



EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 4:
APPLICATION FOR INSTITUTIONAL 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 accreditation service fee to EAHEA.

Type of Application: ☐ Initial Accreditation
 ☐ Renewal Request

Seeking Accreditation as: ☐ Vocational Institution
 ☐ Avocational Institution Offering Education/Professional Development

Fee Payment Type: ☐ Bank Transfer ☐ Credit Card

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/State/Zip: _____/_____/_____
5. Country: _____
6. Phone Number: (____) _____
7. Fax Number: (____) _____
8. Email Address: _____
9. Institution's Website: _____
10. Primary Contact:
 - a. Full Name: _____
 - b. Title/Position: _____/_____
 - c. Email Address: _____

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

- a. Full Name: _____
- b. Title/Position: _____/_____
- c. Email Address: _____

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. Corporate Name (if applicable): _____
2. Street Address: _____
3. City/State/Zip: _____/_____/_____
4. Country: _____
5. Phone Number: (____) _____
6. Fax Number: (____) _____
7. Email Address: _____
8. Primary Contact:
- a. Full Name: _____
- b. Title/Position: _____/_____
- c. Email Address: _____

III. ADDITIONAL SITES

Does the institution operate training sites in addition to the main campus? ____ Yes ____ No

If no, proceed to Section IV, "Legal Nature of the Institution."

If yes, complete the following:

- a. Number of Branches: _____
- b. Number of Auxiliary Classrooms: _____

Additionally, complete and provide, as Exhibit 1, the "Additional Locations Addendum" found on page 8.

IV. 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, 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/General Partnership

☐ Sole Proprietorship

☐ Limited Liability Company (LLC)

☐ Joint Stock Companies (JSC)

☐ 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.

4. Fiscal Year-End Date: ____/____ (day/month).

V. ACCREDITATION HISTORY

1. Initial Applicants Only: Has the institution previously held, applied for, been denied, or been withdrawn from accredited status with an accrediting agency recognized by the Department of Education? ☐ Yes ☐ No

If yes, provide, as Exhibit 5, a copy of the denial/withdrawal/resignation letter, as applicable; and identify the name under which the institution made application and the name of the agency below:

2. All Applicants: Does the institution presently hold either institutional or programmatic accreditation with another accrediting agency? ☐ Yes ☐ No

If no, proceed to section VI, "Program and Participant Information," below.

If yes, please complete items a-c below and provide, as Exhibit 6, a copy of your current grant of accreditation:

a. What is the name of the accrediting agency? _____

b. Initial accreditation began on what date? _____/_____/_____ (month/year)

c. Is the institution, and/or any of its sites or programs, currently under an appeal, show cause, probation, warning, or any form of adverse status with another accrediting agency? ☐ Yes ☐ No

If yes, provide, as Exhibit 7, relevant documentation regarding this action; and identify the details below:

VI. PROGRAM AND PARTICIPANT INFORMATION

1. Indicate the types of training that your institution offers. Please check all that apply.

☐ programs of study/courses less than 300 clock hours

☐ programs of study/courses 300 or more clock hours

☐ occupational doctorate degree

☐ occupational master degree

☐ occupational bachelor degree

☐ occupational associate degree

☐ avocational/professional development

☐ avocational/personal development

☐ vocational

☐ esl programs of study/courses

☐ foreign language training

- ☐ seminar/workshop training
- ☐ corporate in-house training
- ☐ test preparation
- ☐ industry certification preparation
- ☐ licensing preparation
- ☐ clock hour programs
- ☐ credit hour programs (semester or quarter credit hours)

2. Is any training offered by your institution delivered via interactive distance learning? ☐ Yes ☐ No

If yes, identify the details below:

3. Initial Applicants Only:

- a. On what date was the first class taught? ____/____/____ (month/year)
- b. Has the institution offered training continuously (without unscheduled interruption) for the previous one consecutive years? ☐ Yes ☐ No

VII. ADDITIONAL INFORMATION

1. All institutions: Provide the following as Exhibits 8 and 9:

a. Copies of all recruiting, advertising, and/or promotional materials utilized by the institution, including transcripts of radio, television, and/or internet-based advertisements (Exhibit 8). If in a foreign language, please include an English language translation. If the total promotional materials prove excessively voluminous, please provide a representative sample with this application, clearly labeled as such, but be sure to assemble all materials for review during the virtual/on-site evaluation visit.

b. A copy of the institution's cancellation and refund policy and, if the institution is state licensed, the state's cancellation and refund policy (Exhibit 9).

2. Initial Applicants Only: Provide the following as Exhibits 10 and 11:

- a. Financial information for the two most recently completed fiscal years, if applicable (Exhibit 10).
- b. A completed Annual Report and Enrollment Statistics for the institution's most recent fiscal year, if applicable (Exhibit 11).

VIII. ATTESTATION

The undersigned, authorized representative of this institution, hereby attests to the following statements:

I have read our application for accreditation and affirm that it and all attached materials are accurate and complete. During the application process and upon following accreditation, our institution will abide by and support the EAHEA Articles of Association, EAHEA Standards for Accreditation, and EAHEA policies, procedures, and practices.

During the application process, and upon and following accreditation, the institution will timely notify EAHEA of any changes in contact information or authorized persons, and will frequently check the relevant pages of EAHEA's website at www.eahea.org to obtain any modifications to the items listed in the paragraph above.

The institution consents to the exchange of information between EAHEA and the institution's lawyers and accountants, and between EAHEA and all other accrediting agencies, and state and federal administrative agencies, to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for EAHEA accreditation.

Note: Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.

1. Name: _____
2. Title/Position: _____/_____
3. Signature Date: _____/_____/_____ (day/month/year)
4. Signature of Attesting Party: _____

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

ADDITIONAL LOCATIONS ADDENDUM

Please provide contact information for each additional site. If operating more than three additional sites, complete additional copies of this page to include all sites. The sites mentioned here are for information purposes only and will not be included in the accreditation unless additional fees are paid (see Document 3).

Additional Site #1

Name of the Institution: _____
Type of Site:* _____
Contact Person Title/Name: _____/_____
City/State/Zip: _____/_____/_____
Country: _____
Email Address: _____

Additional Site #2

Name of the Institution: _____
Type of Site:* _____
Contact Person Title/Name: _____/_____
City/State/Zip: _____/_____/_____
Country: _____
Email Address: _____

Additional Site #3

Name of the Institution: _____
Type of Site:* _____
Contact Person Title/Name: _____/_____
City/State/Zip: _____/_____/_____
Country: _____
Email Address: _____

* *branch campus, auxiliary classroom, or classroom extension*