

Intention to Seek Accreditation

1. Name of School / Department /Academic Program for which you are seeking accreditation:

2. Degrees/Programs covered by the accreditation:

3. Name of Accrediting Body

4. Reason for seeking the accreditation

5. Benefits of accreditation

6. Please describe the program's overall readiness to pursue accreditation. What are our program's strengths with respect to the standards of this accrediting body? Are there any areas of concerns with respect to the program meeting the standards of this accrediting body?

7. Please provide (or attach) a list of institutions with or seeking this accreditation. Please indicate which, if any, key peer institutions in this program area are NOT accredited.

8. Timeline (list processes required for seeking accreditation and anticipated dates/semesters for the various activities)

9. Regular accreditation requirements (check all that apply)

___ Annual report

___ Self-Study every ___ years if fully accredited

___ Interim report every ___ years if fully accredited

___ Site visit every ___ years if fully accredited

___ Other: _____

9. Name of individual(s) in department responsible for accreditation:

_____ Email: _____

Signatures:

Department Chair

Date

Dean

Date