# INDIVIDUAL MEMBERSHIP APPLICATION FORM

**International Association of Private Universities and Colleges**

*Incorporated in Colorado, USA | Non-Profit Registration No. 20251179157*

Second Edition, 2025

# INDIVIDUAL MEMBERSHIP APPLICATION FORM

## International Association of Private Universities and Colleges

*Incorporated in Colorado, USA | Non-Profit Registration No. 20251179157*

# INSTRUCTIONS & IMPORTANT NOTICES

## Before You Begin

Please read these instructions carefully before completing this application form. Incomplete or inaccurate applications will delay the review process and may result in rejection.

## Eligibility Criteria:

- You must be currently employed as a full-time faculty member, researcher, or administrative professional at a recognized university, college, or higher education institution (not limited to IAPUC member institutions)
- You must hold at least a Master's degree or equivalent professional qualification (exceptions may be granted by the Membership Qualifications Committee for individuals with exceptional contributions to higher education)
- You must demonstrate a commitment to the advancement of private higher education
- You must have no record of academic misconduct, professional dishonesty, or conduct that has significantly harmed the reputation of the higher education sector in the past three years

## Application Requirements:

- Complete all sections of this form in English
- Provide truthful and accurate information
- Attach all required supporting documents
- Submit the application before the deadline

## Important Notices:

1. **Verification of Information:** IAPUC reserves the right to verify all information provided in this application. Inability to verify submitted information may result in the rejection of the application or termination of membership.

2. **Misrepresentation Warning:** Misrepresentation of qualifications, employment status, or any other information provided in this application constitutes a material breach of IAPUC's membership standards. Such misrepresentation may result in

immediate rejection of the application, revocation of membership, and potential legal action.

3. **Compliance Obligations:** By submitting this application, you agree to abide by the IAPUC Constitution, Membership Standards, Code of Conduct, and all applicable policies and regulations.

4. **Data Privacy:** Personal data collected through this application will be processed in accordance with IAPUC's Privacy Policy and applicable data protection laws, including GDPR principles where applicable.

5. **Application Fee:** A non-refundable application processing fee of $100 USD applies. Payment instructions are provided at the end of this form.

6. **Processing Time:** Applications are typically reviewed within 30 business days of receipt of a complete application package. Applicants will be notified of the membership decision in writing.

7. **Resignation:** Membership may be terminated by written notice to the IAPUC Secretary-General. Fees are non-refundable upon resignation.

8. **Good Standing Requirement:** Individual members must maintain good standing by paying annual dues on time and adhering to all membership obligations. Failure to do so may result in suspension or termination of membership.

# SECTION A: PERSONAL INFORMATION

| Field | Instructions | Response |
|---|---|---|
| **Title** | Select one | ☐ Dr. ☐ Prof. ☐ Mr. ☐ Ms. ☐ Mx. ☐ Other: _____ |
| **Full Legal Name (Surname)** | As it appears on official identification | |
| **Full Legal Name (Given Name)** | As it appears on official identification | |
| **Middle Name/Initial** | If applicable | |
| **Preferred Name** | How you wish to be addressed | |
| **Date of Birth** | DD/MM/YYYY | |
| **Nationality** | Country of citizenship | |

| | | |
|---|---|---|
| **Country of Residence** | Current country of residence | |
| **Passport/National ID Number** | Optional (for identity verification) | |

## SECTION B: CONTACT INFORMATION

| Field | Instructions | Response |
|---|---|---|
| **Professional Email Address** | Primary email for all official communications | |
| **Personal Email Address** | Backup email (optional) | |
| **Professional Telephone** | Including country and area code | |
| **Mobile Telephone** | Including country and area code | |
| **Current Institution** | Full official name of your employing institution | |
| **Department/Unit** | Academic or administrative unit | |
| **Current Position/Title** | Your official job title | |
| **Institutional Website** | URL of your institution | |
| **Professional LinkedIn URL** | Optional | |
| **ORCID/iD** | Optional (for researchers) | |

