



**APPLICATION FORM
THE NEWMAN EVALUATION SYSTEM – IFCU USR LABEL**

To be returned with the application documents
to Dr. Montserrat Alom: montserrat.alom@bureau.fiuc.org

1. Institutional Information

Institution

Address

City

Country

Website

IFCU Affiliation

Yes

No

2. Contact Information

(Person in charge of the follow-up of the evaluation within the institution to be evaluated)

Last Name

First Name

Position held

E-mail

Phone

3. Newman Evaluation

Has your institution been the subject of a previous evaluation?

Yes

No

If yes in what year?

Date

Place

Last Name – First Name

Position held in the institution

Signature and stamp