

Accrediting Commission for Community and Precollegiate Arts Schools
11250 Roger Bacon Drive, Suite 21
Reston, Virginia 20190-5248
Telephone (703) 437-0700
Facsimile (703) 437-6312

APPLICATION FOR ACCREDITATION

(Please print or type all information)

Name of Institution and Arts Unit

Street and/or Mailing Address

City

State

Zip Code

Tax-Supported Schools –

Chief School Officer/Principal: _____

Superintendent, School District: _____

Independent Arts Schools –

Chief School Officer/Principal: _____

Chair, Board of Trustees: _____

Has the institution had a consultative visit?

YES

NO

If yes: Date of the consultative visit _____ Name of the consultant _____

I. APPLICATION CATEGORY (check only one):

Accreditation (for first-time applicants)

Renewal of Accreditation (for institutions with ACCPAS accreditation)

II. INSTITUTIONAL CATEGORY (check all that apply):

Not-for-Profit

Proprietary

Private

Public

High School

College/University Affiliated

If applicable, please provide the following by indicating:

Year of last ACCPAS accreditation visit _____

Full name of regional or institutional accrediting agency _____

Year of latest regional or institutional accrediting agency visitation _____

Year of next regional or institutional accrediting agency visitation _____

Is the institution presently being denied recognition or accreditation by any state or accreditation agency? YES NO

If yes, which agency(ies)? _____

Is the institution's recognition or accreditation presently being revoked by any state or accreditation agency? YES NO

If yes, which agency(ies)? _____

(continued on the reverse)

ITEMS TRANSMITTED WITH THIS APPLICATION FORM (please indicate the number of copies where requested):

Self-Study Document – _____ copies

Catalog – _____ copies

Application Fee (or date Fee was submitted: _____)

Amount of Fee submitted: \$ _____

NOTE: One copy each of the Self-Study document, catalog, and all supportive materials should be sent directly to each visiting evaluator upon confirmation of the visit, and must be received by the visitors at least four weeks prior to the visit.

STATEMENT BY APPLICANT SCHOOL

Failure to act favorably upon an application for Accreditation or renewal of Accreditation by the Accrediting Commission for Community and Precollegiate Arts Schools, absent a showing of actual malice, shall not, in and of itself, constitute grounds for legal action against ACCPAS by the applicant school or individuals therein.

In all cases when a disagreement cannot be resolved through normal ACCPAS procedures, the school and the individuals therein agree to abide by ACCPAS procedures entitled *Requests for Reconsideration by ACCPAS* and/or *Appeals of Adverse Decisions Concerning Accredited Institutional Membership* as set forth in the ACCPAS **Rules of Practice and Procedure**. These procedures provide for final action after review in accordance with the Rules of the American Arbitration Association.

Upon receipt of an invoice before the visitation for an application fee and the visiting evaluators' expenses advance, and after the visitation, for the expenses of the evaluators, the visited school agrees to pay the application fee and to reimburse ACCPAS for the expenses incurred by the visiting evaluators.

Name and Title of School Executive

Signature of School Executive

Date

Telephone (include area code)

Facsimile (include area code)

Web Address

E-Mail Address

NEW APPLICANTS ONLY

If a tax-supported school operated by a school district is seeking accreditation for the first time, this Application Form must be signed by the Superintendent of the District.

Name of Superintendent

Signature of Superintendent

Date

Three copies of this Application form are to be returned to the ACCPAS National Office. One copy is to be retained for the institution's files.