

**Application Form for External Quality Assessment**

|  |  |
| --- | --- |
| 1. **Programme Evaluation**
 | [ ]  |
| 1. **Institutional Review**
 | [ ]  |

General Information

|  |  |
| --- | --- |
| **Name of Institution** **(In Original Language and in English)** |       |
| **Type of Institution** | University [ ]  | University of Applied Sciences [ ]  |
| College of Higher Education [ ]  | Other (*please specify*)       |
| **Status** | State [ ]  | In the course of formation [ ]  |
| Private, state recognised [ ]  | Other (*please specify*)       |
| **Number of Students in General** |       |
| **Website** |       |

**Contact Person Details**

|  |  |
| --- | --- |
| **Name** |       |
| **Title** |       |
| **Position** |       |
| **Address** |       |
| **Telephone** |       |
| **E-Mail** |       |

Information on Internal Quality Assurance System

|  |  |
| --- | --- |
| Internal Quality Assurance System is in place\* | Yes [ ] No [ ]  |
| \*If so, please provide a short description |       |
| Start year of ESG implementation in the Institution |       |
| Formal mechanisms for the approval, periodic review and monitoring of programmes and awards. | Yes [ ] No [ ]  |
| Subjects/modules of the study programmes are based on Learning Outcomes | Yes [ ] No [ ]  |
| Other comments |       |

Information Relevant to the Offer

**A) for STUDY PROGRAMME EVALUATION procedure**

*The following degree programmes are to be evaluated (add as much as necessary):*

|  |
| --- |
| **INFORMATION ON STUDY PROGRAMME** |
| **Title** |       |
| **Study programme code**  |       |
| **Degree awarded** |       |
| **Type**  | Bachelor[ ]  / Master [ ]  / Integrated [ ]   |
| **Study mode** | Full Time[ ]  / Part Time [ ]  / Distance Studies [ ]   |
| **Joint study programme** | Yes/No |
| ***If Yes, Partner Institutions (countries):*** |  |
| **Volume (ECTS)** |       |
| **Intended level according to European Qualification Framework (EQF)** | 6 7  |
| **Total number of students**  |  |
| **Start of programme implementation** |       |
| **ACCREDITATION DETAILS** |
| End of accreditation period |       |
| Currently accredited by (insert the name of relevant body/authority) |       |
| Previous accreditation decision (or other outcome) |       |
| [ ]  **The Institution confirms that the study programme(s) to be evaluated is not the subject of a pending evaluation process at any other agency.** |
| [ ]  **The Institution confirms that within the period of 1 year, no negative decision has been issued for the study programme to be evaluated by another agency**. |

**B) for INSTITUTIONAL REVIEW procedure**

*The following institution is (are) to be subjected to an Institutional Review:*

|  |  |
| --- | --- |
| **Name of the Institution** |       |
| **Number of degree programmes offered** |       |
| **Disciplinary classification of the degree programmes offered:** | Biomedical Sciences [ ]  Physical Sciences [ ]  Technological Sciences [ ]  Social Sciences [ ]  Humanities [ ]  Creative Arts and Design [ ]  Agriculture  |
| **Prevailing Mode of Studies** | Full Time [ ]  Part Time [ ]  Distance Studies [ ]   |
| **ACCREDITATION DETAILS** |
| End of accreditation period |       |
| Currently accredited by (insert the name of relevant body/authority) |       |
| Previous accreditation decision (or other outcome) |       |
| [ ]  **The Institution confirms that it is not the subject of a pending evaluation process at any competent body.** |
| [ ]  **The Institution confirms that within the period of 1 year, no negative decision regarding institutional review has been issued by another competent body**. |

Other Remarks:

|  |
| --- |
|       |

Place Date Signature

|  |  |
| --- | --- |
| **Please send the completed form to:** | **Centre for Quality Assessment in Higher Education****E-mail:** **skvc@skvc.lt****.****For additional information:****Tel. +370 5 2107782**[**http://www.skvc.lt**](http://www.skvc.lt) |