

**Application for Educational Membership**

Institution Name:

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

Link to Catalog Website Address (or printed copy of catalog if not available online)

Type of Institution: [ ]  Public [ ]  Private/Nonprofit [ ]  For-Profit [ ]  Other

If other, please describe: other description

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

 [ ]  Career/Tech [ ]  State System [ ]  HBCU

How did you hear about us? (Referral, Conference Presentation, etc.)

1. a. Does your institution grant business degrees at the undergraduate and/or graduate level?

Yes[ ]  No[ ]

b. Provide evidence of the degree requirements: for example, a copy of the most recent catalogs, prospectuses, marketing brochures, or other materials that describe the institution’s business-related degree programs and requirements for program completion. If this material is available online, provide the direct link(s) to this information:

Website Address

1. Is your institution approved to confer higher education degrees by the agency that regulates higher education in its geographic region (i.e., Ministry of Education)?

Yes[ ]  No[ ]  IF YES – provide evidence of that approval.

1. a. Does your institution have a publicly stated mission that is appropriate to a higher education institution, and that has been approved by the institution’s governing body (i.e., trustees, regents, directors)?

Yes[ ]  No[ ]

b. Provide evidence of, or a direct link to, the institution’s publicly stated mission:

 Website Address

4. Does your institution have current institutional accreditation/recognition from a recognized institutional accrediting agency, or from the recognition agency appropriate to its geographic region.

 Yes☐ No☐

If “Yes” – provide the name of the agency, and url to their site that lists your institution as approved:

 AGENCY

Website Address

If “NO” – when do you plan on seeking such approval? ☐ We will begin the process: date

☐ We will not be seeking institutional accreditation/recognition Already in progress ☐

Please provide the following information:

President/CEO: Name and Title

 Email

 Phone number

Provost/CAO: Name and Title

 Email

 Phone number

IACBE Primary Representative: Name Title

(IACBE’s main contact with the Institution) Email Phone number

IACBE Alternate Representative: Name Title

Email Phone number

Please provide the following regarding the Academic Business Unit(s) that offers business-related programs and is(are) seeking membership: (the business unit may be the institution)

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

***By entering my name below I attest that I am authorized to sign on behalf of the institution and applicable Academic Business Unit(s) and I hereby affirm the applicant institution and Academic Business Unit(s)’ commitment to abide by the IACBE’s policies and procedures, maintain compliance with the IACBE Principles, and to achieve and maintain excellence in business education.***

Name & title of individual submitting this application: Name & Title

Date: Date

**Submission Information**

**Submit** the application and all supporting materials electronically to iacbe@iacbe.org

**Next Steps**

You will be notified if your application for Educational Membership is approved. At that time, the IACBE will send you an invoice for applicable membership dues, along with payment instructions. Information regarding current fees are available on the IACBE Website under About > Costs and Fees: [Costs and Fees - IACBE](https://iacbe.org/accreditation/process-and-requirements/costs-fees/)