



We are excited to welcome you to the International Association for Colleges and Universities (IACU). By joining our network, you become part of a global community of educational institutions dedicated to advancing higher education, fostering innovation, and supporting skill development worldwide.

### SECTION 1: INSTITUTION INFORMATION

Institution Name : \_\_\_\_\_

Institution Address : \_\_\_\_\_

Street Address : \_\_\_\_\_

City : \_\_\_\_\_ State/Province: \_\_\_\_\_

Country : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Institution Type :  University  College  
(Please select one)  Vocational Training Institute  Online Education Platform  
 Research Institution  Other (Please Specify)

Year Established : \_\_\_\_\_ Website: \_\_\_\_\_

### SECTION 2: CONTACT INFORMATION

Primary Contact Person : \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title : \_\_\_\_\_

Email Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Secondary Contact Person (optional) :

\_\_\_\_\_

Name:

\_\_\_\_\_

Position/Title

:

\_\_\_\_\_

Email Address

:

\_\_\_\_\_

Phone Number

:

\_\_\_\_\_

### SECTION 3: MEMBERSHIP TYPE

Membership Type

:

(Please select one)

Full Membership (for accredited institutions)

Associate Membership (for non-accredited institutions)

Affiliate Membership (for partners, sponsors, and other stakeholders)

### SECTION 4: EDUCATION & PROGRAM DETAILS

Number of Students Enrolled:

\_\_\_\_\_

Number of Faculty Members:

\_\_\_\_\_

Programs Offered:

(Please list key programs or areas of study)

\_\_\_\_\_

Accreditation Status:

(Please provide details of accreditation bodies)

\_\_\_\_\_

### SECTION 5: CONTRIBUTION TO IACU

How can your institution contribute to the mission of IACU? (Please provide a brief description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in participating in any of the following? (Check all that apply)

Research Collaborations

Joint Educational Programs

Student Exchange Programs

Faculty Exchange Programs

Skill Development Initiatives

Online Platform Development

Other (Please Specify)

**SECTION 6: CONTRIBUTION TO IACU**

Please provide any additional information that might support your application:

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**SECTION 7: DECLARATION**

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 8: SUBMISSION**

Please submit this completed form to:

[info@iacuglobal.org](mailto:info@iacuglobal.org)

Or send a hard copy to:

**International Association for  
Colleges and Universities, Inc.  
30N Gould St Ste N  
Sheridan, WY 82801,  
United States of America**

