



## ACCREDITATION APPLICATION FORM

**To the Board of Directors of the Association for Evaluation and Accreditation of the Faculty of Dentistry Education Programs (DEPAD)**

I would like to apply on behalf of ..... University Faculty of Dentistry to be accredited within the framework of current Dentistry Education Programs standards and in case the application is approved, I accept on behalf of my institution to meet all kinds of information, assignment and financial requests regarding my accreditation application by AEADep.

**Date:**

**Dean:**

**Name of the University:**

**Name of the Faculty:**

**Founding Date of the Faculty:**

**Date of First Graduation:**

**The date when the faculty started to provide the entire education in the campus:**

**Mailing Address:**

**Telephone**

**Fax**

**E-Mail Address**

**SEND APPLICATION**