



Accreditation Compliance

(Applicable for 1 year/renewable)

Name of Institution/Country: _____

Date of Submission: _____

In order to be accredited by the Lahaye Institute for Human Rights & International Law, an institution is required to conduct a comprehensive compliance audit prior to the implementation of programs. The comprehensive accreditation compliance includes an assessment of all programs and courses offered by the institution on-campus and off-campus, and those offered through distance learning. The Accreditation compliance, signed by the institution's chief executive officer and accreditation liaison, attests to the institution's honest assessment of compliance with the accreditation requirements of Lahaye Institute (including Core Requirements, Comprehensive Standards, and Federal Requirements) as applied to all aspects of the institution.

Completion of the Compliance Accreditation

The Compliance Accreditation consists of four parts:

Part 1 Signature Page for the institution's chief executive officer and the accreditation liaison

Part 2 List of all programs and courses offered by the institution on-campus and off-campus with course length and description

For each Part, please follow the directions provided



LAHAYE INSTITUTE
of Human Rights & International Law

Part 1. SIGNATURES ATTESTING TO COMPLIANCE

By signing below, we attest to the following:

1. That _____ (*name of institution*) has conducted an honest assessment of compliance and has provided complete and accurate disclosure of timely information regarding compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements of the Lahaye Institute for Human Rights & International Law.
2. That _____ (*name of institution*) has attached a complete and accurate listing of all programs offered by the institution, the locations where they are offered, and the means by which they are offered as indicated on the updated "Institutional Summary Form Prepared for Council Reviews," and that the comprehensive assessment of compliance reported on the Compliance Accreditation includes the review of all such programs.
3. That _____ (*name of institution*) has provided a complete and accurate listing of all substantive changes that have been reported and approved by the Institute Council since the institution's last reaffirmation as well as the date of Counselor's prime approval.

Chief Executive Officer of the Accrediting Institution/Organization

Name of Chief Executive Officer _____

Signature _____

Date _____

To be filled up in Lahaye Office

Accreditation Liaison from Lahaye Institute

Name of Accreditation Liaison _____

Signature _____

Date _____

Part 2. LIST OF ALL PROGRAMS BY THE INSTITUTION

Note: For every program that the Institute will add, a supporting letter will be provided by Lahaye Institute signed and approved by the accreditation liaison officer and Chief Executive Officer of the Institute/Organization.

Directions: For each program, please fill in the course description, course length and other necessary information.

No.	Program Name	Course Length	Description
1			
2			
3			
4			
5			
6			

*If not enough, please make another page and attached to this form.

Approval Date	Signature of Accreditation Liaison officer	Lahaye Stamp



LAHAYE INSTITUTE
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Part 3. Payment Fees

For Main office - Lahaye membership application fees, please [contact us](#).

Applicable for Companies located in Netherlands only.

Please send this application, together with supporting documentation to: E:
info@lihril.com

Middle East Contact:

Please send this application, together with supporting documentation to:
E: info@aialme.com together with a cheque made payable to: Arab Institute

- A non-refundable Application Fee of \$2000

Methods of payment

Please tick your preferred payment option*:

Cheque

Please find enclosed a cheque made payable to 'Arab Institute for Accountants & Legal' for the amount of: \$2000

Bank Transfer

I completed a bank transfer on (dd/mm/yy) / / (Please attach a copy)

Please make payable to:

Account Name: Arab Institute
Account No: 0015 742757 001
IBAN No: AE81 0340 0000 1574 2757 001
Bank Name: Emirates Islamic Bank
Branch: Al Rigga, Deira Dubai UAE
Swift Code: MEBLAEAD

Authorized Signature and Company Stamp

Date: _____