To the President of the Independent Agency for Quality Assurance in Education (IQAA),

Sh. Kalanova

*The school* requests to accept the application on carrying out institutional

(Name of the educational organization)

accreditation and sends all necessary information:

|  |  |  |
| --- | --- | --- |
| 1. | Name of the school |  |
| 2. | Registered address |  |
| 3. | Organizational and legal form (public/private organization) |  |
| 4. | School Head Full Name, contact information (phone, e-mail) |  |
| 5. | Data on the state license to conduct educational activities |  |
| 6. | Date of school’s first opening |  |
| 7. | Bank account details | Individual Identification Code Bank Identification Code Business Identification Number Bank details  Beneficiary Code - Phone/fax: |
| 8. | Number of students enrolled |  |
| 9. | Total number of full-time employees, including: |  |
| - administrative staff; |  |
| - teaching staff; |  |
| - academic support staff; |  |
| - service staff |  |
| 10. | Occupied area, owned or leased |  |
| 11. | School Website |  |
| 12. | Full name of the  contact person, phone and e-mail |  |
| 13. | Full name of the accountant,  phone and e-mail |  |

The Head of the School

(signature) (Full name)

Stamp

*Note: the application shall be documented on the official letterhead of the organization.*