

ISG Review Application Form

Name of Quality Assurance Agency:

Website:

Date of legal incorporation:

Number of years of quality assurance activity:

INQAAHE Membership:

Membership of regional networks:

If yes, which regional networks:

Overview of quality assurance activities (no longer than 500 words):

Would you like to be considered for:

Review

Recognition of Prior Review

Joint Review

If applying for Recognition of Prior Review, please provide details of the previous review you wish to have recognized for the purpose of ISG Review:

If applying for Joint Review, please provide details of the regional network with which you would like INQAAHE to collaborate for the purposes of the ISG Review: