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