

**Application for Accreditation**

If any of the contact information below has changed, ensure that the IACBE has been properly notified. IACBE Policy requires notification of contact changes within 30 days of the change. Forms for reporting updated information are available at: <http://iacbe.org/accreditation/compliance/> . If you are not sure of the information that is on file, contact the IACBE office at 913-631-3009.

Institution Name and address: Click or tap here to enter text.

IACBE Primary Representative: Name

(IACBE’s main contact with the Institution) Title

Email Phone number

IACBE Alternate Representative: Name

 Title

Email Phone number

Individual to be Contacted Regarding this Application:

 Name

 Email Phone number

Please provide the following regarding the Academic Business Unit(s) applying for accreditation of business programs (add more rows if needed):

Name of the Academic Business Unit 1: enter the name(s)

Head of the Academic Business Unit 1: Name

 Title

Email Phone number

Name of the Academic Business Unit 2: enter the name(s)

Head of the Academic Business Unit 2: Name

 Title

Email Phone number

Please select which type of specialized accreditation you are applying for. Specialized accounting accreditation is not required for accounting programs: it is a separate, additional specialized accreditation option with different requirements. Please contact the IACBE office if you would like information on this additional accreditation option.

First-Time Accreditation – Specialized Business Only [ ]

Reaffirmation of Accreditation – Specialized Business Only [ ]

First-Time Accreditation – Specialized Accounting Only\* [ ]

Reaffirmation of Accreditation – Specialized Business and Specialized Accounting\* [ ]

New Program [ ]

\*Note: The Accounting option is in addition to specialized business accreditation and may only be requested for accounting programs currently holding, or simultaneously seeking, IACBE specialized accreditation.

**If for reaffirmation**, what is the expiration of your current IACBE accreditation? for example – 12-31-2020

**Self-Study Year:** for example: 2019-20 **Requested dates for site visit:** indicate month and year

*Site visit must be scheduled no later than 3 ½ months prior to the expiration date of the current period of accreditation.*

Has someone from your institution attended the Accreditation Institute (within one year of the start of the self-study year)?

Yes[ ]  If yes, provide names and dates of attendance: Click or tap here to enter text.

No[ ]  If no, provide names and dates of planned attendance: Click or tap here to enter text.

Information regarding upcoming [Accreditation Institutes](https://iacbe.org/events/iacbe-winter-and-summer-accreditation-institutes/) is available on the Events page of the IACBE website.

***Virtual Visit Request***

Virtual site visits are an option for Candidacy, Mentor, Reaffirmation and New Program reviews only. Academic Business Units applying for First-Time accreditation are not eligible for a virtual site visit. Minimum requirements for virtual site visit eligibility include:

* The institution must be in good standing with its institutional regulator/accreditor
* IACBE Membership is in Good Standing
* No extension of accreditation period is currently in place
* Prior visit for accreditation was not conducted in a virtual platform
* Timely submission of all compliance reporting requirements during current period of accreditation (applicable to Reaffirmation visits only)

Would you like to request a virtual site visit? Yes[ ]  No[ ]

The academic business unit(s) must maintain Good Standing from the time of application through the site visit to remain eligible for a virtual visit.

Provide the complete name as it appears on the transcript or diploma for each program to be reviewed for accreditation. Include all concentrations, majors, etc. that are offered for each program (add rows as needed).

For those going through reaffirmation: please mark an “X” in the “New?” column for any program not currently on your list of IACBE-accredited programs as noted on the school’s Member Status page: IACBE website > Accreditation > Member Status: [Member Status Information | IACBE Accreditation](https://iacbe.org/accreditation/member-status-information/)

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| --- | --- | --- |
| **Name of Business Program** | **Academic Unit Responsible for Program** | **New?** |
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Will each program included in the application have at least one set of graduates by the end of the Self-Study year? Yes [ ]  No [ ]

Provide evidence that the institution has current institutional accreditation/recognition from a recognized institutional accrediting agency, or from the recognition agency appropriate to its geographic region, and that it is approved to confer degrees as listed above. This accreditation/recognition must be current and in good standing. This evidence should take the form of a copy of the most recent letter from the agency granting or reaffirming institutional accreditation/recognition. In cases where this documentation is written in a language other than English, the academic business unit must submit a copy of both the original (non-English) and English-translated versions of the documentation.

**Link to recognition agency’s website**: Website Address

Provide the name and address of each location that offers any of the programs listed above.

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| --- | --- |
| **Location Name** | **Location Address** |
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Submission of this application affirms our commitment to abide by the IACBE’s Accreditation Principles, policies and procedures and to attaining and maintaining excellence in business education.

Name & title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

**Submission Instructions**

Submit the application and all supporting documentation to iacbe@iacbe.org

After receipt and review of this application and supporting documentation, an invoice for the corresponding application fee will be sent to the Primary Representative noted above.