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

**Application for Affiliate Status** ( To be used by 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 Affiliation.

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

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

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

**4. Under each of these 16 ABICUS FL Conditions of Eligibility for Affiliation , write minimum of three paragraphs to one full page about how your institution fulfills and meets the requirements and attach proof of evidence in Appendices 1 -16**

**All applicant institutions must satisfy the Accreditation Council with the following eligibility criteria:**

**4.1. Must be a government registered entity in good standing.**

**4.2. must be licensed to carry out its activities.**

**4.3. must have an establishing charter, approval, or license to operate by the ministry of education.**

**4.4. Proof adequate physical campus.**

**4.5. proof of functional board of trustee.**

**4.6. Sound university administration.**

**4.7. qualified Ph.D. faculty.**

**4.8. proof of internal Quality Assurance and policies.**

**4.9. Adequate Learning Resources.**

**4.10. 30 credits of General Studies.**

**4.11. Assessment and Public Accountability.**

**4.12.website is continually updated and contains no misleading information.**

**4.13. Sound Accounting and record-keeping practice.**

**4.14. Independent Annual Audit showing statement of sound financial position.**

**4.15. Sound academic curriculum.**

**4.16. Physical Site and learning Resources.**

**5.0. Affirmation and signature**

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

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

5.3. 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.

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

5.5. 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.

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

5.7. If approved for Affiliate status, our institution understand and agree that we must state clearly in our website and all advertising material that ‘**’our institution holds affiliate status with the ABICUS FL located at 3200 Palatka Street, Orlando, Florida US 32824**. Email: abicus.usa@gmail.com **. Affiliate status is a pre-membership status granted to those institutions that meet the ABICUS`s Conditions of Eligibility and that possess such qualities as may provide a basis for achieving Applicant status within five years.**’’

**5.8. We the members of\_\_\_\_\_\_\_( state your institution`s name here)\_\_\_\_\_\_will not write any misleading statements in our website and all publication that will in any way suggest that we are accredited by ABICUS. Doing so will lead to instant loss of our affiliate membership status without any refund.**

5.7. No matter the outcome of the affiliate Application, we understand and agree that we cannot hold ABICUS liable in any way or in any form, for the outcome of application 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.

5.8. Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

5.9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

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

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

5.10.Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Registrar and Secretary of the Board.

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

**6. Notary Public witness**

**Email the documents as single pdf file with a proof payment to** Email: abicus.usa@gmail.com

**7.Appendixes**