



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 Reaffirmation

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 what information 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, indicate who attended and the dates of the Institute: Click or tap here to enter text.

Information regarding upcoming Accreditation Institutes is available at :
<http://iacbe.org/events/iacbe-winter-and-summer-accreditation-institutes/> or contact the IACBE office.

1. Provide the complete name that 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

2. Provide the name and complete address for each location that offers the above listed programs. Utilize one line for the Main campus location and if applicable, one line for Online programs. If programs are delivered in partnership with other institutions, please identify the institutions (add rows as needed).

Location Name	Location Address

3. Provide evidence that your institution is authorized to award the degrees that you have included in this application. This may be evidenced by a copy of your authorization or a link to the authorizing entity’s website.
4. Enclose a check with your application or contact the IACBE office at 1-913-631-3009 or by email at iacbe@iacbe.org for additional payment information and options. Current fees are available at: <http://iacbe.org/accreditation/process-and-requirements/costs-fees/>

Checks should be mailed to: IACBE World Headquarters
 11374 Strang Line Road
 Lenexa, Kansas 66215 USA

5. Submitted herewith is our application for reaffirmation of accreditation, affirming our commitment to abide by the IACBE’s accreditation policies and procedures and to attaining and maintaining excellence in business education.

Signature: _____ Title: _____
 Printed name: _____ Date: _____

6. Send the application and all supporting materials to iacbe@iacbe.org.