**Accreditation**

**International Qualifications Assessment Centre (IQAC)**

**Instructions**: Please complete all sections of this form accurately. Attach supporting documents where requested. Submit the completed form to **accreditation@iqac.asr.gov.uz** with the subject line: *"EOI Submission – [Your Institution Name]"*.

**SECTION 1: Institution Details**

| **Field** | **Response** |
| --- | --- |
| **Legal Name of Institution** |  |
| **Trading/Brand Name (if different)** |  |
| **Country of Operation** |  |
| **City / Region** |  |
| **Year of Establishment** |  |
| **Legal Registration Number** |  |
| **Regulatory Body Registered With** |  |
| **Institution Type** | ☐ University ☐ College ☐ Training Provider ☐ School ☐ Other: \_\_\_\_\_\_ |
| **Ownership Type** | ☐ Public ☐ Private ☐ Not-for-profit |
| **Website** |  |
| **Primary Contact Person** |  |
| **Position / Title** |  |
| **Email Address** |  |
| **Phone Number (incl. country code)** |  |

**SECTION 2: Accreditation Scope**

| **Field** | **Response** |
| --- | --- |
| **RQF Levels Seeking Accreditation** | ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐ Level 6 ☐ Level 7 |
| **Mode of Delivery** | ☐ On-campus ☐ Online/Blended ☐ Both |
| **Languages of Instruction** |  |
| **Target Student Population** | ☐ Local ☐ International ☐ Both |
| **Number of Students (Current or Estimated)** |  |

**SECTION 3: Academic Infrastructure**

| **Field** | **Response** |
| --- | --- |
| **Total Number of Academic Staff** |  |
| **Staff Qualifications Summary** |  |
| **Available Learning Facilities** | ☐ Classrooms ☐ Labs ☐ Library ☐ e-Learning System ☐ Industry Labs |
| **Student Support Services Available** | ☐ Academic Advising ☐ Career Services ☐ Mental Health Support ☐ Other: \_\_\_\_ |

**SECTION 4: Compliance & Quality Assurance**

| **Field** | **Response** |
| --- | --- |
| **Do you have an Internal Quality Assurance (IQA) system in place?** | ☐ Yes ☐ No |
| **Do you follow a plagiarism and academic integrity policy?** | ☐ Yes ☐ No |
| **Have you been previously accredited by other bodies?** | ☐ Yes ☐ No |
| If yes, provide names and accreditation status: |  |

**SECTION 5: Declaration**

I hereby declare that the information provided in this Expression of Interest form is true and complete to the best of my knowledge. I understand that submission of this form does not guarantee accreditation and is the first step toward the formal evaluation process.

| **Name** | **Signature** | **Date** |
| --- | --- | --- |
|  |  |  |

**SECTION 6: Attachments (Required)**

Please attach the following documents:

* ❑ Copy of institutional registration/license
* ❑ Organizational structure chart
* ❑ List of current programs/courses
* ❑ Sample faculty CVs
* ❑ Quality assurance policy (if available)

Rector/Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature/stamp)