

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

The university (college) requests to accept the application on carrying out institutional and/or program 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 | Number of educational programs offered by the institution and a list of educational programs 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 structural units in accordance with the structure of the organization | |
| 8 | Presented cohort of students: on a full-time basis – on a part-time basis – | |
| 9 | Educational programs offered by the institution for carrying out a program accreditation, and the number of students for each | |

| | | |
|----|--|--|
| | program | |
| 10 | Name and information of the contact person, phone and e-mail | |
| 11 | Full name of the accountant, phone and e-mail | |

The head of the organization _____
(signature)

_____ (Full name)

Stamp