

Application for Educational Membership

Institution			
Date			



Application for Educational Membership

Pre	esident/CEO's Name:				
Inst	titution's Name:				
Inst	titution's Physical Address:				
Inst	titution's Mailing Address different than physical address):				
City	y and State or Country:		ZIP/Postal Code:		
if o	ephone (with country code utside of the United tes):		Email:		
	(with country code if side of the United States):		Website:		
Type of Institution:		Public	Private Nonprofit	Private For-Profit	
Dat	te of Submission of Application:				
2.	Yes No If yes, proceed with item 2 below If no, the institution's academic	ow. c business unit is not	te governing, legal, or similar body? t eligible for educational membership. achelor's, master's, or doctoral level?		
	Yes No				
	If yes, proceed with item 3 belowIf no, the institution's academic		t eligible for educational membership.		
3.	Does your institution have a publicly-stated mission that is appropriate to a higher education institution and that has been approved by the institution's governing body (i.e., trustees, regents, directors)? Yes No				
	If yes, proceed with items 4-13	below.			
	If no, the institution's academi	c business unit is not	t eligible for educational membership.		
4.	If applicable, when is your next in	nstitutional accredita	tion site visit?	Year	

5. If applicable, what is the organizational name of your academic business unit (e.g., department, division, school, college, institute, academy, faculty of business, etc.)?		
6. Provide the following information pertaining to the ch	ief academic officer of your institution:	
Name:		
Title:		
Highest Earned Degree:	Email:	
Telephone (with		
country code if	Fax (with country	
outside of the United	code if outside of	
States):	the United States):	
7. Provide the following information pertaining to the he	ad of your academic business unit:	
Name:		
Title:		
Highest Earned Degree:	Email:	
Telephone (with		
country code if	Fax (with country	
outside of the United	code if outside of	
States):	the United States):	
Title:		
Highest Earned Degree:	Email:	
Telephone (with		
country code if	Fax (with country	
outside of the United	code if outside of	
States):	the United States):	
9. Provide the following information pertaining to your a	Iternate representative to the IACBE:	
Name:		
Title:		
Highest Earned Degree:	Email:	
Telephone (with		
country code if	Fax (with country	
outside of the United	code if outside of	
States): the United States):		

10.	Enclose a check with your application package or contact th iacbe@iacbe.org for additional payment information and op-	•
11.	Enclose all required information/materials as outlined in the package.	e Application Supplement with your application
12.	Submitted herewith is our application for Educational Membership in the IACBE, affirming our commitment to abide by the accreditation policies and procedures of the IACBE and to attaining and maintaining excellence in business education.	
Sign	ature of Chief	
Exec	cutive Officer:	Title:
CEO	's printed name:	Date:

13. Send the application and all supporting materials to iacbe@iacbe.org (preferred); or send via regular mail to:

IACBE World Headquarters 11374 Strang Line Road Lenexa, Kansas 66215 USA

Application Supplement

recognized institutional accrediting organization. Institutions located outside of the United States must provide evidence of equivalent recognized institutional accreditation from an appropriate organization in

1. Evidence that your parent institution has institutional accreditation from an appropriate nationally-

Please enclose the following information/materials with your application package:

	the relevant country or region, or approvals or authorizations to award degrees from an appropriate governing, legal, or similar body. This evidence should take the form of a copy of the most recent letter from an appropriate nationally-recognized accrediting organization affirming or reaffirming institutional accreditation. For institutions located outside of the United States, this evidence would be the most recent equivalent letter, certificate, charter, or license from an appropriate accrediting, governing, legal, or similar body in the relevant country or region granting institutional accreditation, recognition, approval, or authorization to award degrees. In cases where this documentation is written in a language other than English, the academic business unit must submit a copy of the original non-English version of the letter, certificate, charter, or license, and a certified English translation of the original documentation.
2.	The total headcount enrollment of the institution as a whole:
	Note : For institutions for which the academic business unit is the institution (i.e., institutions that consist of no academic units other than the academic business unit), provide the total headcount enrollment for the academic business unit.
3.	Evidence that your parent institution grants business degrees at the bachelor's, master's, or doctoral level. This evidence should take the form of the URL address for the location on your website that identifies the business programs offered by the institution:
	Website Address:
4.	Evidence that your parent institution has a publicly-stated mission appropriate to a college or university. This evidence should take the form of the URL address for the location on your website of the statement of institutional mission:
	Website Address:
5.	A copy of the most recent catalogs, prospectuses, bulletins, marketing brochures, or other materials that describe the institution's undergraduate and graduate degree programs. If this material is online, provide the website address for and an electronic version of this material (e.g., a document such as a PDF file).

Website Address: