# 1. Identification and Scope of the Audit

**Institution requesting the EUR-ACE accreditation**

|  |  |
| --- | --- |
| Name and address of the school |  |
| Name and address of the faculty |  |
| Statutory of the faculty |  |
| Contact person for accreditation | Name:  Function:  E-mail:  Telephone: |

**Study programme**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the study programme:** |  | | |
| Name of the study field |  | | |
| Cycle (Bologna system) |  | Length of study (years) |  |
| Form of study |  | Title awarded to graduates |  |
| State accreditation valid until |  | Number of ECTS credits |  |

**Accreditation audit**

|  |  |
| --- | --- |
| Accreditation Audit Team | Name:  E-mail:  tel.:  Date of auditor traning:  Name:  E-mail:  tel.:  Date of auditor traning:  Name:  E-mail:  tel.:  Date of auditor traning: |
| Accompanying person(s) | Name:  E-mail:  tel.:  Name:  E-mail:  tel.: |
| Date and time of audit |  |
| Visited Facilities |  |

# 2. Evaluation of the Self-Assessment

# 3. Audit Findings

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| --- | --- | --- |
| Criteria | Evaluation | Non-Conformities |
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# 4. Final Verdict Proposal

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| --- | --- |
| **Final Vedict Proposal** | **passed without conditions**  **passed with conditions**  **failed** |

# 5. Justification and Conditions

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| --- | --- | --- |
| **Condition** | **Deadline** | **Verification** |
|  |  |  |
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**Prepared by:**

**Date:**