

**Application for Accreditation**

Institution Name: Click or tap here to enter text.

Academic Business Unit(s) included in the Self-Study: enter the name(s) of all unit(s) that oversee programs included in the self-study

Primary Contact for the Self-Study: Name

 Email

 Phone number

President/CEO : Name and Title

 Email

 Phone number

Provost/CAO: Name and Title

 Email

 Phone number

This application is for: First-Time Accreditation – Business Only [ ]

 First-Time Accreditation – Accounting Only\* [ ]

First-Time Accreditation – Business and Accounting [ ]

Reaffirmation of Accreditation – Business Only [ ]

Reaffirmation of Accreditation – Business and Accounting [ ]

New Program [ ]

\*Note: The Accounting Only option may only be used by institutions currently holding IACBE accreditation for their business programs.

If for reaffirmation, what is the expiration of your current IACBE accreditation? for example – 12-31-2020

Planned Self-Study Year: for example: 2019-20 Requested dates for site visit: indicate month and year

Ensure that all institutional information has been accurately reported to the IACBE. Forms for reporting updated information are available at: <http://iacbe.org/accreditation/compliance/> . If you are not sure of the information that is on file, contact the IACBE office at 913-631-3009.

Has someone from your institution attended the Accreditation Institute (within one year of beginning the self-study)? Yes[ ]  No[ ]  If yes, provide names and dates of attendance: Click or tap here to enter text.

Information regarding upcoming [Accreditation Institutes](https://iacbe.org/events/iacbe-winter-and-summer-accreditation-institutes/) is available on the Events page of the IACBE website.

Provide the complete name as it appears on the transcript or diploma for each program that will be included in the self-study. Include all concentrations, majors, etc. that are offered for each program (add rows as needed).

|  |  |
| --- | --- |
| **Name of Business Program** | **Academic Unit Responsible for Program** |
|  |  |
|  |  |
|  |  |

Does each program included in the application have at least one set of graduates? Yes [ ]  No [ ]

Provide evidence that your institution is authorized to award the degrees listed above in the form of a copy of your authorization or a link to the authorizing entity’s website. If the evidence is in a language other than English, submit the original document and an English translation.

Link to authorizing entity’s website Website Address

Verify that the name and address of each location that offers any of the above listed programs is included on your [Member Status Page](https://iacbe.org/accreditation/member-status-information/). Provide complete information for any locations that are not listed or indicate “no change” in the table below (add rows as needed).

|  |  |
| --- | --- |
| **Location Name** | **Location Address** |
|  |  |
|  |  |
|  |  |

Submission of this application affirms our commitment to abide by the IACBE’s accreditation policies and procedures and to attaining and maintaining excellence in business education.

Name & title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Information

Submit the application and all supporting materials electronically to iacbe@iacbe.org

Submit payment to the address listed below. For additional payment information and options, contact the IACBE office at 1-913-631-3009 or by email at accounting@iacbe.org

Current fees are available at: <http://iacbe.org/accreditation/process-and-requirements/costs-fees/>

Payment should be sent to: IACBE World Headquarters

11374 Strang Line Road

Lenexa, Kansas 66215 USA