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

*Attendance at the IACBE Accreditation Institute is required 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) (ABU)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

* Organizational charts for the institution and for each academic business unit listed above are to be submitted with this application

1. The mission statement of each academic business unit:

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

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

2a. USING THE TABLE BELOW: For each program seeking IACBE accreditation provide the complete name of each program as it appears on the transcript or diploma – including all concentrations, majors, etc. that are offered for each program (add rows as needed).

2b. Provide a copy of an official transcript (redacted) for each program listed

|  |
| --- |
| **Name of Business 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).

|  |  |
| --- | --- |
| **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)*

* If this information is only found in a printed 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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7a. 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).

* 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.
* 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.
* If the institution employs no full-time faculty, list those faculty members who are used on a regular or continuing basis.
* For determining the Qualification Category, refer to the ***Faculty Qualification Decision Tree*** available in Member Resource page of the IACBE website.

| **FACULTY QUALIFICATIONS TABLE** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Subject Area | Faculty Member | Highest Earned Degree  – include field of study | Qualifying Degree  - include field of study  Or  Professional Certification(s) | Program Level Being Taught | Qualification Category  (AQ, PQ, O) |
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7b. Provide copies of each faculty member’s (as listed in the above Faculty Qualifications Table) curriculum vitae or similar document.

8. Provide a current and complete outcomes assessment plan. The assessment plan must encompass all programs for which the institution will be seeking specialized accreditation and must meet all current IACBE requirements, including a student learning assessment table for the core curriculum of each program seeking accreditation (not inclusive of specializations, concentrations, etc.)

9. Complete and provide a Foundational Body of Knowledge table for each undergraduate program seeking accreditation.

10. This is a self-assessment of your compliance with the IACBE’s Accreditation Principles.

For each of the IACBE’s Accreditation Principles, indicate if you believe you are in compliance with the Principle. For any assessment of “No” describe the business unit’s action plan to come into compliance with that Principle should you be approved for Candidacy status. Consider compliance with each Principle will need to be demonstrated in order to achieve specialized accreditation for your business programs.

Please refer to the IACBE 2022 Self-Study Manual for the IACBE expectations for compliance with the Principles. The manual is available in the Members Only Resources section of the IACBE website.

| **Principle 1: Commitment to Integrity, Responsibility, and Ethical Behavior** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 2: Quality Assessment and Advancement** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 3: Strategic Planning** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 4: Business Curricula and Learning Opportunities** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 5: Business Faculty Characteristics, Activities, and Processes** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 6: Policies, Procedures, and Processes** |
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| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 7: Resources Supporting Business Programs** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 8: External Relationships** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

| **Principle 9: Innovation in Business Education** |
| --- |
| Is the academic business unit in compliance with the principle? Yes No |
| If you responded “no”, provide the Course of Action to bring the program(s) in to compliance with the principle: |

The Candidacy application fee payment must accompany this application. Information regarding current fees is available at: <http://iacbe.org/accreditation/process-and-requirements/costs-fees/>

Payment should be sent to: IACBE

11960 Quivira Rd, Suite 300

Overland Park, KS 66213