



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/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. 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

☐ ESL 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:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2. Course Achievements:

3. Learning Outcomes:

4. Course Coordinator:

a. Full Name:

b. Title:

c. Position:

d. Phone Number: (

)

e. Fax Number: (

)

f. Email Address:

V. COURSE SYLLABUS

[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%