

**International Education Accreditation Society**

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|  | Application forNew Flexible Course Accreditation |  |
|  | Institution |  |  |
|  | Date |  |  |
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**Application for New Flexible Course Accreditation**

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| President/CEO’s Name: |  |
| Institution’s Name: |  |
| Institution’s Address: |  |
| City and State or Country: |  | ZIP/Postal Code: |  |
| Telephone (with country code): |  | Email: |  |
| Fax (with country code): |  | Website: |  |
| Type of Institution: |  | Public |  | Private Nonprofit |  | Private For-Profit |
| Date of Submission of Application: |  |

1. Does each new Flexible Course for which you are seeking accreditation have at least one set of graduates?

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| --- | --- | --- | --- |
|  | Yes |  | No |

* If yes, proceed to item 2 below.
* If no, the Flexible Course that do not have at least one set of graduates are not eligible for accreditation at this time. If some of the Flexible Course have at least one set of graduates, proceed to item 2 below.
1. Do you have at least one set of student learning assessment data for each new Flexible Course for which you are seeking accreditation?

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|  | Yes |  | No |

* If yes, proceed to items 3-12 below.
* If no, the Flexible Courses that do not have at least one set of student learning assessment are not eligible for accreditation at this time. If some of the programs have at least one set of student learning assessment, proceed with items 3-12 below.

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| 3. | When is your next site visit for reaffirmation of INTEAS accreditation? |  | Year |

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| 4. | If applicable, what is the organizational name of your institution´s or academic business unit: e.g., department, division, |
| school, college, institute, academy, faculty of business, etc. (herein after institution´s business unit) ? |  |

1. Provide the following information pertaining to the chief institution´s officer of your institution:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Highest Earned Degree: |  | Email: |  |
| Telephone (with country code): |  | Fax (with country code): |  |

1. Provide the following information pertaining to the head of your institution´s business unit:

|  |  |
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| Name: |  |
| Title: |  |
| Highest Earned Degree: |  | Email: |  |
| Telephone (with country code): |  | Fax (with country code): |  |

1. Provide the following information pertaining to your primary representative to the INTEAS, i.e., the person who is your primary contact for the INTEAS and who votes on behalf of the institution´s business unit on INTEAS matters (if not the same as the head of the institution´s business unit):

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Highest Earned Degree: |  | Email: |  |
| Telephone (with country code): |  | Fax (with country code): |  |

1. Provide the following information pertaining to your alternate representative to the INTEAS:

|  |  |
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| Name: |  |
| Title: |  |
| Highest Earned Degree: |  | Email: |  |
| Telephone (with country code): |  | Fax (with country code): |  |

1. Enclose with your application package a check or other payment information for your application fee of $900. Payment information can be found on page 4.
2. Enclose with your application package the required information/materials as outlined in the Application Supplement on pages 6-8.
3. Submitted herewith is our application for new Flexible Course accreditation by the INTEAS, affirming our commitment to abide by the accreditation policies and procedures of the INTEAS and to attaining and maintaining excellence in education.

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| Signature of Chief Executive Officer: |  | Title: |  |
| CEO’s printed name: |  | Date: |  |

1. Send the application and all supporting materials to info@inteas.org (preferred); or send via regular mail to:

700 N Valley St Suite B PMB 19963,

Anaheim,

CA 92801,

USA

**Payment Information**



|  |  |
| --- | --- |
| Institution: |  |
| Payment Type: |
|  | Check (Enclosed) |
|  | Wire Transfer  | (Please contact the INTEAS at info@inteas.org for wire transfer details.) |
|  | Credit Card | If paying by credit card, please provide the following information: |
| Credit Card Type: |
|  | Visa |
|  | MasterCard  |
|  | American Express |

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| --- | --- |
| Amount to Charge to Card: |  |

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| --- | --- |
| Name on Card: |  |
| Credit Card Number: |  |
| CVV Number\*: |  |
| \* For Visa and MasterCard, this is the 3-digit number on the back of your card adjacent to the signature strip on the right. For American Express, it is the 4-digit number on the front of your card above and to the right of your account number. |
| VISA/MASTERCARD | AMERICAN EXPRESS |
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| --- | --- | --- | --- | --- |
| Expiration Date: |  |  |  |  |
|  | Month |  | Year |  |
| Billing Address: |  |
| City, State or Province, Zip or Postal Code: |  |
| Country: |  |

