

**Application for Candidacy Status**

Institution Name: Click or tap here to enter text.

Institution’s physical address: Physical Address

Institution’s mailing address (if different from above): Mailing Address

Phone number (with country code if outside of the US): Phone number

Website Address Website Address

Type of Institution: [ ]  Public [ ]  Private/Nonprofit [ ]  For-Profit

1. Is your academic business unit currently an Educational Member of the IACBE?

 Yes [ ]  No [ ]

1. Do your institution’s business programs have enrolled students for at least two years?

 Yes [ ]  No [ ]

If you answered no to items 1 or 2, contact the IACBE office to determine if the business programs are eligible for candidacy status.

If the information requested in items in this section has already been provided and has not changed, please indicate “no change”.

President/CEO: Name and Title

 Email

 Phone number

Provost/CAO: Name and Title

 Email

 Phone number

Name of the Academic Business Unit(s) included in the Application: enter the name(s) of all unit(s) that oversee programs included in the application

Head of the Academic Business Unit: Name and Title

 Email

 Phone number

IACBE Primary Representative: Name

(IACBE’s main contact with the Institution) Email

 Phone number

IACBE Alternate Representative: Name

 Email

 Phone number

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

**Application Supplement**

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

1. Does your institution currently have nationally-recognized institutional accreditation (or its equivalent), or approvals/authorizations to award degrees from an appropriate governing, legal, or similar body?

 Yes[ ]  No[ ]

Provide evidence that your institution is authorized to award the degrees in the form of a copy of your authorization or a link to the authorizing entity’s website.

 Link to Approval link to approval

1. A copy of or link to the most recent catalogs, bulletins, or other materials that describe the institution’s undergraduate and graduate degree programs.

 Website Address Website Address

1. The mission statement of your academic business unit:[[1]](#footnote-1)

| **Mission of (*Name of Your Academic Business Unit*)** |
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1. 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).

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| --- | --- |
| **Name of Business Program** | **Academic Unit Responsible for Program** |
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1. Provide the name and address of each location that offers any of the above listed programs (add rows as needed).

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| --- | --- |
| **Location Name** | **Location Address** |
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1. For each of the programs to be included in the accreditation review (including each major, concentration, or other name for a disciplinary component),
* an identification of the program’s mode of delivery (fully on-ground, hybrid delivery, or fully online) and
* a description of the curricular requirements for the program (i.e., a listing of the courses, subjects, etc.). If this information is found online, provide the URL address(es) for the location(s) on your website or the page numbers for the relevant documents (add rows in the table as needed).

| **Program Name** | **Delivery Mode** | **Curricular Requirements** |
| --- | --- | --- |
| **On-****Ground** | **Hybrid** | **On-line** | **Website Address (preferred)** **or Page(s) in Catalog** |
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| --- | --- |
| 7. | The total headcount enrollment of the institution as a whole: enter headcount enrollment. |

1. For each of the programs to be included in the accreditation review (including each major, concentration, or other name for a disciplinary component),
* the total enrollment by headcount in the program for each of the past three years and
* the number of degrees conferred in the program for each of the past three years
(add rows in the table as needed).

| **Program Name** | **Enrollment** | **Number of Degrees Conferred** |
| --- | --- | --- |
| **Current Year** | **One Year Prior** | **Two Years Prior** | **Most Recent Year** | **One Year Prior** | **Two Years Prior** |
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1. A listing of full-time faculty members who teach in the business programs to be included in the accreditation review, along with their highest-earned degrees, degree disciplines, titles, and teaching areas. If the highest degree is in a field outside of business, include the highest degree in business that qualifies the faculty member to teach in the business program. If the institution employs no full-time faculty, list those faculty members who are used on a regular or continuing basis. This listing should also include all full-time and ongoing/continuing personnel who have administrative or other service responsibilities who teach in the business programs (deans, directors, department/division chairs, program directors/coordinators, etc.) (add rows in the table as needed):

| **Faculty Member Name** | **Degree** | **Title****(Prof, Instructor, adjunct, etc)** | **Teaching Area(s)** |
| --- | --- | --- | --- |
| **Type - (PhD, MBA, etc** | **Discipline** |
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1. Attendance at the IACBE Accreditation Institute is required as a part of the Candidacy and Accreditation process. Provide the name(s) of the individual(s) who attended the Accreditation Institute and the dates that the Institute was attended. If the Institute is in the future, provide the information for the individual(s) who will attend.

Has someone from your institution attended the Accreditation Institute (within one year of beginning applying for candidacy)? Yes[ ]  No[ ]

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

Is someone from your institution scheduled to attend the Accreditation Institute ?

Yes[ ]  No[ ]  Not applicable [ ]

If yes, indicate who will attend and the dates of the Institute: Click or tap here to enter text.

If no one from your institution has attended the Accreditation Institute, contact the IACBE office for further details on the Institute.

1. A current and complete outcomes assessment plan. The assessment plan must encompass all business programs for which the institution is seeking accreditation, must conform to IACBE expectations and requirements as outlined in the IACBE handbook entitled “*Guidelines for Preparing an Outcomes Assessment Plan*,” and must be prepared using the assessment plan template developed by the IACBE.

Attach the completed Outcomes Assessment Plan to you application submission as a Word document.

1. Organizational charts for the institution and for each academic unit that administers the business programs for which the institution is seeking accreditation.

Attach the Organizational chart(s) to you application submission.

**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 organizational chart for the institution.

1. An ‘academic business unit’ is the principal organizational unit responsible for the administration of the business programs of the institution, whether that unit is a department, division, school, college, institute, academy, faculty of business or other organizational structure. [↑](#footnote-ref-1)