**Application for Incorporation to the Accreditation Process Scientific-Based Engineering Programs**

|  |  |
| --- | --- |
|  | Exclusive use of Acredita CI |
| No. |  |

The Academic Unit on which the program(s) depends must complete the following form to request their incorporation to the accreditation process.

Once completed, send the form to the following email: **incorporacion@acreditaci.cl** indicating in the subject: Incorporation to the Engineering Accreditation Process.

|  |
| --- |
| 1. **Unit Information**
 |
| Institution: |  |
| Name of the Unit:(Faculty, School, Area, other as appropriate) |  |
| Address: |  |
| Name of the maximum manager of the unit: |  |
| Charge: |  |
| Name of the person in charge of the accreditation process:(For further communications) |  |
| Email: |  |
| Telephone number of the person in charge of the accreditation process: |  |
|  |  |
|  |  |
| 1. **Details of the program or programs to be submitted to the process:**

(Repeat this information as many times as necessary, depending on the program or programs that are presented to the process) |
| Program name |  |
| Profession to which it leads |  |
| Academic degree to which it leads  |  |
| Mentions(if any) |  |
|  |
|  |
| No. Creation Decree |  |
| ¿It has previous accreditation? Yes/No(Indicate expiration date, if applicable). |  |
| Estimated date of submission of the Self-Evaluation Report[[1]](#footnote-1). |  |
| Cut-off date of the information presented in the Self-Assessment Report.  |  |
| Related Higher Education Institutions[[2]](#footnote-2). |  |

Details of Locations, Schedules y Modalities[[3]](#footnote-3) in which the program is taught.

(Repeat as many times as necessary)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Location Name | Schedule(Daytime/ Afternoon) | Modality(In presence/Blended) | Program start year on location | Observations |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

Complete the information indicated, for each location, schedule and modality reported. This information will be referred to through the correlative number assigned for each one.

|  |
| --- |
| Details of the program for each location and modality: |
| 1 | Total students enrolled to date: |  |
| Nominal duration of the program expressed in semesters: |  |
| Total graduates to date: |  |
| Number of cohorts with graduated students to date: |  |
| Indicate the system for measuring student workload: Example: transferable credits / teaching units / credits / other. |  |
| Indicate total credits / units of student workload |  |

|  |
| --- |
| **3) Billing Data** |
| Business name |  |
| R.U.T. |  |
| Address |  |
| Money order |  |
| Legal Representative who will sign the Contract |  |
| Proof of Legal Representation |  |
| Identification Document |  |
| Date (mm/dd/yyyy) |  |

The undersigned declares the commitment of the program(s) to carry out the accreditation process, under the criteria established in the Acredita CI Master Manual for the Accreditation of Science-Based Engineering Programs. Also, agrees to consider the results of this Accreditation in the future development of the career.

**Signature and Stamp Legal Representative**

|  |
| --- |
| Exclusive use of Acredita CI |
|  |  |  |
| Accreditation Council authorizing | Council President Signature | Date |

1. Date required for the purposes of working on the definition of the peer evaluators committee in a timely manner. [↑](#footnote-ref-1)
2. In order to prevent possible conflicts of interest when proposing the Peer Evaluation Committee to the program, Acredita CI requests the Institution to report the name of any Higher Education Institution with which it could share or have a property or administration relationship. [↑](#footnote-ref-2)
3. You must inform all the schedules and modalities in which the program is taught and **that are in force or in the process of closing, provided that has students currently**, which can be: daytime or afternoon schedules in presence or blended modality, regular programs. [↑](#footnote-ref-3)