

**European International Higher Education Accreditation and Quality Assurance Agency**

# APPLICATION FORM FOR ACCREDITATION

***(This form shall be completed, signed, stamped required to be submitted to the EIEAS Accreditation Committee Head for further processing and a copy is given to the applicant for confirmation).***

## Program and Institutional Accreditation (*For New Applicant*)

Date applied: Day Month year (Eth. Calendar)

## Background Information on the Institution

Name of Institution:

Address: Location and Campus:

Head/Owner of the Institution:

Tel: Office Mobile

Fax: E-mail:

Responsible Contact Person:

Designation:

Tel: Office Mobile

Fax: E-mail:

Program Level: Undergraduate Graduate

Program Level: Diploma [ ] , Advanced Diploma [ ] , Graduate Diploma [ ], Post Graduate Diploma [ ]

Training Courses: Short Training Program [ ], Professional Training Program [ ]

List of Training Programs applied for:

OR

List of programs applied for:

Planned Mode of Delivery: Regular Distance

## Documents Submitted upon Application

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Documents on requirements** | **Submission status** | **Remark** |
| **Yes** | **No** |
| 1 | Application letter |  |  |  |
| 2 | Business registration |  |  |
| 3 | Evidence on financial viability |  |  |
| 4 | Memorandum of Agreement |  |  | For agriculture, health, cross borderprograms and others if required |
| 5 | Institutional legislation |  |  |  |
| 6 | Strategic plan |  |  |
| 7 | Annual plan |  |  |
| 8 | Need assessment on the program(s)/workshop proceeding |  |  |
| 9 | Program Curriculum |  |  | For each program |
| 10 | Module writing, tutor training, tutoring manuals |  |  | For distance programs |
| 11 | Human resource policy |  |  |  |
| 14 | Student handbook |  |  |
| 15 | Student Assessment and evaluation policy |  |  |
| 16 | Student support/counseling guideline |  |  |
| 17 | Quality assurance policy/guideline |  |  |  |
| 18 | Research and community servicepolicy/guideline |  |  |  |
| 19 | Payment evidence |  |  | Required after the documents 1-18 aresubmitted |
| 20 | Building lease/ownership |  |  | Could be submitted after the 20 days – 30 days of this Accreditation Application Submission |
| 21 | Course materials/modules for distance deliveredprograms |  |  |
| 22 | HumanResource | Academic and technical staff |  |  |
| 23 | Administrative staff |  |  |
| 24 | Office and program facilities in place (Classrooms, Library, Computer Center, Program specific, Laboratories / demonstrations/ workshops, Offices etc.) |  |  |  |

Note: ***i)*** **For a new program -** program relevance is proved through stakeholders’ consultation on which

***workshop proceeding*** should be presented. Otherwise, a need assessment is enough.

***ii)* For short training course and Professional Training Course** – It is required to submit respective course’s videos or Complete training modules submission to EIEAS Authority for accreditation Approval.

**Conditions of acceptance:**

* 1. Application shall be accepted conditionally only when all documents from 1-18 are submitted up on application and documents from 19-24 are submitted in the time as specified in the table above.
	2. As a failure to submit any one of the documents from 1-18 results in automatic rejection of the application, the Agency shall claim application fee.

* 1. Evaluation shall not be processed and hence canceled if all the documents are not submitted in the prescribed time in (1): Consequently, the application fee will not be refunded.
	2. Presentation of all the (24) documents does not guarantee a qualification for field visit: A thorough screening shall be made and the respective institution’s applicant will be informed formally to fulfill any missing requirements in 15 days as of the issuance day of the letter.
	3. The Accreditation Application and Evaluation Fee won’t be refunded under any circumstances.
	4. EIEAS reserves the right to amend or update its terms & conditions time to time whenever required.

Submitted by: Name -

Date: (d/m/y)

 / / Signature

Checked by: Name:

Date: (d/m/y) / / Signature

Official Seal