APPLICATION FORM

(PROGRAMME ACCREDITATION)

General Information

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| Name of Institution | INSTITUT TEKNOLOGI SEPULUH NOPEMBER (ITS) | |
|  |  | |
| Status: | State Institution | Private (State regognised) Institution |

Authorized Signatory/Contractual Signatory

|  |  |
| --- | --- |
| Name: | Prof. Dr. Ir. Mochamad Ashari, M.Eng |
| Posititon: | Rector |
| Address: | Kampus ITS, Sukolilo - Surabaya, Indonesia, 60111 |
| Telephone: | +62(31) -5994251-54, 5947274, 5945472 |
| Fax: | +62(31)-5923465, 5947845 |
| E-mail: | [rektor@its.ac.id](mailto:rektor@its.ac.id) |

Contact Person for the Assessment Process

|  |  |
| --- | --- |
| Name: | Prof. Dr. Ir. Aulia Siti Aisjah, MT |
| Posititon: | Head of Quality Assurance Office |
| Address: | Gedung Pascasarjana, 1st building, Kampus ITS Sukolilo Surabaya, Indonesia |
| Telephone: | +62(31)5994417 |
| Fax: | - |
| E-mail: | adm\_qa@its.ac.id |

The following degree programme(s) are to be accredited

1. Degree Programme

|  |  |
| --- | --- |
| Title of the degree programme |  |
| Degree awarded after programme completion |  |
| Degree awarded Institution (*incase of dual degree; all awarding institutions)* |  |
| Which faculty is the programme assigned to? |  |
| Type of degree programme | Undergraduate  Postgraduate  Doctoral Programme |
| Study format | Full Time  Part Time  Distance studies |
| Language of Instruction |  |
| First time start of the degree Programme |  |
| Location/campus where the programme is offered: |  |
| Dual degree programme is intended: | No |
|  | Yes , with the following partner institutions |
| Accreditation type | Concepts Accreditation  Initial Accreditation  Re-Accreditation |
| Request quality seal(s) | FIBAA  NVAO (Netherlands)  Other national seals (please note) |
| *In caseof a re-accreditation* | |
| When does the current accreditation end? |  |
| Currantly accredited by (Agency Name): |  |

If you would like to add additional programmes, please use a further application form.

Is/are the degree programme(s) to be accredited the subject of a pending accreditation process at another accreditation agency?

No

Yes, at (please name the agency):

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|  |

Has the negative issues for the degree programme to be accredited?

No

Yes, at (please tell when the negative decision was made and by which agency?):

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Remarks:

Please add an overview of the curriculum /curricula as an attachment

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|  |  |  |

Place Date Signature