

**To the president of the Independent
Quality Assurance Agency for
Education (IQAA), Kalanova Sh.**

College requests to accept the application on carrying out
(Name of the educational organization)
institutional 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 programmes submitted by the educational organization and the list of study programmes in accordance with the appendix to the license*	
6	Bank account details	Taxpayer Registration Number Individual Identification Code Bank Identification Code Business Identification Number Bank details Beneficiary Code - Phone/fax:
7	The number of organizational units in the organization	
8	The overall number of students, including those studying on the state educational grant	

9	Presented cohort of students: on a full-time basis – on a part-time basis –	
10	Name and information of the contact person, phone and e-mail	
11	Full name of the accountant, phone and e-mail	

**to attach scanned copies of the license.*

The head of the organization _____ (signature) _____ (Full name)

Stamp

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