**MEMBERSHIP APPLICATION FORM**

In making this application to become a member of the University Consortium International (UCI), the Executive Head of the University undertakes to ensure the observance of all the conditions and provisions of the Statute of UCI.

Membership Category:

Full member [ ]

Associate member [ ]

##  APPLICANT INFORMATION

Name of institution:

Address:

Post/ZIP Code:

Country:

Telephone:

Fax:

Email:

Websites:

## HEAD OF INSTITUTION

Title (Prof, Dr, etc.):

First and Last name:

Position:

Telephone (include country code):

Email address:

## HEAD OF INTERNATIONAL RELATIONS

Title (Prof, Dr, etc.):

First and Last name:

Telephone (include country code):

Email address:

## GENERAL INFORMATION

Date of establishment:

Legal status of institution:

Number of faculty and staff:

Full time:

Part-time:

Number of faculty member with earned Master degree:

Number of faculty member with earned Doctoral degree:

Number of students:

 Undergraduate:

 Graduate:

Membership in national, regional and/or international associations:

## QUALITY ASSURANCE AND ACCREDITATIONS

*Name of ranking systems or accreditation organizations in which the applicant institution is listed*

**DISCLAMER**

By signing the membership application form, I as the representative of *[institution]* hereby certify that all the given information is true and correct.

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| --- | --- |
| **Name of President:**  |   |
| **Signature:** |   |
| **Position:** |  |
| **Date:**  |   |

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| **University seal/stamp** |
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