**Application Supplement**

Please enclose the following information/materials with your application package:

1. Evidence that your parent institution has institutional accreditation from an appropriate organization in the relevant country or region, or approvals or authorizations to award degrees from an appropriate governing, legal, or similar body. This evidence would be the most recent equivalent letter, certificate, charter, or license from an appropriate accrediting, governing, legal, or similar body in the relevant country or region granting institutional accreditation, recognition, approval, or authorization to award degrees. In cases where this documentation is written in a language other than English, the institution´s business unit must submit a copy of the original non-English version of the letter, certificate, charter, or license, and a certified English translation of the original documentation.

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| 2. | The total headcount enrollment of the institution as a whole: |  |

1. A copy of the most recent catalogs, bulletins, prospectuses, marketing brochures, or other materials that describe the institution’s undergraduate and graduate degree programs. If this material is online, provide the website address for and an electronic version of this material (e.g., a document such as a PDF file):

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| Website Address: |  |

1. A listing of the new Flexible Courses for which the institution´s business unit is seeking accreditation. This listing must also include all majors, concentrations, specializations, emphases, options, and tracks contained within the programs. In addition, identify all locations at which the programs are offered (if the programs are delivered in partnership with other institutions, please identify those institutions as well; add rows in the table as needed):

| **Program (Name of Flexible Course)** | **Location(s)** | **Partner Institution(s)** |
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**Note**: A program of study is considered to be a “Flexible Course” if and only if it satisfies all of the following three criteria:

* During 10 days institution must provide at least 30 hours of educational lessons and 5 hours of field trips or visiting lectures. It means 35 credit hours in total in a form of full-time study. **Note**: on-line study is not allowed.
* Three or more experts provide specialized education. The institution could to hire suitable outside workers if necessary as visiting professors or visiting experts.
* Certificate of participation receive every student who participates at least 75 % of total credit hours.
1. For each of the programs listed in item 4 above (including each major, concentration, specialization, emphasis, option, and track contained within the program). **Note**: Student names and other confidential information on these documents may be redacted.
2. For each of the new programs listed in item 4 above (including each major, concentration, specialization, emphasis, option, and track contained within the program), a description of the curricular requirements for the program. If this information is found online and/or is included in the institution’s catalogs, prospectuses, marketing brochures, or other materials, provide the URL address(es) for the location(s) on your website where this information can be found and/or the page numbers for the relevant sections of the catalogs, prospectuses, marketing brochures, or other materials (add rows in the table as needed):

| **Program (Name of Flexible Course)** | **Description of Curricular Requirements** |
| --- | --- |
| **Website Address** | **Page Numbers** |
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1. For each of the new programs listed in item 4 above (including each major, concentration, specialization, emphasis, option, and track contained within the program), an identification of the institution´s unit that administers the program, the name and title of the program coordinator (e.g., dean, director, department/division chair, program director, etc.), the total number of credit hours required to earn the certificate, and the number of total credit hours in the program, and the percentage of the total number of credit hours required to earn the certificate (add rows in the tables as needed) **Note:** Credit hours are considered to be full-time:

| **Program (Name of Flexible Course)** | **Institution´s Unit****Administering the Program** | **Program Coordinator****(Name and Title)** |
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| **Program (Name of Flexible Course)** | **Total Number of Hours Required for Certificate** | **Total Number of Hours (fulltime education plus field trips)** | **Percentage of****Hours Required for Certificate** |
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1. An identification of the locations at which the new programs listed in item 4 above are offered that the institution wishes to exclude from the accreditation review, along with the rationale for exclusion (add rows in the tables as needed):

| **Locations Requested to be Excluded from Review** | **Rationale for Exclusion** |
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1. Student learning assessment information for each new program for which the institution´s business unit is seeking accreditation. The student learning assessment information must conform to INTEAS expectations and requirements as outlined in the INTEAS Student Feedback Form. Add filled forms from of every flexible course of past 12 months (if applicable). **Note**: This document is available for download from the INTEAS website at: www.INTEAS.org/oa-documents.asp.