INSTITUTIONAL RENEWAL APPLICATION FORM

For Renewal of IABE Membership and/or Institutional Accreditation

IMPORTANT: Please read the instructions carefully and complete all applicable sections in Capital Letters**.** Please attach all required supporting documents.

1. INSTITUTION INFORMATION

Name of the Institution:	**Name of the President / Head:**
Address :	**City / District:**
State / Province:	**Country :**
Contact Number :	**Official Website:**
Official Email:	**Name of Authorized Contact Person:**

2. PREVIOUS IABE MEMBERSHIP / ACCREDITATION DETAILS

Previous IABE Membership / Accreditation Number:	**Previous Certificate Number:**
Previous Certificate Issue Date:	**Previous Accreditation / Membership Date:**
Renewal Due Date:	**Last Accreditation / Review Status:**
Previous Accreditation Level / Program:	**Last Certificate / Accreditation Website or Portal:**

3. ACADEMIC AND GRADUATION INFORMATION

Date of Last Graduation:	**Academic Year of Last Graduation:**
Number of Students Graduated in Last Academic Year:	**Current Number of Enrolled Students:**
Number of Faculty / Instructors:	**Number of Academic Programs:**
Highest Degree / Program Offered:	**Date of Most Recent Academic Review:**

4. PROGRAMS FOR WHICH RENEWAL IS REQUESTED

Please select all programs for which the institution is requesting renewal:

☐ Certificate Programs

☐ Diploma Programs

☐ Bachelor Degree Programs

☐ Master Degree Programs

☐ Doctoral / Doctorate Programs

☐ Institutional Membership Renewal

Total Number of Programs Submitted for Renewal	**Academic Year / Renewal Period Requested**

5. CERTIFICATE AND ACADEMIC RECORDS

Certificate Issued Date (Most Recent)	**Certificate Number (Most Recent)**
Certificate / Graduation Record Reference	**Date of Last Certificate Verification**
Name / Title of Authorized Signatory	**Contact Email for Verification**

Attach copies of the current accreditation/membership certificate, latest graduation list or summary, program list, and any other documents requested by IABE.

6. INSTITUTIONAL RENEWAL COMPLIANCE

Please confirm that the institution continues to meet the applicable IABE requirements:

☐ The institution continues to operate under the same legal / organizational name.

☐ The institution continues to maintain appropriate academic and administrative records.

☐ The institution has maintained qualified faculty and appropriate academic leadership.

☐ The institution continues to follow its approved academic programs and curriculum.

☐ The institution maintains student records, graduation records, and certificate records.

☐ The institution has disclosed any significant changes in leadership, ownership, location, programs, or legal status.

☐ The information supplied in this renewal application is complete and accurate.

7. INSTITUTIONAL CHANGES SINCE LAST IABE APPROVAL

If there have been changes since the last approval, please describe them below. If there are no changes, write "No Changes."

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_____

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_____

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8. SUPPORTING DOCUMENTS CHECKLIST

☐ Current / previous IABE certificate or accreditation document

☐ Latest graduation summary or student graduation record

☐ Current list of academic programs

☐ Current faculty / instructor list

☐ Institutional website information

☐ Any updated legal / registration documents, if applicable

☐ Other documents requested by IABE

9. RENEWAL FEES

Fee Type	Amount (USD)	Select
Membership Fee	**$100.00**	☐
Accreditation Fee – Certificate & Diploma	**$150.00**	☐
Accreditation Fee – Bachelor Degrees	**$170.00**	☐
Accreditation Fee – Master Degrees	**$200.00**	☐
Accreditation Fee – Doctorate Degrees	**$250.00**	☐

I agree to pay the applicable renewal membership and/or accreditation fee(s) listed above.

10. DECLARATION

I hereby declare that all information provided in this renewal application is correct, complete, and true to the best of my knowledge and belief. I confirm that the institution has disclosed all material changes relevant to its IABE membership and/or accreditation. I understand that IABE has the right to review, request additional documentation, defer, suspend, or cancel the renewal if any information is found to be false, incomplete, misleading, or inconsistent with IABE requirements.

☐ **I agree to the above declaration and authorize IABE to verify the information submitted.**

11. AUTHORIZED SIGNATURE

Name of President / Authorized Representative	_____
Designation / Title	_____
Signature	_____
Date	_____

12. FOR IABE OFFICE USE ONLY

Application Received Date	_____
Application / Renewal Reference Number	_____
Documents Verified By	_____
Review / Decision Date	_____
Renewal Approved Until	_____
IABE Remarks	_____