

Accreditation Agency Curacao Higher Education

APPLICATION FORM FOR PROGRAM ACCREDITATION OF THE AAC

This AAC application form is for universities and/or institutions of higher education who wish to proceed with a program accreditation procedure. 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 : | | |
|--|----------|-----------|
| Course title: | | |
| How many faculties and/or departments: | | |
| Chancellor/Rector: | | |
| Contact person: | | |
| Position: | | |
| Address: | | |
| Telephone: | | |
| E-Mail: | | |
| | | |
| | | |
| Type of course: | Bachelor | Doctorate |
| | Master | |
| Course title: | | |



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| study: Engineering, Computer Science Legal Sciences | | |
|---|-----------------|--|
| | | |
| Art, Music, Design, Architecture Social Sciences | Social Sciences | |
| Linguistics and Cultural Studies Economics | | |
| Medicine / Health Sciences Other | | |
| Regular study time in semesters: When was the study program offered for the first time?: | | |
| Distance learning program Study method: Joint degree program | grams | |
| Dual course of studies Part time | | |
| Remote study / e-learning Professional sup | port | |
| Blended learning Full-time | | |
| Other | | |
| Field of study: | | |



$\textbf{A} ccreditation \ \textbf{A} gency \ \textbf{C} uracao$

Higher Education

| Has a previous accreditation procedure been carried out? | Yes | No | | |
|--|-------------------------|---------------|---|---|
| If yes, date of previous accreditation: (Year) | | | | |
| Result of the previous accreditation: | With condition | s | Without conditions | |
| Time limit for fulfillment of conditions: DD.MM.YY | | | | |
| Date of fulfillment (confirmation of the agency): DD.MM.YY | | | | |
| Yes we request a Prog I hereby agree to have | | | are all truthful. se of accreditation and AAC. | _ |
| Date: | | | | |
| City: | | | | |
| Name: | | | | |
| Position: | | | | |
| Signature: | | | | |
| After filling in the in | formation, sign, scan a | nd send the a | locument to: office@aac.cw | |