

**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 the additional Specialized Accounting Accreditation for any accounting programs? Yes/No

*Attendance at the IACBE Accreditation Institute is required as a part of the Candidacy and Accreditation process, and must be completed prior to moving forward in the Candidacy application process. If no one from your institution has attended the Accreditation Institute, contact the IACBE office for further guidance before completing this application.*

Provide the name(s) and date(s) of the individuals who attended the Accreditation Institute:

|  |  |
| --- | --- |
| **NAME** | **DATE OF ATTENDANCE** |
|  |  |
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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 Phone number

 Email

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

 Name Phone number

 Email

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. USING THE TABLE BELOW: 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.

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

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| **Location Name** | **Location Address** |
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4. The total headcount enrollment of the institution as a whole:

 **enter headcount enrollment.**

5. USING THE TABLE BELOW: 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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6. USING THE TABLE BELOW: Indicate all delivery mode options for each program to be included in the accreditation review and provide the website address for each that demonstrates where the curriculum completion requirements, including a breakdown of requirements for each major, specialization, concentration, etc. are made readily available to the public*. (may provide an active link)*

a. 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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7. Using the table below, provide a list of full-time faculty members who teach in each subject area for the programs to be included in the accreditation review. Provide their highest earned degree and degree field. 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.), also list the out-of-field degree in the “Qualifying Degree or Professional Certification” column of the table.

b. If a faculty member’s highest-earned degree is in a field outside of business (e.g., Ed. D, JD, etc.), but holds a professional certification that you believe qualifies them to teach the subject area, list the certification in the “Qualifying Degree or Professional Certification” column of the table.

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

| **FACULTY QUALIFICATIONS TABLE** |
| --- |
| Subject Area | Faculty Member | Highest Earned Degree – include field of study | Qualifying Degree- include field of studyOrProfessional Certification(s) | Program Level Being Taught | Qualification Category(AQ, PQ, O) |
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**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.)
* Provide copies of each faculty member’s (as listed in the above Faculty Qualifications Table) curriculum vitae or similar document.

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