

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

NOTICE OF INTENTION TO APPLY

(Please print or type all information)

Name of School

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: _____

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

III. ENROLLMENT:

Total Number of Students: _____ Total Number of Arts Faculty: F/T _____ P/T _____

Total Number of Non-Arts Faculty: F/T _____ P/T _____

Total Number of Campuses/Extensions: _____

If more than one campus or extension, please indicate the number of students enrolled at each campus/extension, and describe the administrative and faculty relationships with the central unit. (Refer to the statement on multi-campus programs set forth in the ACCPAS Handbook.)

IV. ARTS PROGRAM OFFERINGS (*check all that apply*):

Our school has distinct programs and faculty in the following arts disciplines:

Dance

Creative Writing

Music

Theatre

(Other—please specify)

Visual Arts

(includes fine arts, design, film/video, crafts)

(Other—please specify)

(continued on the reverse)

V. OTHER ACCREDITATION:

If the school is accredited by another agency, please provide the name _____ and the date of the next review _____.

CONSULTATIVE VISIT. Does the institution request a consultative visit prior to the accreditation visit? YES NO

Consultative Visit Dates: Month(s) _____ Year _____

VISITATION DATES. After a review of the evaluation calendar in the ACCPAS document entitled *Procedures for Accreditation—Part I*, we suggest the following dates for the accreditation visit (*please be specific*):

Visitation Dates: Month(s) _____ Year _____

JOINT OR CONCURRENT VISIT? Our visit will be a joint concurrent visit with _____. (Refer to the ACCPAS *Handbook* Appendix titled "Procedures for Joint Evaluations" for an explanation of joint and concurrent visits.)

ARTS CURRICULA. If your institution is applying for the first time, please provide a complete list of all community education and/or precollegiate programs (*include and indicate all certificate and diploma programs*), and indicate current or immediate last term enrollment for each.

Community Education and Precollegiate Programs: _____

Please append any additional information or requests concerning the review.

We now request that ACCPAS proceed with the nomination of visitors.

Name and Title of School Executive

Signature of School Executive

Date

Telephone (*include area code*)

Facsimile (*include area code*)

Web Address

E-Mail Address