# Please send the signed and sealed application with all information boxes filled to [info@ecaqa.org](mailto:info@ecaqa.org)

**To the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care**

**Application**

**for accreditation of the educational programme**

**(name)**

We kindly ask you to send us a price quote and a draft Contract for institutional and (or) specialized (programmatic)\* *(select)* accreditation.

\*please provide a list of educational programmes to apply for specialized accreditation, indicating the codes and number of students for each programme.

|  |  |  |
| --- | --- | --- |
|  | Name of the organisation |  |
|  | Location address  Legal address |  |
|  | Full name of the President (Rector, Vice-rector) of the organization |  |
|  | Information about the state license for educational activities  Please provide a сopy of the license |  |
|  | Number of educational programmes  Please provide copies of the licenses |  |
|  | Bank details | Individual Identification Code (IIC)  Bank Identification Code (BIC) Business Identification  Number (BIN) Bank details Beneficiary Code – Phone:  e-mail: |
|  | List of educational programmes of the educational organisation including codes and number of students for each programme to apply for specialized (programmatic) accreditation |  |
|  | Information on institutional accreditation (date,  certificate validity period) |  |
|  | Information on specialized (programme) accreditation  (date, certificate validity period) |  |
|  | Full name, position, corporate and mobile phone  number, e-mail of the Contact Person |  |
|  | Full name, corporate and mobile phone number, e-mail of the Accountant |  |

Full name and signature of the President (Rector, Vice-rector) of the educational organisation or a designated person supervising accreditation issues

Please apply your stamp here

date 20

Note: The application is provided on the letterhead of the educational organisation.