



Accreditation Application Form

Name of Program to be accredited: _____

Name of Department or Unit in
which the Program is housed: _____

Name of College, School or Division
in which Dept/Unit is housed: _____

Name of Institution in which College,
School or Division is housed: _____

Institution Accredited by _____

Next Institutional Reaccreditation Date: _____

Name of Program Director: _____

Program mailing address: _____

Telephone: _____ Fax: _____

E-mail: _____

Is Program Director a full time faculty member in the Dept/Unit in which Program is housed? Yes No

Does the Department/Unit in which the Program is housed have at least two full time faculty? Yes No

