MEMBERSHIP APPLICATION FORM

Universities/institutions of higher education and research centers

1. Name of institution ____________________________ Date of foundation: ___________

2. Address __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

3. Telephone ___________  Fax ___________  WWW ___________

4. President, Rector, Chancellor or Principal (specify function) 
   Duration of mandate: from_____ to ______
   Office: 
   Telephone ___________  Fax ___________  E-mail ____________________________

5. Type of institution: university, college, technological institute, research centre (other: please specify)

6. Legal status of institution:
   public ☐  national ___  provincial / state ___  single campus ☐
   private ☐  multicampus ☐

7. Undergraduate and graduate degree programs offered by your institution (please list major programs):

   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

   Degrees awarded:  Bachelor’s ☐  Master’s ☐  Doctorate ☐

   Number of degrees awarded in each category, in each of the past two years:
   Year 20___:  Bachelor’s _____  Master’s _____  Doctorate _____
   Year 20___:  Bachelor’s _____  Master’s _____  Doctorate _____

(verso)
8. a) University and institution of higher education

Number of students: full-time ___________ part-time ___________

Academic staff: full-time ___________ part-time ___________

b) Research Center

Number of researchers: full-time ___________ part-time ___________

Number of students: full-time ___________ part-time ___________

Academic staff: full-time ___________ part-time ___________

9. National, regional and international higher education association of which your institution is a member:

_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

10. Officer responsible for international cooperation programs:

Name ________________________________

Function ________________________________

Telephone ________________ Fax ________________ E-mail ________________________________

Signature ________________________________

Date ________________________________ (name and function in capital letters)

Please send by fax (1 418) 657-4150, e-mail sec.general@oui-iohe.org and/or mail the original to:

Inter-American Organization for Higher Education
475, rue du Parvis, bureau 1338
Québec, Qc, Canada
G1K 9H7

Please enclose substantiating documentation on your legal status and send us a brochure on your institution showing your programs and development plan or let us know if the information is available on your website.