

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	
University founded in (Year)	
Faculties / Departments	
Chancellor / Rector	
Contact person	
Position	
Address	
Telephone	
E-mail	

<input type="checkbox"/>	The University/Institution above named is officially registered and or recognized by which country or by which official state ministry?
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AAC

Accreditation Agency Curacao

Higher Education

Type of course	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate
Course title (s)	

Which Field of study	<input type="checkbox"/> Natural Sciences, Mathematics <input type="checkbox"/> Engineering, Computer Science <input type="checkbox"/> Medicine/ Health Sciences <input type="checkbox"/> Art, Music, Design, Architecture <input type="checkbox"/> Linguistic and Cultural Studies <input type="checkbox"/> Teaching / Education	<input type="checkbox"/> Legal Sciences <input type="checkbox"/> Social Sciences <input type="checkbox"/> Economics <input type="checkbox"/> Other: <input type="text"/>
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Regular study time in semesters	
When was the study program offered for the first time?	

Study method	<input type="checkbox"/> Distance learning program <input type="checkbox"/> Dual course of studies <input type="checkbox"/> Remote study / e-learning <input type="checkbox"/> Blended learning <input type="checkbox"/> Joint degree program	<input type="checkbox"/> Part time <input type="checkbox"/> Professional support <input type="checkbox"/> Full-time <input type="checkbox"/> Other: <input type="text"/>
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Higher Education

Has a previous accreditation procedure been carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date of previous accreditation: (Year)	<input type="text"/>	Note: Submit the accreditation report with this application
Result of the previous accreditation:	<input type="checkbox"/> With conditions <input type="checkbox"/> Without conditions	<input type="checkbox"/> Failed
Time limit for fulfillment of conditions: DD.MM.YY	<input type="text"/>	
Date of fulfillment (confirmation of the agency): DD.MM.YY	<input type="text"/>	

Yes, we request a Program accreditation! My statements are all truthful. I hereby agree to have my data processed for the purpose of accreditation and AAC.	<input type="checkbox"/>
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Date:

City:

Name:

Position:

Signature:

After filling in the information, sign, scan and send the document to: office@aac.cw