

Application Form for Accreditation of Academic Program



Bangladesh Accreditation Council

Application for Accreditation of Academic Program

A. General Information

1. Name of the higher education institution:

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2. Address of the higher education institution:

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3. Year/Date of establishment of IQAC:

B. Details of the Academic Program

4. Name of the program offering entity (Department/Faculty/Institute/College etc.):

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Address of the program offering entity:

5. Name of the academic program:

6. Name of the Degree to be awarded upon completion of the academic program:

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7. Field of Study/Discipline:

Arts/Science/SocialScience/Business/Agricultural/Engineering/Medical/Others (please specify).....

8. Level of the academic program: Bachelor/Master

9. Duration of the program: Years

10. Number of semesters to be completed for award of the degree:
11. Total Credit to be completed for award of the degree:
12. Year/Date of approval of the academic program:
13. Name of the program approving authority:
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14. Number of full-time faculty members engaged in the academic program:
15. Number of part-time faculty members engaged in the academic program (if any):
16. Total number of students in the academic program:
17. Year of first enrollment in the academic program:
18. Year/Date of graduation of the first batch of students under the academic program:
19. Number of batches graduated under the academic program:
20. Date of completion of self-assessment of the academic program:
21. Name & address with contact details of the Mentor, (if any):

Name:

Designation:

Name & Address of the Employer:

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Telephone & Cell#:.....

Email:

22. Name & address of the contact person for further communication:

Name:

Designation:

Telephone & Cell #:

Email:

C. Details of Previous Accreditation

23. Date of submission of application for accreditation and name of the accreditation agency (if any):
24. Accreditation Status in respect of previously submitted application (if any):
(Please put tick mark where appropriate)

Provisional Accreditation/Certificate of Confidence/Certificate of Accreditation/ Not Accredited/

25. Date of receipt of Certificate of Accreditation/Certificate of Confidence (if any):

26. Name of the Accreditation Agency (if accredited):

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D. Institutional Commitment

We, on behalf of the (*Name of the POE, HEI... ..*), hereby submitting this application for BAC accreditation of the academic program (*name of the academic program*). We have read the Accreditation Rules, 2022 and Policies of Bangladesh Accreditation Council. We will accept and maintain the accreditation standards and criteria of Bangladesh Accreditation Council in management of the academic program. We will cooperate in external quality assessment of the academic program and academic audit as per the Accreditation Rules, 2022.

**Signature of Head of the POE
with Name, Seal and Date**

**Signature of Director, IQAC
with Name, Seal and Date**

**Signature of Vice-Chancellor/Head of the HEI
with Name, Seal and Date**