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| **BALKAN UNIVERSITIES ASSOCIATION MEMBERSHIP APPLICATION FORM** |
| **Name of the University** |  |
| **Address of the University** |  |
| **Rector’s Name** |  |
| **Term of Office** |  |
| **City/Country** |  |
| **Telephone Number** |  |
| **Website** |  |
| **E-mail** |  |

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| **TYPE OF UNIVERSITY (Please tick one box only)** |
| **University (publicly funded)** |  |
| **University (privately funded)** |  |
| **Other Institute of Higher Education (publicly funded)** |  |
| **Other Institute of Higher Education (privately funded)** |  |

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|  | **STUDENT NUMBERS** | **PROGRAM NUMBERS** |
| **Associate Degree** |  |  |
| **Undergraduate** |  |  |
| **Master’s** |  |  |
| **Doctoral** |  |  |
| **ACADEMIC STAFF NUMBER** |
| **Full Time** |  |
| **Part Time** |  |
| **INFORMATION ABOUT THE UNIVERSITY** |
| **The Year of Establishment** |  |
| **The Year of Graduation of First Students** |  |
| **Accreditation Status** |  |
| **NAME OF THE INSTITUTES** |
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| **NAME OF THE FACULTIES** |
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| **NAME OF THE VOCATIONAL HIGH SCHOOLS** |
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| **INTERNATIONAL COOPERATION** |
| **INTERNATIONAL PROGRAMS** | **THE NUMBER OF THE AGREEMENTS** |
| **Bilateral Agreements** |  |
| **Erasmus+** |  |
| **Mevlana** |  |
| **The Other International Agreements** |  |

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| **BOLOGNA PROCESS AND ACCREDITATION** | **YES** | **NO** |
| **Does your University use the European Credit Transfer and Accumulation System or ECTS?**  |  |  |
| **When did your University begin using ECTS?** |  |
| **Do you have degree programs that are accredited?** |  |  |
| **The number of degree programs that are accredited** |  |
| **Did your University receive the Diploma Supplement Label?** |  |  |

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| **REFERENCES****(please state us two references from BUA Rectors to support your application)** |
| **1.**  |
| **2.**  |
| **3.**  |

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| **THE MEMBERSHIP LIST TO UNIVERSITY ASSOCIATIONS** |
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| **CONTACT DETAILS- RECTOR/PRESIDENT** |
| **Title** |  |
| **First Name** |  |
| **Family Name/Surname** |  |
| **Personal Telephone Number****(including country code)** |  |
| **Email Address** |  |

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| **INTERNATIONAL RELATIONS OFFICE** |
| **Title** |  |
| **First Name** |  |
| **Family Name/Surname** |  |
| **Job Title** |  |
| **Telephone Number****(including country code)** |  |
| **Email Address** |  |

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| **JOINING THE BUA****Please take a few minutes to tell us why your institution wants to join the BUA.** |
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| **DISCLAIMER****(By signing this form you, as Rector/President, agree for the BUA to contact your institution’s leadership about services that are relevant to its membership.)** |
| **Name of the Rector/President** |  |
| **Signature of the Rector/President** |  |
| **Date** |  |

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| **University Seal/Stamp** |
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| **Balkan Universities Association** | **Address:****Trakya University International Relations Office****22030 Balkan Campus****Edirne/TURKEY**intrel@trakya.edu.tr**+90 284 213 96 34** |

Note: Your application will be reviewed and voted in the next meeting of Balkan Universities Association.