

**International Education Accreditation Society**

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|  | Membership Application | |  |
|  | Institution |  |  |
|  | Date |  |  |
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APPLICATION FOR MEMBERSHIP

* After receiving the form and local accreditation license, we will evaluate it and send you the invoice.
* Please fill it in English and return your questionnaire to info@inteas.org.

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| 1. **Contact Information** | |
| Type of the institution / educational facility  University  College#  Higher Educational School\*  Secondary school  Other: | |
| Ownership and Legal status:  Public / State / Municipal  Private Other:  Legal status (include holding/subsidiary information if applicable):  In the case of private ownership, please list the names of the Owners, Directors, Governors, Trustees and Officers of the company: | |
| Types of study regimes offered/enrollment:  regular / daily / block  distant / combined  distant / full e-learning Other: | |
| Current owner / institutor (name of state, government office, company or person): | |
| The official name of the educational institution in all official languages used in your country (in Latin script) | |
| The official name of the educational institution in English (if different from the above) | |
| Degrees and diplomas offered (e.g. MBA, Bc.,...): | |
| Accreditations from (list full body name and their abbreviations as can be found on Google search) | |
| Street & Number: | City |
| ZIP (Postal Area) Code | Country |
| Phone | Contact email(s) |
| Institutional website address | Date of formation of the institution: |
| Rector (or director) name | Telephone with int’l area code  +  E-mail address |
| INTEAS Contact person at your institution | Telephone with int’l area code  E-mail address |

\* - Between secondary school and college/university, Higher Educational Schools do assign a title, but lower than Bachelor,   
# - Colleges teach Bachelor level maximum. Secondary School is the highest school that does not assign any title to be used with the name of a graduate

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| **I confirm that the information is accurate, and should any change occur, I will promptly inform INTEAS** | | | |
| Date (month/day/year) | Principal’s name and official position | Signature | Stamp of the institution |
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