## BAS HANDBOOK

## APPENDIX 1a

### *APPLICATION FOR PRE-ACCREDITATION VISIT (Form AC1a)*

One electronic copy of this form should be sent to the Administrator of the BALEAP Accreditation Scheme Committee at admin@baleap.org.

1. **Name of University**

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| --- |
|  |

2 **Name of Head/Director of Member Institution and full postal address:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |  |
|  |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

3 **List of courses expected to be running at the time of the accreditation visit and names of the staff members responsible for these courses** (use separate sheet if necessary):

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Name** | **Dates** | **Student Numbers** | **Lecturer Name** |
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4 **Preferred dates for assessors' visit and rationale for choosing the dates.**

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|  |

Signed .................................................... Position .......................... Date ..........................

**Name and address of contact for correspondence, if different from above**:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |  |
|  |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

*This application can be made on the BALEAP website; https://www.baleap.org/accreditation/institutions/apply-for-accreditation*