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 e-mail to sec.general@oui-iohe.org and/or mail the original to:

Inter-American Organization for Higher Education
3744, Jean Brillant, bureau 592
Montréal, Qc, Canada
H3T 1P1

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.