## SECTION C: ACADEMIC & PROFESSIONAL QUALIFICATIONS

| Field | Instructions | Response |
|---|---|---|

| | | |
|---|---|---|
| **Highest Degree Earned** | e.g., PhD, EdD, MBA, MA, MSc | |
| **Field of Study** | Primary discipline | |
| **Degree-Granting Institution** | Full official name | |
| **Year of Award** | YYYY | |
| **Additional Degree 1** | If applicable | |
| **Additional Degree 2** | If applicable | |
| **Total Years of Experience** | In higher education and/or quality assurance | |
| **Primary Area of Expertise** | Check all that apply | ☐ Teaching ☐ Research ☐ Administration ☐ Quality Assurance ☐ Accreditation ☐ Policy ☐ Other: _____ |

## SECTION D: EMPLOYMENT & PROFESSIONAL HISTORY

| Field | Instructions | Response |
|---|---|---|
| **Current Employer** | Full official name of institution/organization | |
| **Current Position** | Job title | |
| **Start Date** | DD/MM/YYYY | |
| **Brief Description of Duties** | Key responsibilities (max 100 words) | |
| **Previous Employer 1** | Full official name | |
| **Previous Position 1** | Job title | |

| | | |
|---|---|---|
| **Dates of Employment 1** | From – To | |
| **Previous Employer 2** | Full official name (if applicable) | |
| **Previous Position 2** | Job title (if applicable) | |
| **Dates of Employment 2** | From – To (if applicable) | |

## SECTION E: QUALITY ASSURANCE & ACCREDITATION EXPERIENCE

*This section helps us understand your background in quality assurance and accreditation.*

| Field | Instructions | Response |
|---|---|---|
| **Do you have experience with accreditation processes?** | ☐ Yes ☐ No | |
| **If yes, please describe** | Include specific roles and responsibilities (max 100 words) | |
| **Have you served as a peer reviewer?** | ☐ Yes ☐ No | |
| **If yes, for which bodies?** | List accrediting bodies or quality assurance agencies | |
| **Have you participated in institutional self-study?** | ☐ Yes ☐ No | |
| **If yes, please describe** | Provide brief details (max 100 words) | |
| **Are you familiar with IQA accreditation standards?** | ☐ Yes ☐ No ☐ Somewhat | |

| | | |
|---|---|---|
| **Please list any relevant certifications** | e.g., Quality Assurance certifications, project management certifications | |

# SECTION F: STATEMENT OF INTEREST & MOTIVATION

*This is a critical section of your application. Please provide thoughtful, detailed responses.*

| Field | Instructions | Response |
|---|---|---|
| **Why do you wish to join IAPUC?** | Describe your motivation for seeking individual membership (max 200 words) | |
| **How do you align with IAPUC's mission and values?** | Refer to IAPUC's core values: Rigor, Fairness, Transparency, Diversity, Continuous Improvement, Social Responsibility (max 200 words) | |
| **How do you plan to contribute to IAPUC?** | Describe your potential contributions as an individual member (max 200 words) | |
| **Areas of interest** | Check all that apply | ☐ Accreditation ☐ Quality Assurance ☐ Research ☐ Policy ☐ Training & Development ☐ International Relations ☐ Standards Development ☐ Other: _____ |

# SECTION G: DECLARATION & CONSENT

**I hereby declare and confirm that:**

1. The information provided in this application is true, accurate, and complete to the

best of my knowledge.

2. I have read, understood, and agree to abide by the IAPUC Constitution, Membership Standards, and all applicable policies and regulations.

3. I understand that providing false or misleading information may result in rejection of my application, revocation of membership, and potential legal consequences.

4. I consent to the collection, processing, and storage of my personal data for membership administration and related purposes in accordance with IAPUC's Privacy Policy.

5. I understand that my membership may be terminated if I fail to maintain the standards of conduct expected of IAPUC members.

6. I agree to pay the applicable membership fees as determined by the IAPUC Council.

7. I understand that membership is non-transferable and subject to annual renewal.

| **Field** | **Response** |
|---|---|
| **Full Name** | |
| **Signature** | *(Digital or handwritten signature accepted)* |
| **Date** | DD/MM/YYYY |

# SECTION H: SUPPORTING DOCUMENTS CHECKLIST

*Please ensure that you have attached the following documents before submitting your application.*

| **Document** | **Required?** | **Attached?** |
|---|---|---|
| Curriculum Vitae / Resume (comprehensive) | Yes | ☐ |
| Copy of highest degree certificate | Yes | ☐ |
| Proof of current employment (letter from employer or employment contract) | Yes | ☐ |

| | | |
|---|---|---|
| Professional reference letter (from a colleague or supervisor) | Preferred | ☐ |
| Language proficiency documentation (if English is not your native language) | Recommended | ☐ |
| Any additional supporting documentation | Optional | ☐ |

**Note:** All documents submitted in languages other than English must be accompanied by an official English translation.

