



EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 6:
APPLICATION FOR PROGRAM 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/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. Phone Number: (____) _____
 - d. Email Address: _____
11. Contact for Fiscal Issues (e.g. sustaining fees, etc.):
 - 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, as Exhibit 1, official written notice from the government authorizing non-profit status for your institution. You must also provide, as Exhibit 2, 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, as Exhibit 3, 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).

III. PROGRAM AND PARTICIPANT INFORMATION

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

☐ School Diploma

☐ Associate Degree

☐ Bachelor's Degree

☐ Licentiate Degree

☐ Master's Degree

☐ Doctorate Degree

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 (EQF 4/5/6/7/8):

5. Total Clock Hours:

6. Total Semesters/Months:

7. Total National Credits:

8. Language of Instruction:

IV. ADDITIONAL INFORMATION

1. Program Objectives:

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2. Program Achievements:

3. Learning Outcomes:

4. Program Coordinator:

a. Full Name:

b. Title:

c. Position:

d. Phone Number: (

)

e. Fax Number: (

)

f. Email Address:

V. PROGRAM CURRICULUM

[illegible]

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. ECTS / WORKLOAD TABLE

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