

**UNITED STATES HIGHER LEARNING BOARD FOR EDUCATION**  
**APPLICATION FORM GUIDELINES**

The applicant is instructed to strictly follow the given guidelines while filling the membership form:

1. Use BLOCK LETTERS to fill the given form.
2. Applicant to provide accurate and true information in the form. USHLBE is authorized to cancel your application if the data provided turns out to be untrue, or forged.
3. Applicant to submit all the required documents to USHLBE along with the Application Form. If any document is found missing or forged, USHLBE is authorized to cancel the application.
4. The applicant will be informed of the cancellation of the application, under any circumstances, via email.
5. Necessary documents are listed at the end of the application. You can scan and send all of the documents via email.
6. USHLBE is accountable to treat all information with strict confidentiality.
7. You will probably find that several documents requested are not relevant to your institute. In such case, no documents are required from you. USHLBE will contact you if any further information or document is required.

We look forward for your co-operation in this regard. You can contact us anytime you need our assistance or guidance in filling this form.

Thank you





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US HIGHER LEARNING  
BOARD FOR EDUCATION

| APPLICANT INFORMATION   |                    |                          |
|---|--------------------|--------------------------|
| Name:   |                    | Designation:             |
| Current address:  |                    |                          |
| City:   | State:             | ZIP Code:                |
| Phone:  | E-mail:            | Fax:                     |
| ORGANIZATION INFORMATION  |                    |                          |
| Name of Institute:  |                    |                          |
| Formation Date:   | Registration Date: | Years in operation:      |
| Phone:  | E-mail:            | Website:                 |
| City:   | State:             | ZIP Code:                |
| Are the premises leased?    Yes                  No <i>(Please circle)</i>                                    |                    | Expiry date(s) of lease: |
| Do you have a lease agreement or evidence of ownership?    Yes                  No <i>(Please circle)</i>     |                    |                          |
| Legal Status:    Sole-Proprietorship    Partnership <i>(Please circle)</i>                                    |                    |                          |
| In case of Partnership, provide details: (name of partner(s), contact number(s) & email address(es))          |                    |                          |
| 1.  |                    |                          |
| 2.  |                    |                          |
| 3.  |                    |                          |
| 4.  |                    |                          |
| 5.  |                    |                          |
| Owner(s) and Board of Directors, provide details: (name of partner(s), contact number(s) & email address(es)) |                    |                          |
| 1.  |                    |                          |
| 2.  |                    |                          |
| 3.  |                    |                          |
| 4.  |                    |                          |
| 5.  |                    |                          |
| EMERGENCY CONTACT<br>(INFORMATION RELATING TO YOUR ALTERNATE REPRESENTATIVE TO USHLBE)                        |                    |                          |
| Name:   | Title:             | Qualification            |
| Address:  |                    |                          |
| City:   | State:             | ZIP Code:                |
| Phone:  | Email:             | Fax:                     |
| LIST OF DOCUMENTS REQUIRED  |                    |                          |
| You need to submit these documents are listed below:  |                    |                          |
| 1. Registration License   |                    |                          |
| 2. Prospectus or Brochure of the Institute  |                    |                          |
| 3. Course Outline   |                    |                          |
| 4. Organizational Structure   |                    |                          |
| 5. Resume/ CV of the Institute's Representative   |                    |                          |
| 6. Student Admission Form   |                    |                          |
| 7. Ethics Policy  |                    |                          |
| REFERENCES  |                    |                          |
| Names   | Addresses          | Phone Numbers            |
|   |                    |                          |
|   |                    |                          |
|   |                    |                          |
|   |                    |                          |

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## UNDERTAKING & SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I understand that any inaccurate or false information or omission of material information shall render this application invalid.

I hereby confirm the institute is required to make the registration fee of **USD \$850** upon the approval of my application to initiate the further process of accreditation after the approval.

Signature of applicant:

Date:

Institute's Stamp/ Seal:

