



International Education
Accreditation Council

Affiliate Accreditation
Application Form

Thank you for your interest in applying for affiliate accreditation through IEAC. Below are the steps needed to undertake in order to complete the application process.

Stage 1

An Institution needs to complete the Application Form and send this into the IEAC office with the Affiliate Accreditation Fee. Please note at this stage no other documentation is required.

Upon receipt, the application form will be checked by one of our assessors.

The Application Form

Section 1 Institution Details

Name of Institution:

Number of Campus/es

Head of Institution (name and title):

Name:
Direct E-mail:

Address of Institution:

Street:
Suburb:
State / Province:
Post Code:
Country:

Telephone Number:

Contact E-mail Address (general enquiries):

Website Address:

Name & E-mail Address of the responsible person to whom all correspondence regarding this accreditation process should be addressed:

Addresses of any other places of the Institution operation: (Please list names of all Campuses/ Colleges; no need to include addresses)

Address of administrative headquarters (if different from above):

Where did you hear about IEAC?

Why did you choose IEAC?

Who are you currently accredited with?

Please give your accreditation certificate no

Please give expiry date of current accreditation

The following page needs to be signed either with electronic signature or be scanned, signed and then submitted separately as a PDF.

Stage 2 Application for Affiliate Accreditation by IEAC

Declaration: (To be made by the CEO, President, Chancellor, Dean of Faculty)

I declare that to the best of my knowledge that the Institution is financially stable and that the Institution is able to meet its commitments in terms of both staff salaries and its advertised programme for the students.

I declare that the information provided in this application is correct and all supporting documents are genuine and accurate.

I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.

I am prepared to accept the final decision of IEAC as to the outcome of the inspection.

I agree to indemnify IEAC against all claims, demands, expenses and complaints arising from inaccuracies in the information given by me above.

I agree to inform IEAC of any changes in the ownership of the Institution or senior management, or significant variation in the academic programme, which occur more than three months before the scheduled date for submitting the annual report.

I accept that the term "Accredited by the International Education Accreditation Council" means that my Institution has been inspected by IEAC and found to be satisfactory, and I undertake not to represent my Institution as enjoying this recognition before it has been granted, nor after it has been withdrawn or suspended.

I understand that failure of continuing compliance with the accreditation criteria may lead to the removal of my Institution's accreditation by IEAC.

Signed:

Date:

Name:

Position / Title:

For and on behalf of (name of Institution):