

EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 6:

APPLICATION FOR PROGRAM 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.

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. 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.

IV. PROGRAM AND PARTICIPANT INFORMATION

1. Type of program: Indicate the type of training that you apply for by checking the appropriate box.

___ School Diploma

___ Associate's Degree

___ Bachelor's Degree

___ Licentiate's Degree

___ Master's Degree

___ Doctorate Degree

___ Postgraduate Program

___ Professional Certificate

___ Continuing Education

2. Mode of delivery: Indicate the type of training method by checking the appropriate box.

___ Classroom/Face-to-Face

___ Online/Distance/Video

___ Hybrid (Classroom and Online)

3. Program Name: _____

4. National Level: _____

5. Total Clock Hours: _____

6. Total Semesters/Months: _____/_____

7. Total National Credits: _____

8. Language of Instruction: _____

V. ADDITIONAL INFORMATION

1. Program Objectives:

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2. Learning Outcomes:

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3. Program Coordinator:

a. Title: _____

b. Name Surname: _____

c. E-mail Address: _____

d. Phone Number: (_____) _____

e. Date Employed: _____/_____/_____

VI. PROGRAM SYLLABUS

Course Title	Semester	Total Hours	Local Credits	Compulsory?

VII. EVALUATION SYSTEM

Requirements	Number of Activities	Level of Contribution (%)
Attendance (a)	______________	_______________%
Projects (b)	______________	_______________%

Midterms (c)	_____	_____%
Final (d)	_____	_____%
Total	_____	100%

Write the total percentage values using the information above:

Semester Work (a+b+c)	_____%
Final Work (d)	_____%
Total	100%

VIII. ECTS / WORKLOAD TABLE

Activities	**Number of Activities**	**Workload (Hours)**
Course Hours	_____	_____
Study Hours Out of Class	_____	_____
Projects	_____	_____
Presentations/Seminars	_____	_____
Midterms	_____	_____
Final	_____	_____
Total	_____	_____