



# OUI-IOHE

ORGANISATION UNIVERSITAIRE INTERAMÉRICAINNE  
INTER-AMERICAN ORGANIZATION FOR HIGHER EDUCATION  
ORGANIZACIÓN UNIVERSITARIA INTERAMERICANA  
ORGANIZAÇÃO UNIVERSITÁRIA INTERAMERICANA

## 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 \_\_\_\_\_

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:

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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](mailto: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.