

**Non-profit organization
Independent Agency for Accreditation and Rating**

Application

1. _____
(Title of educational organization)

herewith requires to conduct _____
institutional and (or) specialized (*choose type of accreditation procedure*)

* In the event of specialized (programme) accreditation, it is required to indicate the code, the title of study programme (SP), with **qualifications** submitted for accreditation according to the state license for the right to conduct educational activities, as well as additional information in **paragraph 6**

2. Legal status: _____

(Place of location, telephone, fax, e-mail address, web-site)

3. _____
(Director's full name)

4. Banking details:

BIN _____

IIC _____

BIC _____

Banking particulars _____

Beneficiary code _____

5. The total students' body _____
(Specify the total students' body in the institution of education at the time of application)

6. The qualifications offered by the organization of education for the procedure of specialized (programme) accreditation with an indication of the code, the students' body for each qualification (regardless of the year of study, on an actual basis), and graduation (for the past 10 years), according to the **table below**:

No.	Qualification, with a code	Students' body	Graduation YES / NO
1	<i>(as an example)</i> <i>0105013 Primary Education Teacher</i>	25	YES

7. _____
(Full name, telephone, e-mail of the staff, responsible for communication with the accreditation body)

8. _____
(Full name, telephone, e-mail of an educational organization's accountant)

Note:

1. An application shall be made on the letterhead of the organization;

2. Threshold requirements for the accreditation procedure shall be submitted to the IAAR prior to the conclusion of an agreement.

Appendices: *the copy of state license and attachments to the license for education activity on _____ pages.*

Director _____
(Signature) (Stamp here) (Full name)

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