**Accreditation Bureau International Colleges Universities & Schools. 3200 Palatka Street, Orlando, Florida US32824**. Email: abicus.usa@gmail.com

**Application for Programmatic Accreditation**

(Business Schools, Seminaries: Colleges, Polytechnics, and Universities)

**Application Completion Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Full legal name of the Institution:............................................................................**

**2. Physical Campus Address........................................................................................**

**3.General Phone No:.....................**

Chancellor/ Chairman of the Board Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary of the Board Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President's / Vice-chancellor's/ Rector's Cell phone\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice-President's/ DVC/ Provost's phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Academic Officer's/ Head  of institution Committee on Accreditation.

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is your institution recognized by Ministry of Education or Higher education body in your country of residence?

No/ Why? Explain-'

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach more paper if needed)

Yes,  state the name and address of the government body that recognize your institution's operation :

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State the date of authorization, license or approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website:

Email:

Phone numbers

Attached the copies of official Certificate granted Yes/No

Appendix #\_\_\_

5. Name of Institutional Accreditation that accredited your institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Email:

Website:

Phone number:

Year of initial accreditation

Accreditation No:  Accreditation Certificate attach ed Yes/ No. See Appendix no\_\_

**6 List of Full-time teaching Faculty Members and their Credentials and Courses they teach in this order .e.g:**

1. Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Professor of Economics

Email:

6.2.Courses Taught: ECONS6001- INTRO ECONOMICS

6.3. Education and Training:

PhD Economics. 1991

Harvard University

MSc Economics. 1989

Massachusetts Institute of Technology

B.Sc Economics. 1987

University of California

6.4.Award s and recognitions

6.5.Research and Publications

6.6. Attach a detailed CV/Resume and copies of all academic credentials , recognitions , awards and research records.

6.7. Letters of appointments , job contract and promotions for all faculty members.

6.1. Department:

Department of Economics

Department Dean:

Picture

Full Name and Highest earned degree

Email: Phone Number

Department Principal Faculty

2. Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Associate Professor of Economics

Email:

3. Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Assistant Professor of Economics

Email:

4. Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Assistant Professor of Economics

Email:

5. Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Senior Lecturer in Economics

Email:

6. . Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Lecturer II in Economics

Email:

**Part-time Faculty:**

7. Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Adjunct Senior Lecturer in Economics

Email:

8. Full name , academic rank and highest earned degree

Principal faculty email.e.g

Mr. George Washington .PhD Economics. 1991. Harvard University

Academic rank: Adjunct Lecturer in Economics

Email:

**7. Institutional Programs-** List all Diploma, Associate/HND, First Degree, all Postgraduate Degree program offered with program course outline using this template

E.g

**7.1. Department:** Economics and Business Administration

**7.2. Program :** BSc Economics and Business Administration

**7. 3 Degree Program Level on European Qualifications Frame work ( EFQ)=** Level 6

**Program Duration**: 4-5 years

**Program Credit:** 128 U.S Semesters. Credits on a 4.0 GPA scale

7.4. Program Outcome:

7.4. Program Outline

Give full four years , 8 semesters, or 12 trimesters list of courses using the following template

First year, first semester **EFQ Credit**

**ECONS 6100-** Introduction to Macroeconomics **6 3**

**7.5. Method of Assessment:**

\*Oral Examination

\*Hands Practicum Laboratory

\*End of the Course Essay Writing.

\*Supervised Multiple choice Examination

**7.6. Required Project:**

\*1000 hours of industrial attachment

\*25,000 words Bachelor Dissertation

Attach more pages as needed

**8.0. Affirmation and signature**

8.1.We the members of the Board of Regents, Administration and faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ situated at the following address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.2. Hereby submit this Application for accreditation after obtaining, studying and agreeing with all the ABICUS FL Accreditation policies, Accreditation Process Manual and Accreditation Process and Procedures, and having agreed with all ABICUS accreditation terms and conditions.

8.3. We agree that we cannot advertise anything about the ongoing status of our application until an official decision has been made on our application by ABICUS.

8.4. We also understand that ABICUS accreditation is not guaranteed, and that ABICUS reserves the full rights to deny or withdraw our accreditation without being liable for a refund or a legal action.

8.5. We understand and agree that ABICUS is a FL transnational and cross-border accreditation agency and is not an alternative any country's national, regional or programmatic accreditation.  We are aware that our country's government may or may not recognize ABICUS FL accreditation.

8.6. We understand and agree that all payments we have made to ABICUS FL are not refundable.

8.7. No matter the outcome of the accreditation, we understand and agree that we cannot hold ABICUS liable in any way or in any form, for the outcome of accreditation exercise as shall be publish on ABICUS website. In witness therefore, signed and submit this application witnessed by a notary public this\_\_\_\_\_\_\_\_\_ th day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_. Anno Domini.

8.8. Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chancellor/Chairman of the Board

Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President/ Vice-Chancellor

Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.10.Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Registrar and Secretary of the Board.

Name of the institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ your intuition’s Seal here

**9. Notary Public witness**

**Email the documents as single pdf file with a proof payment to info@ABICUSt.ac**

**7.Appendixes**