## SECTION I: PAYMENT INFORMATION

| **Field** | **Details** |
|---|---|
| **Application Fee** | $100 USD (non-refundable) |
| **Annual Membership Dues (Individual)** | $100 USD per year (50% discount for applicants from UN-designated Least Developed Countries; 60% discount for full-time doctoral students) |
| **Payment Method** | ☐ Bank Transfer ☐ Credit Card ☐ PayPal ☐ Other: _____ |

**Payment Instructions:**

- Bank transfer details will be provided upon submission of this application
- Credit card payments can be processed through IAPUC's secure online payment portal
- Payment must be received within 30 days of membership approval for membership to be activated

## SUBMISSION

| **Field** | **Details** |
|---|---|
| **Submission Method** | Email to: **membership@iapuc.org** |

| | |
|---|---|
| **Subject Line** | "Individual Membership Application – [Your Full Name]" |
| **Application Deadline** | Rolling applications accepted; review within 30 business days |

*This application form is subject to revision. Please refer to the IAPUC website (www.iapuc.org) for the most current version.*

## FOR OFFICIAL USE ONLY

| Field | Details |
|---|---|
| **Application Received** | Date: _____ \| Received By: _____ |
| **Application Fee Paid** | Date: _____ \| Amount: _____ \| Receipt #: _____ |
| **Membership Qualifications Committee Review** | Date: _____ \| Outcome: ☐ Approved ☐ Rejected ☐ Additional Info Required |
| **Council Approval** | Date: _____ \| Approved By: _____ |
| **Membership Activated** | Date: _____ \| Member ID: _____ \| Membership Category: _____ |
| **Annual Dues Paid** | Date: _____ \| Amount: _____ \| Renewal Date: _____ |
| **Certificate Issued** | Date: _____ \| Certificate #: _____ |

# IAPUC INSTITUTIONAL MEMBERSHIP APPLICATION FORM

## International Association of Private Universities and Colleges (IAPUC)

*Incorporated in Colorado, USA | Non-Profit Registration No. 20251179157*

## INSTRUCTIONS & IMPORTANT NOTICES

## Before You Begin

Please read these instructions carefully before completing this application form. Incomplete or inaccurate applications will delay the review process and may result in rejection.

## Eligibility Criteria:

Institutional membership is open to the following categories of organizations:

| Membership Category | Eligibility Criteria | IQA Accreditation Eligibility |
|---|---|---|
| **Full Member** | Legally registered private university, college, or higher education institution with degree-granting authority; has completed at least one full student cohort cycle; committed to continuous quality improvement | **Yes** |
| **Accredited Member** | Full Member that has successfully achieved IQA Accreditation | **Already accredited** |
| **Associate Member** | Private vocational institutions, training providers, EdTech companies, education associations, and other organizations with a substantial interest in private higher education (no degree-granting authority) | **No** |

**Key Membership Principle:** Full Membership is the foundation for IQA Accreditation. Institutions cannot apply for IQA Accreditation without first becoming Full Members.

## Application Requirements:

- Complete all sections of this form in English
- Provide truthful and accurate information

- Attach all required supporting documents
- Submit the application before the deadline
- The application must be signed by the institution's Head (President, Chancellor, or equivalent)

## Important Notices:

1. **Verification of Information:** IAPUC reserves the right to verify all information provided in this application, including contacting regulatory authorities and conducting background checks. Inability to verify submitted information may result in rejection.

2. **Misrepresentation Warning:** Misrepresentation of legal status, degree-granting authority, student enrollment, or any other information provided in this application constitutes a material breach of IAPUC's membership standards. Such misrepresentation may result in immediate rejection, revocation of membership, public disclosure of the misrepresentation, and potential legal action.

