



## APPLICATION FORM FOR BASIC MEMBERSHIP OF THE AAC

This AAC application form is for universities and/or institutions of higher education who wish to become a basic member of the AAC. In order to complete the first phase of the process we ask you to complete the form as accurately as possible.

### General Information

University / Institution:

Status:	State	Private
	Private state recognised	In development

How many faculties and/or departments:

Chancellor/Rector:

Contact person:

Position:

Address:

Telephone:

E-Mail:

Which degree programs do you have at your university:	Bachelor
	Master
	Doctorate



Which fields of study do you have at your university:

Natural Sciences, Mathematics

Teaching / Education

Engineering, Computer Science

Legal Sciences

Art, Music, Design, Architecture

Social Sciences

Linguistics and Cultural Studies

Economics

Medicine, Nursing and Health Sciences

Other

Has a previous accreditation procedure been carried out?

Yes

No

If yes, date of previous accreditation: (Year)

Yes we request a basic membership! My statements are all truthful.  
I hereby agree to have my data's processed for the purpose of accreditation and AAC.

Date:

City:

Name:

Position:

Signature:

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*After filling in the information, sign, scan and send the document to: [office@aac.cw](mailto:office@aac.cw)*