

Notification of Intent to Apply

Directions: Please complete and submit this form with the appropriate fee to:
WASC, Attn. Eligibility, 985 Atlantic Avenue, Suite 100, Alameda, CA 94501

Institution Name: _____

Institution Main Address: _____

Institution Phone Number: _____ Institution Fax Number: _____

Institution Website: _____

Intent to Apply for Eligibility

By completing and submitting this form, _____
formally expresses its intention to pursue accreditation with the Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges. Taking this action, together with any related expenditures, is endorsed by formal action of the institution's governing board.

Stipulations

It is essential that the leaders of institutions preparing to apply for WASC accreditation commit to understanding and complying fully with the Standards, policies, and procedures involved in this process. By placing their signatures below, the president/chief executive officer and the chair of the governing board for the institution each represent that they are in agreement with the following statements:

1. I have read the most recent version of the WASC document *How to Become Accredited* and the relevant portions of the *WASC 2008 Handbook of Accreditation* and *WASC Policy Manual*. I affirm that I will seek to abide by the principles and processes enunciated in these documents and will work to ensure similar compliance from other members of this organization.
2. I will work closely and cooperatively with the assigned WASC staff liaison during each subsequent step, including arranging a visit to the WASC office to meet with this liaison for planning purposes after the grant of Eligibility and prior to submitting the Letter of Intent (if applicable) and the application for Candidacy/Initial Accreditation.
3. I agree that our institution will make expeditious progress toward achieving Candidacy or Initial Accreditation as demonstrated by submitting a Letter of Intent and other required documents in a timely manner and then by arranging the first site visit within two years of the grant of Eligibility.
4. I acknowledge that WASC staff retains the prerogative to withdraw Eligibility, as described in *How to Become Accredited*, should it determine that the institution exhibits any one of the following:
 - a. A failure to follow the policies and procedures as referenced in Paragraph 1 or 2 above
 - b. A failure to make measurable progress toward Candidacy or Initial Accreditation within the two-year time frame referenced in Paragraph 3 above, or to have achieved either Candidacy or Initial Accreditation within the calendar limits specified in an Action Letter from the WASC Commission or staff
 - c. A failure to meet the expectations concerning ethical conduct in its relations with WASC personnel or the Commission
5. I understand that, should Eligibility be withdrawn under the conditions outlined in Paragraph 4 above, the institution must remove from its website and other publications any reference to WASC Eligibility. No refunds will be provided for fees already submitted. Under these circumstances, should the institution elect to reapply for Eligibility, a waiting period of at least one year must transpire. Fees in place at the time of the reapplication will apply.

Signed:

Chief Executive Officer

Chair, Governing Board

Date of Board Action: _____ Date of Submission: _____

Eligibility Fee is attached

Please provide the following information:

Accreditation Liaison Officer (ALO)

Name: _____

Title: _____

Direct Phone Number: _____ Fax Number: _____

Email Address: _____

Assistant Name (if applicable): _____

Assistant Email (if applicable): _____

President or Chief Executive Officer (CEO)

Name: _____

Title: _____

Direct Phone Number: _____ Fax Number: _____

Email Address: _____

Assistant Name (if applicable): _____

Assistant Email (if applicable): _____

Institution Type (check one)

For Profit Private, non-profit Public

Other: _____

Related Entity (check one)

No related entity Proprietary with parent/board Religious control Multi-institution system

Other: _____

Name of Entity (if applicable): _____

Student FTE:

Undergraduate FTE: _____ Graduate FTE: _____ Total FTE: _____

Please complete the spreadsheet [“Degree Programs At Eligibility”](#) and submit with this form
(available on the WASC website).