

**Accreditation Request**

|  |  |
| --- | --- |
| E-Mail: moehren@eqanie.euEQANIE e.V.c/o ASIIN Postfach 10 11 3940002 DüsseldorfGermany | Name:      University:      Department:      Address:      Phone:      Fax:      E-mail:       |

**Please provide the following information for each degree programme for which you are seeking Euro-Inf® accreditation.**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Degree awarded** | **Name of the programme (in English)** | **Corresponding level of the EQF or QF-EHEA[[1]](#footnote-1)** |
| **1** |       |       |       |
| **2** |       |       |       |
| **3** |       |       |       |
| **4** |       |       |       |

*Please add rows as necessary.*

Please ensure that an overview of the curriculum – including module titles – is attached for each programme.

* Which subject areas / areas of competence should be represented on the review team?

* When do you plan to submit the *draft* version of the self assessment?

* Did you initiate (in the past or simultaneously) an accreditation process carried out by another agency?

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If so, has a negative accreditation decision been issued?

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. European Qualifications Framework for Lifelong Learning: <https://ec.europa.eu/ploteus/content/descriptors-page>;

Framework for Qualifications of the European Higher Education Area: <http://www.ehea.info/Uploads/QF/050520_Framework_qualifications.pdf> [↑](#footnote-ref-1)