

EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 7:

APPLICATION FOR COURSE ACCREDITATION

Before completing this application, please review the eligibility requirements for accreditation found on EAHEA's official website. Upon completion of this form, submit the application, all required exhibits, and the accreditation service fee to the 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: _____

(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. Phone Number: (_____) _____

7. Email Address: _____

8. Institution's Website: _____

9. Primary Contact:

a. Full Name: _____

b. Title/Position: _____/_____

c. Phone Number: (_____) _____

d. Email Address: _____

10. Contact for Financial Issues:

a. Full Name: _____

b. Title/Position: _____/_____

c. Phone Number: (_____) _____

d. Email Address: _____

II. 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 (You must provide official written notice from the government authorizing non-profit status for your institution. You must also provide a signed commitment letter 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/General Partnership

___ Sole Proprietorship

___ Limited Liability Company (LLC)

___ Joint Stock Companies (JSC)

___ 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).

III. COURSE AND PARTICIPANT INFORMATION

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

___ Vocational/Avocational Course

___ English Language Program of Study/Course

___ Foreign Language Training

___ Seminar/Workshop Training

___ Corporate In-house Training

___ Test/Industry Certification/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. Course Name: _____

4. Total Clock Hours: _____

5. Total Days/Months: _____/_____

6. Language of Instruction: _____

IV. ADDITIONAL INFORMATION

1. Course Objectives:

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2. Course Achievements:

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3. Learning Outcomes:

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4. Course Coordinator:

a. Full Name: _____

b. Title: _____

c. Position: _____

d. Phone Number: (_____) _____

e. Email Address: _____

V. COURSE SYLLABUS

Unit Title	Total Hours	Compulsory?

VI. 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%

VII. CREDIT CERTIFICATION

Complete this section only if the institution also applies for Credit Certification for this course. The course details given in this application are used and are not requested again. The Credit Certification Document states the credits of the course in EAHEA credits (ECS), ECTS, CATS, and USC.

___ The institution also applies for Credit Certification for this course.

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