

International Commission on Academic Accreditation, Inc.

Application and Institutional Profile

Complete and mail to
International Commission on Academic Accreditation, Inc.
P.O. Box 1060, Rogers, AR 72757

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

<u>Position</u>	<u>Title Used</u>	<u>Highest Earned Degree</u>
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____)
