

**New Program Application**

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

Individual to be Contacted Regarding this Application:

 Name

 Email Phone number

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

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

Head of the Academic Business Unit: Name

 Title

Email Phone number

Please select which type of new program you are applying for.

First-Time Accreditation – New Degree-level program(s) [ ]

(the business unit does not currently hold IACBE accreditation for a program at this degree level)

Addition of new Associate, Master, or Doctoral program(s) [ ]

First-Time Accreditation – Certificate Program(s) [ ]

Addition of new Certificate program(s) [ ]

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).

| **Name of Business Program(s)** |
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Will each program included in the application have at least one set of graduates by the time of Self-Study submission? 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.

|  |  |
| --- | --- |
| **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.