AMERICAN ASSOCIATION FOR HIGHER EDUCATION AND ACCREDITATION

1503 Main St. #375 / 12110 Grandview Road Grandview, MO 64030 United States of America

GENERAL APPLICATION FORM

Accreditation | Recognition | Fellowship | Membership | Affiliation

Issued by: _____
Office/Directorate: _____
Application Date: ____ / ____ / _____

SECTION A: TYPE OF APPLICATION

(Please tick or select one)

☐ Individual Application
☐ University
☐ College
☐ Seminary
☐ Organization / Institution
Other:_____

SECTION B: PURPOSE OF APPLICATION

(Select all that apply)

☐ Accreditation
☐ Recognition
☐ Fellowship
☐ Membership
☐ Affiliation
☐ Partnership / Collaboration
☐ Other (please specify): _____

SECTION C: APPLICANT INFORMATION

1. For Individuals

Full Name: _____
Nationality: _____
Date of Birth: _____
Gender: _____
Phone/WhatsApp: _____
Email: _____
Residential Address: _____
Occupation/Profession: _____
2. For Institutions (University / College / Seminary / Organization)
Name of Institution: _____

Year Established: _____
Country & Location: _____
Legal Registration Number (if any): _____

Name of Head/President/Chancellor: _____
Contact Phone: _____
Official Email: _____
Website (if any): _____

SECTION D: INSTITUTIONAL PROFILE (IF APPLICABLE)

Main Areas of
Operation:_____
_____
_____

Programs / Services
Offered:_____
_____
_____

Number of Staff / Faculty: _____
Number of Students / Members: _____

SECTION E: REASON FOR APPLICATION

Please briefly state why you are
applying:_____
_____
_____
_____

SECTION F: SUPPORTING DOCUMENTS

(Attach where applicable)

☐ Certificate of Registration
☐ Institutional Profile / Prospectus
☐ Leadership CV or Profile
☐ Academic Programs List
☐ Any Existing Accreditation Documents
☐ Other: _____

SECTION G: DECLARATION
I hereby declare that the information provided is true and correct to the best of my knowledge. I understand that any false information may lead to rejection or withdrawal of this application.

Name: _____
Signature: _____

Date: ____ / ____ / _____

FOR OFFICIAL USE ONLY
Application Received By: _____
Position: _____
Date Received: ____ / ____ / _____
Remarks: _____