Application for ICAPA Accreditation

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

|  |  |
| --- | --- |
| 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).*** | |

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

|  |
| --- |
| **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](mailto:s.troupin@iias-iisa.org)