

**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**](mailto:skvc@skvc.lt)**.**  **For additional information:**  **Tel. +370 5 2107782**  [**http://www.skvc.lt**](http://www.skvc.lt) |