To the President of

the Independent Agency for Quality Assurance in Education (IQAA),

Sh. Kalanova

 The university requests to accept the application on carrying out institutional

(Name of the educational organization)

accreditation and sends all necessary information:

|  |  |  |
| --- | --- | --- |
| 1 | Name of the educational organization |  |
| 2 | Registered address |  |
| 3 | Full name of the head of the organization |  |
| 4 | Data on the state license to conduct educational activities |  |
| 5 | The number of study programmessubmitted by the educational organization and the list of study programmes (Bachelor, Master, and PhD programmes) inaccordance with the appendix to the license\* |  |
| 6 | Bank account details | Taxpayer Registration Number Individual Identification Code Bank Identification Code Business Identification Number Bank detailsBeneficiary Code - Phone/fax: |
| 7 | The number of organizational units in the organization |  |
| 8 | The overall number of students, including those studying on thestate educational grant |  |
| 9 | The contingent of students:from them on the full-time form – from them on the students with the use of distant education (including on the completion of the correspondence form).) – |  |
| 10 | Name and information of thecontact person, phone and e-mail |  |
| 11 | Full name of the accountant,phone and e-mail |  |

\* *submit scanned copies of the organization's constituent documents, licenses, and certificates of previous institutional accreditation.*

The head of the organization

(signature) (Full name)

Stamp

*Note: the application shall be documented on the official letterhead of the organization.*