

**Application Form**  
**Submission for the Accreditation of an Academic Course**

Please complete a separate form for each course and return it with your submission to the address below

**Name of educational establishment** .....

**Awarding body** .....

**Please detail any franchising arrangements** .....

**Course type: full-time, part-time, etc. and duration** .....

**Name of Department** .....

**Head of Department** .....

**Course Leader** .....

**Name and telephone number of person to contact in the event of queries**  
.....

**Period of current validation: From intake in** .....

**Indicate whether validation was the result of an internal or external process** .....

**If internal, attach a separate sheet showing composition of validation panel**

**Person authorising this submission** .....

**Position within establishment** .....

**Signature** .....

**Date** .....