The application shall be submitted on the letterhead of the HEIs with outgoing number and date

**To Director General**

**Eurasian Centre for Accreditation and**

**Quality Assurance in Higher Education and Health Care**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION**

**for accreditation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(HEIs name)

Please accept the application and send a commercial proposal for **institutional** and (or) **specialized** (programmatic) accreditation\* (select).

*\** *In case of program accreditation to submit the list of educational programmes offered by the HEIs for specialized accreditation, indicating the code and the contingent of students for each programme, as well as additional information in* ***item 6***

|  |  |  |
| --- | --- | --- |
| 1 | Name of the HEIs | BIN |
| 2 | Legal status | Address:  Phone:  e-mail:  Website: |
| 3 | Full name of the President (Rector, Vice-rector) of the HEIs |  |
| 4 | Information about the state license for educational activities  Please provide a сopy of the license |  |
| 5 | Bank details | |  | | --- | | Individual Identification Code (IIC)  Bank Identification Code (BIC)  Bank details  Beneficiary Code – | |
| 6 | List of educational programmes of the HEIs including codes and number of students for each programme to apply for specialized (programmatic) accreditation | 1.Educational programmes, with indication of code and level (bachelor's degree, master's degree, PhD degree, residency):  2. The contingent of students in the current year:  3.Whether graduation of students was carried out: YES / NO |
| 7 | Information on institutional/ specialized accreditation (date, certificate validity period) |  |
| 8 | Full name, position, corporate and mobile phone  number, e-mail of the Contact Person |  |
| 9 | Full name, corporate and mobile phone number, e-mail of the Accountant |  |

***Annex****: brief historical background of the HEIs on 1 page and copy of the state license and annexes to the license for the right to conduct educational activities on \_\_\_\_ sheets*

Full name and signature of

the President (Rector, Vice-rector) of the HEIs

Please apply your stamp here