Application for ICAPA Accreditation

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| Institution name: |  |
| Entity: |  |
| Address: | Address:Postal code: City:Country:Website |  |
| Is your organization a member of IASIA? |  |

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| --- | --- |
| Program name: |  |
| Program type: | * Bachelor program
* Master program
* PhD program
* Training program
 |
| ***Note: in case you are applying for multiple programs within the same institution, please duplicate this table and fill in a separate table for each program.*** |
| Program length: |  |
| Since when has the program been running? |  |
| ***Note:There must be at least two units of graduates. (to provide adequate data for evaluating program policies, procedures, and placement of graduates).*** |

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| Who will be the liaison for this procedure? |
| Name: |  |
| Email: |  |
| Telephone: |  |

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| --- |
| **Program director/ Department chair/ Dean**: |
| Name / function: |
| Email: |
| **Signature**: |
| Date: |

Please send a signed copy of this form by email to: s.troupin@iias-iisa.org