

COMMISSION ON APPLIED AND CLINICAL SOCIOLOGY

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ACCREDITATION APPLICATION FORM

1. Name of the Program to be accredited _____
2. Name of Department or Unit _____
in which the Program is housed
3. Name of College, School or Division _____
in which Dept or Unit is housed
4. Name of Institution in which _____
College, School or Division is housed
5. Institution Accredited by _____
- 5a. Next Institutional Re-accreditation date _____
6. Name of Program Director _____
7. Mailing address of Program

8. Telephone _____
9. FAX _____
- 10 E-mail _____
11. Program Director is a full time faculty member
in Dept/Unit in which Program is housed _____YES _____NO
12. Department/Unit in which Program is housed
has at least two full time faculty. _____YES _____NO

13. Program requires practice experience ___YES ___NO
14. Program has been in existence for two years ___YES ___NO
15. Number of students currently enrolled in the program _____
16. Number of students completing program in last two years _____
17. Name of degree(s) received by students in program _____

18. Accreditation standards have been reviewed ___YES ___NO

Please submit with the application:

- 2 copies of the program description from Institution's catalogue and/or published brochure describing the Program
- Application Fee of \$100 USD payable to Commission on Applied and Clinical Sociology

By signing this application, the institution certifies that all information provided on this form is accurate to the best of its knowledge.

Program Director date Department / Unit Chair date

Dean/Director date Chief Academic Officer date