

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

College requests to accept the application on carrying out
(Name of the educational organization)
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	The number of study programmes submitted by the educational organization and the list of study programmes 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	Study programmes submitted by the educational organization for passing specialized (programme) accreditation with the indication of the code and contingent of students for each programme	
8	Presented cohort of students: on a full-time basis – on a part-time basis –	

9	Departments, Center of Quality Management (departments) for study programmes submitted by educational organizations for passing specialized (programme) accreditation	
10	Name and information of the contact person, phone and e-mail	
11	Full name of the accountant, phone and e-mail	

**to attach scanned copies of the license.*

The head of the organization _____
(signature)

(Full name)

Stamp

Note: the application shall be documented on the official letterhead of the organization.