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**Application for Candidacy Status, Part II**

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

Institutional Characteristic (choose any that apply):  Community College  Faith-Based  Tribal

Career/Tech  State System  HBCU

Will you be concurrently seeking Specialized Accounting Accreditation for any accounting programs? Yes/No

Please provide the following information:

**President/Chief Executive Officer:** Name and Title

Email

Phone number

**Provost/Chief Academic Officer:** Name and Title

Email

Phone number

**IACBE Primary Representative:** Name

(IACBE’s main contact) Email

Phone number

**IACBE Alternate Representative:** Name

Email

Phone number

Individual to be Contacted Regarding this Application (if different from the Primary Representative):

Name

Email

Phone number

Please provide the following regarding the Academic Business Unit(s) that offers business-related programs seeking specialized accreditation:

An ‘academic business unit’ is the principal organizational unit responsible for the administration of the programs seeking specialized accreditation. This may be a department, division, school, college, institute, academy, faculty of business or similar organizational unit, or it may be the overall institution itself.

Name of the Academic Business Unit: enter ABU name

Head of the Academic Business Unit: Name Title

Email Phone number

Name of the Academic Business Unit enter ABU name

Head of the Academic Business Unit: Name Title

Email Phone number

1. The mission statement of each academic business unit:

| **Mission of** Enter ABU Name |
| --- |
|  |

| **Mission of** Enter ABU Name |
| --- |
|  |

2. Provide the complete name of each program that will be included in the self-study as it appears on the transcript or diploma – including all concentrations, majors, etc. that are offered for each program (add rows as needed).

a. *If there is more than one Academic Business Unit as part of this application,* indicate which is responsible for each program.

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

|  |  |
| --- | --- |
| **Location Name** | **Location Address** |
|  |  |
|  |  |

4. For each of the programs to be included in the accreditation review (including each major, concentration, or other name for a disciplinary component) indicate the delivery mode and curricular requirements.

a. Provide the URL address(es) where this information can be found on your website.

b. If this information is only found in a catalog, list the relevant page number(s) and provide a copy of the catalog along with this application.

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

**enter headcount enrollment.**

6. 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 as needed).

| **Program Name** | **Enrollment** | | | **Number of Degrees Conferred** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Current Academic Year** | **One Year Prior** | **Two Years Prior** | **Most Recent Academic Year** | **One Year Prior** | **Two Years Prior** |
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7. Using the table below, provide a list of full-time faculty members who teach in the programs to be included in the accreditation review along with their highest earned degree and degree field, professional certifications, and assigned teaching disciplines. This listing should also include all full-time and ongoing/continuing personnel who teach in the programs irrespective of other duties, for example deans, directors, department/division chairs, program directors, etc. (add rows as needed)

a. If a faculty member’s highest-earned degree is in a field outside of business (e.g., Ed. D, JD, etc.), but holds a business degree (e.g., Master of Science in Accountancy, MBA, etc.), list the business degree along with the out-of-field degree in the “Highest Degree” column of the table.

b. If the institution employs no full-time faculty, list those faculty members who are used on a regular or continuing basis.

| **FACULTY**  **MEMBERS** | **HIGHEST DEGREE** | | **PROFESSIONAL CERTIFICATION** | **ASSIGNED TEACHING DISCIPLINES** | **PROGRAM**  **LEVEL** |
| --- | --- | --- | --- | --- | --- |
| **TYPE** | **FIELD** |
| *Faculty Member #1* | *Degree* | *Field* | *Certification* | *Teaching Discipline #1*  *Teaching Discipline #2*  *Teaching Discipline #3* | *Program Level #1*  *Program Level #2*  *Program Level #3* |
| *Faculty Member #2* | *Degree* | *Field* | *Certification* | *Teaching Discipline #1*  *Teaching Discipline #2*  *Teaching Discipline #3* | *Program Level #1*  *Program Level #2*  *Program Level #3* |
| *Faculty Member #3* | *Degree* | *Field* | *Certification* | *Teaching Discipline #1*  *Teaching Discipline #2*  *Teaching Discipline #3* | *Program Level #1*  *Program Level #2*  *Program Level #3* |

8. 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.

Click or tap here to enter text.

*Attendance at the IACBE Accreditation Institute is required as a part of the Candidacy and Accreditation process. If no one from your institution has attended the Accreditation Institute, contact the IACBE office for further guidance.*

**The following must accompany this application:**

* A current and complete outcomes assessment plan. The assessment plan must encompass all programs for which the institution is seeking specialized accreditation and must meet all current IACBE requirements.
* Copies of an official transcript (redacted) for each program to be included for accreditation review
* Organizational charts for the institution and for each academic business unit that offers the programs seeking specialized accreditation. (An ‘academic business unit’ is the principal organizational unit responsible for the administration of the programs seeking specialized accreditation. This may be a department, division, school, college, institute, academy, faculty of business or similar organizational unit, or it may be the overall institution itself.)

Upon receipt and review of this application, your IACBE liaison will contact you.

**Pay** application fee. Current fees are available at: <http://iacbe.org/accreditation/process-and-requirements/costs-fees/>

The credit card payment form is available on the IACBE website under Resources: [IACBE Resources | Higher Education Accreditation | iacbe.org](https://iacbe.org/resources/)

Payment should be sent to: IACBE

11960 Quivira Rd, Suite 300

Overland Park, KS