Application for Accreditation

# Applicant

**Organisation** enter an organisation here

**Address** enter the address here

**Zipcode** postal code

**Place** city

**Province** province

**Country** country

**Website** www.

**Contactperson** contactperson

**Email**  @ .

**Telephone** +

# Registration

**Registered at**

For example one of https://www.eqar.eu/register/search.html

**Reference of registration** registrationreference

**Website**

**Contact email**  @ .

**Contact telephone** +

# Program

**Name** programname

**Level** Bachelor [ ]  Master [ ]

**Average number of students**

**Date** 31/12/99

[ ] We herewith agree and confirm that ECBL/ELA can use the by us provided data as mentioned in their [Privacy Policy](https://www.elalog.eu/privacy-policy) on [www.elalog.eu](https://www.elalog.eu/).