APPLICATION FOR INITIAL/ RENEWAL OF PROGRAM ACCREDITATION

Institution Name	
Location of offering the Program- Campus (s)	
Date of submission (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐
If applying for Renewal of Program Accreditation state the date of expiration of Program Accreditation (DD/MM/YYYY)	☐☐ / ☐☐ / ☐☐☐☐

| **Contact details of Program Coordinator** | Name | | Designation | |
| | Tel No | | Email | |

| **Contact details of the Chief Executive Officer (CEO)** | Name | | Email | |
| | Tel No | | | |

| **Title of the program** | in English | |
| | in Arabic | |

Language of instruction	
Length of the program (for regular full-time students)	

Is the program affiliated with or does it intend an affiliation with another institution in the UAE or abroad? If so, please name the institution and provide the address and contact information:

Signed: (CEO) _____