3. **Compliance Obligations:** By submitting this application, the institution agrees to abide by the IAPUC Constitution, Membership Standards, Code of Conduct, and all applicable policies and regulations.

4. **Data Privacy:** Institutional and personal data collected through this application will be processed in accordance with IAPUC's Privacy Policy and applicable data protection laws.

5. **Application Fee:** A non-refundable application processing fee applies based on the membership category sought. Payment instructions are provided at the end of this form.

6. **Processing Time:** Applications are typically reviewed within 45 business days of receipt of a complete application package. Applicants will be notified of the membership decision in writing.

7. **Good Standing Requirement:** Member institutions must maintain good standing by paying annual dues on time, submitting required reports, and adhering to all membership obligations. Failure to do so may result in suspension or termination of membership.

8. **Accreditation Linkage:** Only Full Members in good standing are eligible to apply for IQA Accreditation. Associate Members seeking IQA Accreditation must first apply and be approved for Full Member status.

9. **Reporting Obligations:** Member institutions must report any material changes to the information provided in this application within 30 days of such changes occurring.

10. **Right to Allocate Category:** IAPUC reserves the right to determine the appropriate membership category for applicant organizations.

# SECTION A: INSTITUTIONAL IDENTIFICATION

| Field | Instructions | Response |
|---|---|---|
| **Full Legal Name of Institution** | As registered with the appropriate government authority | |
| **Preferred Name / Acronym** | How the institution is commonly known | |
| **Name in Original Language** | If different from English name | |
| **Date of Establishment / Founding Year** | DD/MM/YYYY or YYYY | |
| **Legal Status** | ☐ Non-Profit ☐ For-Profit ☐ Trust ☐ Foundation ☐ Other: _____ | |
| **Type of Institution** | ☐ University ☐ College ☐ Institute ☐ Vocational/Training Institution ☐ Other: _____ | |
| **Degree-Granting Authority** | ☐ Yes ☐ No | |
| **If yes, list degree levels authorized** | ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate ☐ Professional Degrees | |
| **Accreditation Status** | List all current accreditations (national and international) | |

## SECTION B: CONTACT INFORMATION

| Field | Instructions | Response |
|---|---|---|
| **Registered Office** | Complete physical | |

| | | |
|---|---|---|
| **Address** | address | |
| **Mailing Address** | If different from registered address | |
| **Country** | Country of headquarters | |
| **Official Website URL** | | |
| **Primary Contact Person** | Name and title | |
| **Contact Person's Email** | | |
| **Contact Person's Telephone** | Including country code | |
| **Quality Representative** | Designated IAPUC Quality Representative (if known) | |
| **Quality Representative Email** | | |

## SECTION C: GOVERNANCE & LEADERSHIP

| Field | Instructions | Response |
|---|---|---|
| **Head of Institution** | Name and title (President, Chancellor, Rector, or equivalent) | |
| **Head's Email** | | |
| **Head's Telephone** | | |
| **Chair of Governing Body** | Name and title (Board Chair or equivalent) | |
| **Chair's Email** | | |
| **Governance Structure** | Brief description of governance structure | |

| | | |
|---|---|---|
| | (max 100 words) | |
| **Number of Board Members** | | |
| **Number of Academic Departments/Schools** | | |
| **Number of Campuses** | Total number of campuses/learning sites | |
| **Countries of Operation** | List all countries where the institution has a physical presence | |

## SECTION D: INSTITUTIONAL DATA

| **Field** | **Instructions** | **Response** |
|---|---|---|
| **Total Student Enrollment (FTE)** | Full-time equivalent for the most recent academic year | |
| **Undergraduate Students** | Number enrolled | |
| **Graduate/Master's Students** | Number enrolled | |
| **Doctoral Students** | Number enrolled | |
| **International Students** | Number enrolled (all levels) | |
| **Total Full-Time Faculty** | | |
| **Total Part-Time/Adjunct Faculty** | | |
| **Student-to-Faculty Ratio** | | |

| | | |
|---|---|---|
| **Total Staff (Non-Faculty)** | | |
| **Annual Operating Budget (USD)** | Most recent fiscal year | |
| **Primary Source of Funding** | ☐ Tuition ☐ Endowment ☐ Government Grants ☐ Donations ☐ Corporate ☐ Other: _____ | |