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• ACCREDITATION APPLICATION FORM
INSTITUTION DATA:
Institution name:
Address:
Website Address:
Institution type:
HEAD OF INSTITUTION DATA
Name and Surname:
Address:
Designation: President Owner CEO Secretariat Manager Other
E-mail address: Phone number:
LEGAL STATUS
Date of formation:
Legal entity: Inc. Ltd Cooperative Company Association Foundation
Other (to specify)
Incorporation Number:VAT number:
Please, attach the following documents:
Certificate of Incorporation or Articles of association; Institution Owner/Delegate's ID or Passport.  Certificate of Incorporation of the Parent Company in case of society branches.  I hereby declare under my own responsibility that I am qualified to sign this application. Once I receive confirmation of eligibility, I agree to pay the fee of 500 GPB for verification operations.  I also undertake to submit 4 reports on the operational areas below no later than 30 days from confirmation:
<ol> <li>Academic Quality and Integrity</li> <li>Teaching Staff Qualification</li> <li>Delivery of Programs</li> <li>Student Services</li> </ol>
The 5th report on Website Design and Performance will be carried out by our <b>AHQSE Lead Assessor</b> upon due verification. As the head of the institution, I declare that my application for accreditation is for:  1 year 3 years 5 years
Once the accreditation is awarded, I commit to pay the due amount within 10 days from <b>AHQSE</b> official communication.  I declare that I will pay in:    Single payment (10% discount)   two monthly fees   three monthly fees
Date and Place

Signature