

*Institutional Evaluation Programme*

*Academic Year 2021-2022*

*Initial evaluation*

**REGISTRATION FORM**

1. **Name of institution[[1]](#footnote-1):** Click here to enter text.

Street: Click here to enter text.

Postal code: Click here to enter text.

City: Click here to enter text.

Country: Click here to enter text.

E-mail: Click here to enter text.

Website: Click here to enter text.

Is the institution a member of EUA? Choose an item.

1. **What type of evaluation is your institution registering for?** Choose an item.
2. **Head of institution:**

Name: Click here to enter text.

Position: Click here to enter text.

**2.1. When did he/she take office?**Click here to enter text.

**2.2. How long is his/her mandate?**Click here to enter text.

1. **Your institution is:** Choose an item.
2. **Is your institution a private or a public one?** Choose an item.
3. **Number of full-time students (or full-time equivalent):** Click here to enter text.
4. Please list the **main faculties:** Click here to enter text.
5. Describe briefly the **specific profile** that makes your institution unique (max. 200 words):

Click here to enter text.

1. What is your primary **motivation to register** for an IEP evaluation?

Choose an item.

If other, please explain your motivation here: Click here to enter text.

1. Explain briefly your other motivations and **expectations towards the evaluation** (max. 200 words):

Click here to enter text.

1. IEP is characterised by looking at the institution as a whole. Nevertheless, should you wish, you may list here three issues of strategic importance for your institution, in order of priority, which you would like our team to take into account in the evaluation. Please, explain briefly why these are important issues for your institution. This will serve as background information for the evaluation team (max. 100 words per issue):

**A** Click here to enter text.

**B** Click here to enter text.

**C** Click here to enter text.

1. Describe briefly the state of the art and recent initiatives (or plans) regarding the quality management system in your institution.

Click here to enter text.

1. Please identify a **contact person** within your institution with whom we will co-ordinate the process:

Full name: Click here to enter text.

Position: Click here to enter text.

Tel. # Click here to enter text.

E-mail: Click here to enter text.

1. How did you learn about the Institutional Evaluation Programme?

Choose an item.

If you selected other, please explain: Click here to enter text.

Date:Click here to enter a date. Signature (head of institution):

Please return a scan of the signed registration form to info@iep-qaa.org

1. The institution needs to be officially recognised within its own system in order to undergo an IEP evaluation. [↑](#footnote-ref-1)