

(On the official letterhead of the educational institution)

**To the Director of the Independent Institute for Accreditation, Rating  
and Certification  
Koshoyeva B.B.**

**APPLICATION**

I request to conduct program accreditation. \_\_\_\_\_  
(the full name of the legal entity is indicated)

Organizational and legal form \_\_\_\_\_

Form of ownership \_\_\_\_\_

Legal address \_\_\_\_\_  
(the registered address of the legal entity is indicated)

Location \_\_\_\_\_  
(the actual location address of the legal entity is indicated)

Taxpayer Identification Number (TIN) \_\_\_\_\_

Legal entity's OKPO code \_\_\_\_\_

Date of registration (re-registration) of the legal entity \_\_\_\_\_

Educational programs for accreditation:

№	code	Full name of educational programs/fields/specialties	Qualification level
1.			
2.			
3.			

Contact person's phone number: \_\_\_\_\_

Email address of the educational institution: \_\_\_\_\_

Date of completion « \_\_\_\_ » \_\_\_\_\_ 202 \_\_\_\_ г.

Full name of the head (director) \_\_\_\_\_

(signature)

(seal/stamp)

Required attachments:

1. Copy of the educational institution's registration certificate with the Ministry of Justice;
2. Copy of the license for the right to conduct educational activities;
3. Copies of certificates of previous accreditation of the above-mentioned programs;
4. Information on the number of graduates of the educational programs undergoing accreditation (in tabular form).