**Institutional Membership Application**

1. **Applying Institution**

Name of institution:

Address:

Country:

Telephone:

Website:

Profile of institution *(can be attached as a separate file or a link):*

1. **Head of Institution**

Position (Rector, President, Vice-Chancellor etc.):

Title (Prof, Dr. etc):

First name:

Surname:

1. **Focal point for the consortium** (to participate in technical meetings and discussions)

Position:

Title (Prof. Dr. etc):

First name:

Surname:

Email:

Phone:

1. **Quality assurance or accreditation profile**

By submitting this form on behalf of your institution, you confirm the willingness to join the Consortium for Benchmarking Framework for Online, Open, Smart, and Technology-Enhanced Higher Education. There is no membership fee or any other financial commitments; the consortium unites members on a voluntary basis with the goals of quality assurance and benchmarking in online higher education.