



National Association of Private Colleges and Universities.

INITIAL APPLICATION FOR ACCREDITATION

Institutional Data

Official name of institution:

NAPCU ID #:

note: do not proceed unless NAPCU membership has been confirmed by the issuance of an ID number.

Founding date:

Main language:

Institution is (check one): Licensed Chartered Registered Other

By the following authorities or agencies:

List agencies here:

Continuously since this date:

Credentials offered (check all that apply):

- Certificate Occupational Associate's Degree Bachelor's Degree Diploma
- Academic Associate's Degree Master's Degree

Does the institution operate in any other locations? Yes No

if yes, please provide the following contact information for each location :

List locations here:

Address of non-main campus:

City:

State and Zip Code:

Phone Number:

Email:

Administrator Name:

Title:

Is any other activity conducted at this main location?
 Yes No

if yes, describe each activity:

List activities here:

Is any legal action currently pending by or against this institution?
 Yes No

if yes, describe below:

List here:

Does the institution currently receive federal funding?
 Yes No

Personnel and Students

Number of administrative staff:

Number of faculty members:

Number of admissions representatives:

Number of currently enrolled students:

Number of graduates who have completed a program during the past year:

Requirements for entering undergraduate programs:

List Requirements here:

Requirements for entering graduate programs:

List Requirements here:

Indicate which calendar system is used at the institution:

Quarter Semester 6-month 12-month Other

By completing, signing, and submitting this document, the applying institution grants the NAPCU the privilege to communicate with any appropriate agencies regarding the validity of any information given therein.

I, the legally responsible and sanctioned representative of the applying institution, certify to the best of my knowledge that the information furnished here is current, complete, and correct.

1. Name/Signature:

Title:

2. Name/Signature:

Title:

Date:

Mail this completed document with check or money order to the following address:

National Association of Private Colleges
 PO BOX 570271
 Tarzana, CA 91357

Submission of this application must be followed by a payment of \$250*.**

***Initial Application fee in NOT refundable.

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