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.

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<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)