

**Application for Educational Membership**

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

Link to Catalog Website Address (or printed copy of catalog if not available online)

Type of Institution:  Public  Private/Nonprofit  For-Profit  Other

If other, please describe: other description

How did you hear about us? (Referral, Conference Presentation, etc.)

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

Yes No If yes, link to authorizing entity’s website Website Address

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. If the evidence is in a language other than English, submit the original document and an English translation.

1. Does your institution grant business degrees at the associate’s, bachelor’s, master’s, or doctoral level?

Yes No If yes, link list of programs Website Address  
Provide a link to or other evidence that evidence your institution grants degrees at one or more of the above levels.

1. 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, link to mission statement Website Address

Provide a link to or other evidence that your institution has a publicly-stated mission as described above.

If you answered no to items 1, 2, or 3, contact the IACBE office to determine if the institution’s academic business unit is eligible for educational membership.

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)

Head of the Academic Business Unit: Name

Title

Email

Phone number

IACBE Primary Representative: Name

(IACBE’s main contact with the Institution) Title

Email

Phone number

IACBE Alternate Representative: Name

Title

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: Name & Title Date: Date

Submission Information

Submit the application and all supporting materials electronically to [iacbe@iacbe.org](mailto: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](mailto: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