



EUROPEAN AGENCY FOR HIGHER EDUCATION & ACCREDITATION

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/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Telephone Number: (\_\_\_\_) \_\_\_\_\_

6. Fax Number: (\_\_\_\_) \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. Institution's Website(s): \_\_\_\_\_

9. Primary Contact:

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Email: \_\_\_\_\_

10. Contact for Fiscal Issues (e.g. sustaining fees, etc.):

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/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Telephone Number: (\_\_\_\_) \_\_\_\_\_
6. Fax 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, as Exhibit 2, official written notice from the government authorizing non-profit status for your institution. You must also provide, as Exhibit 3, 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, as Exhibit 4, a copy of the articles of incorporation or other documentation of the state'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.

- Doctoral Degree (Postgraduate)
- Master's Degree (Postgraduate)
- Doctoral Degree (Graduate)
- Master's Degree (Graduate)
- Bachelor's Degree (Undergraduate)
- Associate's Degree (Undergraduate)
- Vocational/Avocational Course
- ESL Program of Study/Course
- Foreign Language Training
- Seminar/Workshop Training
- Corporate In-house Training
- Test Preparation
- Industry Certification Preparation
- Licensing Preparation

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:

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b. Name Surname:

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c. E-mail Address:

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d. Phone Number:

( ) \_\_\_\_\_

e. Date Employed:

\_\_\_\_/\_\_\_\_/\_\_\_\_



## 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	_____	_____