

EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 8:

INSTITUTIONAL CONTACT DECLARATION & UPDATE FORM

This form is designed to update and verify the official contact information of EAHEA member or candidate institutions. Please ensure that all details are accurate and up to date.

Each institution is required to provide four different email addresses: the general email address of the institution, and the email addresses of its Authorized Person, its Primary Contact and its Financial Contact. These email addresses cannot be the same.

Please use official institutional contact details to ensure smooth communication. You may provide additional optional contact information if available.

I. INSTITUTION INFORMATION

1. Institution Name: _____
2. EAHEA Membership ID #: _____
3. Street Address: _____
4. City/Postal Code: _____/_____
5. Country: _____
6. Phone Number: (_____) _____
7. Official Website URL: _____

II. INSTITUTION EMAIL

1. Institution Email (General Contact): _____

(General correspondence address of the institution; e.g., info@institution.edu.eu)

2. Additional Institution Email(s) (Optional):_____

_____

_____

_____

(You may include more corporate contact addresses if relevant; e.g., marketing@institution.edu.eu)

III. CONTACT PERSONS

1. Authorized Person Email: _____

(Official email of the person who is authorized to sign for the institution, such as the Director, Rector or President)

2. Primary Contact Email: _____

(Email of the person who handles the day-to-day correspondence with EAHEA, such as a Dean, Manager or International Relations Officer)

3. Financial Contact Email: _____

(Email of the person who receives the invoices and handles the payments to EAHEA)

4. Additional Contact Email(s) (Optional): _____

_____

_____

_____

(You may include more contact points for communication or coordination purposes)

IV. AUTHORIZED REPRESENTATIVE

☒ I hereby confirm that all information provided above is accurate and updated on behalf of the institution.

Name of Representative: _____

Position / Title: _____

Signature Date: _____/_____/_____ (day/month/year)

Signature: _____

(If you are filling out the form digitally, enter your full name as a signature.)