

To
ACQUIN (Accreditation, Certification
and Quality Assurance Institute)
Brandenburger Strasse 2
95448 Bayreuth
Germany

Institutional Membership Application Form

Institution

Name of the Higher Education Institution (in English): _____

Name of the Higher Education Institution (in your language): _____

Date of establishment (dd/mm/yy): _____ Number of students (approx.): _____

The above mentioned Higher Education Institution applies for institutional membership in the Accreditation, Certification and Quality Assurance Institute (ACQUIN e.V.). In accordance with the statute of the association, the Board of ACQUIN decides on the membership application. ACQUIN raises an annual membership fee, which is graduated depending on the size of the university¹.

Institution contact details

Mailing address: _____

Postal code: _____ City: _____ Country: _____

E-mail: _____ Telephone: _____

www: _____ Fax: _____

Contact details of a representative

Name and surname: _____

Position: _____ E-mail: _____ Telephone: _____

Place, date

(SEAL)

Name of HEI's legal representative

¹ Higher Education Institutions with less than 3.000 students pay 150,- Euros, with up to 10.000 students 300,- Euros and with more than 10.000 students 500,- Euros per year.