based advertisement. If in a foreign language, please include an English language translation. If the total promotional materials prove excessively voluminous, please provide a representative sample with this application, clearly labeled as such, but be sure to assemble all materials for review during the virtual/on-site evaluation visit.

b. A copy of the institution's cancellation and refund policy and, if the institution is licensed by an authority, that authority's cancellation and refund policy.

2. Initial Applicants Only: Provide the following:

a. Financial information for the most recently completed fiscal year, if applicable.

VIII. ATTESTATION

The undersigned, authorized representative of this institution hereby attests to the following statements:

I have read our application for accreditation and affirm that it and all attached materials are accurate and complete. During the application process, and upon, and following, accreditation, the institution will abide by, and support, the following:

- The EAHEA Principles of Ethics
- The EAHEA Eligibility Requirements
- The EAHEA Standards for Accreditation
- The EAHEA policies, procedures and practices.

During the application process, and upon, and following, accreditation, the institution will timely notify EAHEA of email address changes, and will frequently check the relevant pages of EAHEA's website at www.eahea.org to obtain any modifications to the items listed in the paragraph above.

The institution consents to the exchange of information between EAHEA and the institution's lawyers and accountants, and between EAHEA and all other accrediting agencies, and government and administrative

authorities, to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for EAHEA accreditation.

1. Name: _____

2. Title: _____

3. Signature of Attesting Party: _____

(Note: Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.)

ADDITIONAL LOCATIONS ADDENDUM

Please provide contact information for each additional site. If operating more than four additional sites, complete additional copies of this page to include all sites.

Additional Site #1

Name of the Institution: _____

Type of Site:* _____

Street Address: _____

City/Postal Code: _____/_____

Telephone Number: (___) _____

Email Address: _____

Contact Person Name/Title: _____/_____

Additional Site #2

Name of the Institution: _____

Type of Site:* _____

Street Address: _____

City/Postal Code: _____/_____

Telephone Number: (___) _____

Email Address: _____

Contact Person Name/Title: _____/_____

Additional Site #3

Name of the Institution: _____

Type of Site:* _____

Street Address: _____

City/Postal Code: _____/_____

Telephone Number: (___) _____

Email Address: _____

Contact Person Name/Title: _____/_____

Additional Site #4

Name of the Institution: _____

Type of Site:* _____

Street Address: _____

City/Postal Code: _____/_____

Telephone Number: (___) _____

Email Address: _____

Contact Person Name/Title: _____/_____

** branch campus, auxiliary classroom, or classroom extension*