#  ON-SITE VISIT FORM

**HIGHER EDUCATION INSTITUTION NAME:**

**COMPANY REGISTRATION NUMBER (CRN):**

**Date:**

**Length[[1]](#footnote-1):**

**Secretary of the IEP:**

**Provider's Methodologist:**

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| **LIST OF INTERNATIONAL EVALUATION PANEL MEMBERS** |
| **Name and surname** | **Position in IEP** | **Current position** |
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| **PARTICIPANTS OF THE ON-SITE VISIT OUTSIDE OF IEP** **(University management, Department heads, Students, Invited guests)** |
| **Name and surname** | **Position in IEP** | **Current position** |
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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(IEP Chair)*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Secretary of the IEP)*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Provider’s Methodologist)*

**MINUTES OF ON-SITE VISIT**

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| On-site visit scheduleProvide the program of the on-site visit following the template outlined in the Handbook for Higher Education Institutions (HEI).*Max. 1000 words.* |
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| Minutes of the meeting (mandatory items)Describe the course of the following points of the on-site visit (mandatory items).*Max. 500 words for each mandatory item.* |
| **Presentation of the evaluated higher education institution and its components** |
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| **Discussion with representatives of the management of the evaluated higher education institution and the opportunity to inquire about selected aspects of the evaluation** |
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| **Discussion with scientific and academic staff of the evaluated higher education institution** |
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| **Discussion with students of the evaluated higher education institution** |
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| Minutes of the meeting (optional items)Describe the details of the other items discussed during the on-site visit, if applicable.*Max. 1000 words.* |
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1. The minimum length of an on-site visit is 1 calendar day, and the maximum length should not exceed 5 calendar days. A limit of a maximum of 2 hours per registered person in module 3 is set. [↑](#footnote-ref-1)