
INTERNATIONAL ASSOCIATION
OF PRIVATE
UNIVERSITIES AND COLLEGES

INSTITUTIONAL 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

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	No

	organizations with a substantial interest in private higher education (no degree-granting authority)	

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 Address	Complete physical 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: _____	

SECTION E: ACADEMIC PROGRAMS

Field	**Instructions**	**Response**
Number of Degree Programs Offered	Total across all levels	
Primary Disciplines Offered	Check all that apply☐ Business & Management ☐ Engineering & Technology ☐ Humanities & Social Sciences ☐ Natural Sciences ☐ Arts & Design ☐ Health Sciences ☐ Education ☐ Law ☐ Computer Science & AI ☐ Interdisciplinary ☐ Other: _____	

Mode of Delivery	Check all that apply☐ On-campus ☐ Online ☐ Hybrid/Blended ☐ Distance Learning	
Transnational Education Programs	☐ Yes ☐ No	
If yes, list countries		

SECTION F: MISSION & STRATEGIC INFORMATION

Field	Instructions	Response
Institutional Mission Statement	Provide the official mission statement	
Institutional Vision Statement	Provide the official vision statement (if available)	
Strategic Plan	Please attach a copy or provide a summary (max 200 words)	
Key Strategic Priorities	List 3-5 key priorities for the next 3-5 years	
Institutional Values	List core values	
Brief History	Provide a brief history of the institution (max 150 words)	

SECTION G: QUALITY ASSURANCE FRAMEWORK

Field	Instructions	Response
Does your institution have a formal quality assurance system?	☐ Yes ☐ No ☐ In Development	

If yes, please describe	Include governance structure, key processes, and reporting lines (max 150 words)	
Do you have a designated Quality Assurance Officer/Unit?	☐ Yes ☐ No	
Does your institution conduct regular program reviews?	☐ Yes ☐ No	
If yes, how often?	☐ Annually ☐ Every 2-3 years ☐ Every 5 years ☐ Other: _____	
Does your institution have a student learning outcomes assessment system?	☐ Yes ☐ No ☐ In Development	
Has your institution undergone external quality review before?	☐ Yes ☐ No	
If yes, list the agencies and dates		
Are you familiar with IQA accreditation standards?	☐ Yes ☐ No ☐ Somewhat	

SECTION H: STATEMENT OF INTEREST

Field	**Instructions**	**Response**
Membership Category Sought	☐ Full Member ☐ Associate Member	
Primary Reasons for Seeking Membership	Describe why your institution wishes to join IAPUC (max 200 words)	

How will your institution contribute to IAPUC?	Describe your potential contributions to the association (max 200 words)	
How will IAPUC membership benefit your institution?	Describe expected benefits (max 200 words)	
Are you interested in IQA Accreditation?	☐ Yes ☐ No ☐ Undecided (Full Members only)	
If interested, what is your timeline?	☐ Within 1 year ☐ Within 2 years ☐ Within 3 years ☐ Undecided	

SECTION I: ADDITIONAL INFORMATION

Field	**Instructions**	**Response**
Does any other organization represent your institution in international quality assurance?	☐ Yes ☐ No	
If yes, please specify		
Has your institution ever had accreditation denied or revoked?	☐ Yes ☐ No	
If yes, please explain		
Is your institution currently under investigation by any regulatory authority?	☐ Yes ☐ No	
If yes, please explain		

Has your institution been subject to any sanctions or penalties in the last five years?	☐ Yes ☐ No	
If yes, please explain		

SECTION J: DECLARATION & AUTHORIZATION

I, the undersigned, being the Head of the applicant institution, hereby declare and confirm that:

1. The information provided in this application is true, accurate, and complete to the best of my knowledge and belief.

2. The applicant institution is legally registered and authorized to operate in its country of establishment.

3. All documents submitted in support of this application are authentic and unaltered.

4. I have read, understood, and agree that the applicant institution will abide by the IAPUC Constitution, Membership Standards, and all applicable policies and regulations.

5. I understand that providing false or misleading information may result in rejection of this application, revocation of membership, public disclosure of the misrepresentation, and potential legal action.

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

7. I understand that membership may be terminated if the institution fails to maintain the standards of conduct expected of IAPUC members.

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

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

10. I agree to notify IAPUC of any material changes to the information provided in this application within 30 days of such changes occurring.

Field	**Response**
Full Name of Authorized Representative	
Title/Position	

Institution Name	
Signature	(Original signature or digital signature required)
Date	DD/MM/YYYY
Official Seal/Stamp	(If applicable)

SECTION K: SUPPORTING DOCUMENTS CHECKLIST

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

Document	**Required?**	**Attached?**
Official certificate of incorporation/registration	Yes	☐
Proof of degree-granting authority (if applicable)	Yes (Full Members)	☐
Institutional mission and vision statements	Yes	☐
Strategic plan (summary or full document)	Yes	☐
Organizational chart	Yes	☐
List of Board members and senior administrators	Yes	☐
Most recent audited financial statements	Yes	☐
Quality assurance framework documentation	Recommended	☐
Evidence of any existing accreditations	Recommended	☐

Letters of endorsement from IAPUC members (if available)	Preferred	☐
Copy of institutional brochure or prospectus	Optional	☐
Any additional supporting documentation	Optional	☐

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

SECTION L: PAYMENT INFORMATION

Field	**Details**
Application Fee	Full Member: $150 USD (non-refundable) / Associate Member: $100 USD (non-refundable)
Annual Membership Dues	See IAPUC Membership Standards and Fee Regulations for detailed fee schedule based on FTE enrollment and member category
Payment Method	☐ Bank Transfer ☐ Credit Card ☐ PayPal ☐ Other: _____

Annual Dues Reference (for Full Members)

FTE Enrollment	**Annual Dues (USD)**
< 1,000	$1,500
1,000 – 5,000	$3,000
5,001 – 15,000	$4,500
> 15,000	$6,000

Annual Dues Reference (for Associate Members)

Institution Type	Annual Dues (USD)
Vocational/Training Institution	$1,200
Educational Association/Non-Profit	$750
EdTech/Corporate	$1,500

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: **member@iapuc.org**
Subject Line	"Institutional Membership Application – [Institution Name]"
Application Deadline	Rolling applications accepted; review within 45 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 Category Assigned	☐ Full Member ☐ Accredited Member ☐ Associate Member
Membership Activated	Date: _____ | Member ID: _____
Annual Dues Paid	Date: _____ | Amount: _____ | Renewal Date: _____
Certificate Issued	Date: _____ | Certificate #: _____
Quality Representative Designated	Name: _____ | Email: _____
IQA Accreditation Eligibility	☐ Eligible ☐ Not Eligible (Associate Member)