Application for Internal Quality Assurance System Certification (AUDIT-AVAP)

APPLICANT INSTITUTION

RESPONSIBLE FOR THE INSTITUTION

Position:			
Name and Surname:			
Address:			
E-mail:		Tel:	

CONTACT DETAILS OF THE INSTITUTION

Position:			
Name and Surname:		ID:	
Address:			
E-mail:		Tel:	

LIST OF CENTRES TO BE CERTIFIED

Name of the Centre	RUCT Code

DETAILS OF THE PERSON IN CHARGE OF THE CENTRE

Position:			
Name and Surname:			
Address:			
E-mail:		Tel:	

SCOPE OF THE CENTRE'S QUALITY SYSTEM

Official Bachelor's and/or Master's Degrees	☐
Official PhD Programmes	☐
University-Specific Programmes	☐

EXCLUSION OF CRITERIA 6, 7, 8 *

Criterion 6	☐
Criterion 7	☐
Criterion 8	☐

(*) It is important to note that the institution may only request exclusion from the scope of SAIC certification of criteria 6, 7 or 8 of the AUDIT-AVAP Model when these are not applicable to the applicant centre, which must be justified in the application itself, explaining in detail in which other areas of the institution the management/implementation responsibilities for the activities linked to these criteria fall.

The applicant institution undertakes to provide the Agència Valenciana d'Avaluació i Prospectiva (AVAP) with the permission to access the documentation and records of the Internal Quality Assurance System necessary to carry out the AUDIT-AVAP Certification of Internal Quality Assurance Systems assessment of the centre(s) included in this application.

The Agència Valenciana d'Avaluació i Prospectiva (AVAP) undertakes to make use of the permissions provided, in accordance with the instructions given by the requesting institution, and solely for the purpose of the evaluation of the quality system, not providing this information to any person outside the process.

Signed:

Director of the Agència Valenciana d'Avaluació i Prospectiva

Plaça de l'Ajuntament nº 6 (Plantes 4ª i 5ª) 46002 València