Application Form

# Applicant

Name of applicant

# Unit to be evaluated (please cross the relevant box)

[ ]  Programme of study

[ ]  Institution

[ ]  Other

Description / name

Notes / remarks

# Application representative

|  |  |
| --- | --- |
| First name, last name |        |
| Title |        |
| Role |        |
| Address |        |
| Phone |        |
| E-mail |        |

Place, Date

Signature of the applicant

Signature of the director of the unit to be evaluated[[1]](#footnote-1)

Please fill in the application form and send it to AAQ. After receiving the application form, AAQ will get in contact with you.

Effingerstrasse 15

Postfach, CH-3001 Bern

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Fax +41 31 380 11 55

<http://www.aaq.ch>

1. The application must be signed by the director of the unit in order for AAQ to start the evaluation procedure. [↑](#footnote-ref-1)