



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:

SECTION 7: DECLARATION

Please submit this completed form to:

Name of Authorized Representative: _____

Position/Title: _____ Date: _____

SECTION 8: SUBMISSION

Please submit this completed form to:

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**

