



Accreditation Application Form

Name of Program to be accredited: _____

Name of Department or Unit in
which the Program is housed: _____

Name of College, School or Division
in which Dept/Unit is housed: _____

Name of Institution in which College,
School or Division is housed: _____

Institution Accredited by _____

Next Institutional Reaccreditation Date: _____

Name of Program Director: _____

Program mailing address: _____

Telephone: _____ Fax: _____

E-mail: _____

Is Program Director a full time faculty member in the Dept/Unit in which Program is housed? Yes No

Does the Department/Unit in which the Program is housed have at least two full time faculty? Yes No

Does the Program require practice experience for its students? Yes No

Has the Program been in existence for two years? Yes No

Number of students currently enrolled in the program: _____

Number of students completing the program in last two years: _____

Name of degree(s) received by students graduating: _____

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 the Commission on the Accreditation of Programs in Applied and Clinical Sociology

I certify that all information provided on this form is accurate to the best of my knowledge.

 Program Director date Department / Unit Chair date

 Dean/Director date Chief Academic Officer date