



## Application Form (Certification FIBAA Quality Seal "Excellence in Digital Education"®)

In order to make you a suitable offer, we ask you to fill in the following form.

1. Institutional Certification "Excellence in Digital Education"®	<input type="checkbox"/>
2. Programme Certification "Excellence in Digital Education"®	<input type="checkbox"/>

### General Information

Name of Institution:	
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*For Universities/Universities of Applied Sciences/Continuing Education Institution/Universities of Cooperative Education:*

Status:	State <input type="checkbox"/>	Private state recognised <input type="checkbox"/>	Private <input type="checkbox"/>	In the course of formation <input type="checkbox"/>
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### Authorised Signatory / Contractual Signatory

Name, Title:	
Position:	
Address:	
Telephone:	
Fax:	
E-Mail:	

### Contact Person for the Assessment Process

Name:	
Faculty:	
Address:	
Telephone:	
Fax:	
E-Mail:	

## Offer-related information only in case of a Programme Certification "Excellence in Digital Education"®

The following study programmes are to be certified<sup>1</sup>:

### 1. Study programme

Title of the study programme:	
Study format:	full time <input type="checkbox"/> / part time <input type="checkbox"/>
No. of ECTS points assigned to the programme:	
Requested certification form:	initial certification <input type="checkbox"/> / re-certification <input type="checkbox"/> / extension of an existing certification (please mention the certification) <input type="checkbox"/> .....)
Initial start of the programme:	
Locations (in case the programme is to be certified in several locations):	
In case of re-certification:	
When does the certification end?	
Currently certified by (name of agency):	
If appropriate:	
Proposed as part of a cluster with the following additional study programmes:	/ /

### 2. Study programme

Title of the study programme:	
Study format:	full time <input type="checkbox"/> / part time <input type="checkbox"/>
No. of ECTS points assigned to the programme:	
Requested certification form:	initial certification <input type="checkbox"/> / re-certification <input type="checkbox"/> / extension of an existing certification (please mention the certification) <input type="checkbox"/> .....)
Initial start of the programme:	
Locations (in case the programme is to be certified in several locations):	
In case of re-certification:	
When does the certification end?	
Currently certified by (name of agency):	
If appropriate:	
Proposed as part of a cluster with the following additional study programmes:	/ /

**Please tick the appropriate box:**

Is/are the to be certified programme(s) a subject of a pending certification process at any another agency?

No

Yes, at: \_\_\_\_\_ (please name the agency/institution)

Has there been issued a negative decision about a certification for the to be certified programme(s) in the past 2 years?

No

Yes, at: \_\_\_\_\_ (please name the agency/institution)

<sup>1</sup> After successful conclusion of the certification procedure FIBAA awards the FIBAA Quality Seal "Excellence in Digital Education"®.

**Other comments:**

**Important notes:**

Please add an **overview of the curriculum/curricula** including a short **description of the programme(s)** as an attachment.

If you want to include **further programme(s)** in a cluster, please add a further application form.

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Place	Date	Stamp/Signature
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**We look forward to hearing from you!**

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