

***International Commission on Academic Accreditation,
Inc.***

Application and Institutional Profile

Complete and mail to
International Commission on Academic Accreditation, Inc.
217 West Chestnut Street, Rogers, AR 72756

Basic Information

Institution _____

Number or P.O. Box _____ Street _____

City _____ State _____ Country _____ Postal Code _____

Physical Address _____

Telephone (____) _____ Fax (____) _____

Email _____

Web Site _____

Contact Person – Other than Family Member

Name _____

Number or P.O. Box _____ Street _____

City _____ State _____ Country _____ Postal Code _____

Physical Address _____

Telephone (____) _____ Fax (____) _____

Administration

Position _____ Title Used _____ Highest Earned Degree _____

President (Superintendent) _____

Academic Dean (Principal) _____

Business Manager _____

History

Date institution was chartered, incorporated or authorized _____

Date institution first enrolled students _____

Date institution graduated (or will graduate) its first class _____

Institutional Characteristics

1. Type(s) of control

_____ Independent, non-profit

_____ Religious group

_____ Other: _____

2. Type(s) of program(s)

_____ K-12

_____ Undergraduate

_____ Liberal arts & general

_____ Teacher preparatory

_____ Professional

_____ Others: _____

3. Level(s) of offerings(s)

_____ Diploma or certificate

_____ Associate degree

_____ Baccalaureate

_____ Masters

_____ Professional Degree

_____ Doctorate

_____ Other: _____

4. Type of facility where classes are held:

_____ Regular independent campus facility

_____ Church facility used as campus

_____ Converted building used for campus

_____ Other (describe briefly the facility)

_____ Facility used is owned _____ leased _____

5. Type of calendar system

_____ Semester _____ Quarter _____ Other: _____

6. By what agency is the institution legally authorized to grant degrees/diplomas?

_____ Religious Exempt

_____ Non-Exempt

7. Approval to grant degrees/diplomas

Date of initial approval to grant degrees/diplomas _____ / _____ / _____

8. Christian Affiliation (Does not affect the status of this application)

Church or Denomination _____

9. Teaching Faculty: Full-Time

Name: _____ Highest Earned Degree _____

Name: _____ Highest Earned Degree _____

Name: _____ Highest Earned Degree _____

Name: _____ Highest Earned Degree _____

Name: _____ Highest Earned Degree _____

Name: _____ Highest Earned Degree _____

Name: _____ Highest Earned Degree _____

Attach additional pages as needed

10. Faculty History

Number with earned accredited doctoral degree _____

 K-12, Undergraduate, Graduate Faculty _____

Number of master's who are doctoral candidates _____

 K-12, Undergraduate, Graduate Faculty _____

Number with earned accredited master's degree _____

 K-12, Undergraduate, Graduate Faculty _____

Number with earned accredited bachelor's degree _____

 K-12, Undergraduate, Graduate Faculty _____

11. Teaching Faculty - Part Time

List those contracted to teach by the course, tutors and academic advisors. Administrators who teach are considered part-time faculty. Give the same information as in item 10.

12. Definitions

K-12 Faculty

- Those who are qualified and contracted to teach any number of classes.

Undergraduate Faculty:

- Those who are qualified and contracted to teach the equivalent of 12-15 hours per semester, or 24-30 hours per academic year at the undergraduate level. (Do not include administrators such as President, Vice President, Provost)

Graduate Faculty:

- Those who are qualified and contracted to teach the equivalent of 9-12 hours per semester, or 18-24 hours per academic year at the graduate level. (Do not include administrators such as President, Vice President, Provost)

13. Board of Directors

List all members of the Institution's Board of Directors and their positions

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Attach additional pages as needed

14. Other Institutional Accreditation Memberships

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

Attach additional pages as needed

15. Financial (Current Year; Include Annual Financial Statement)

Income _____ Expenditures _____

Surplus (Deficit) _____

16. The information given above is correct and is an accurate portrayal of the institution.

Name of the person completing this form: _____

Signature: _____ Date: _____

President/Superintendent Name: _____

President/Superintendent: Signature _____ Date: _____

Notary

My commission expires: _____ (20____)