APPLICATION FOR MEMBERSHIP

All information must be typed or printed legibly. Please do not retype this form.

Name of Institution and Art and/or Design Unit

Street and/or Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Multipurpose Institutions – Chief Executive Officer/President: ________________________________
Chief Academic Officer: ________________________________
Dean Responsible for the Unit: ________________________________

Independent Schools of Art/Design – Chief Executive Officer/President: ________________________________
Chair, Board of Trustees: ________________________________

Has the institution had a consultative visit? ☐ YES ☐ NO
If yes: Date of the consultative visit __________ Name of the consultant __________________________

I. APPLICATION CATEGORY (check only one):
☐ Membership (for first-time applicants or institutions with Associate Membership)
☐ Renewal of Membership (for institutions with Membership)

II. INSTITUTIONAL CATEGORY (check all that apply):
☐ Public ☐ Not-for-Profit ☐ Non-Degree-Granting ☐ Degree-Granting ☐ Single Professional Program
☐ Private ☐ Proprietary ☐ Community/Junior College ☐ Doctoral Degree-Granting Accreditation–Graphic Design
☐ Proprietary ☐ Non-Degree-Granting ☐ Single Professional Program Accreditation–Industrial Design

III. OTHER REVIEW ACTIVITY:
If applicable, please provide the following by indicating:

Last NASAD accreditation visit ______________________________
Full name of regional accrediting agency ______________________________
Year of latest regional accreditation agency visitation ______________________________
Year of next regional accreditation agency visitation ______________________________

Is the institution presently being denied recognition or accreditation by any state or accreditation agency? ☐ YES ☐ NO
If yes, which agency(ies)? ______________________________

Is the institution’s recognition or accreditation presently being revoked by any state or accreditation agency? ☐ YES ☐ NO
If yes, which agency(ies)? ______________________________

Is the institution accredited by CAEP? ☐ YES ☐ NO
If yes: Year of latest CAEP visitation __________ Year of next CAEP visitation __________

(continued on the reverse)
IV. ITEMS TRANSMITTED WITH THE APPLICATION FORM:

☐ Self-Study Document and Supporting Materials – 3 copies

☐ Date Application Fee submitted: __________  ☐ Amount of Application Fee submitted: $________

NOTE: One copy each of the Self-Study document and all supportive materials should be sent directly to each visiting evaluator upon confirmation of the visit, and must be received by the visitors at least four weeks prior to the visit.

STATEMENT BY APPLICANT INSTITUTION

Failure to act favorably upon an application for Membership or renewal of Membership in the National Association of Schools of Art and Design shall not, in and of itself, constitute grounds for legal action against NASAD by the applicant institution or individuals therein.

In all cases when a disagreement cannot be resolved through normal NASAD procedures, the institution and the individuals therein agree to abide by NASAD Rules of Practice and Procedure entitled “Requests for Reconsideration by the Commission on Accreditation” and/or “Appeals of Adverse Decisions Concerning Accredited Institutional Membership” as set forth in the NASAD Handbook. These procedures provide for final action after review in accordance with the rules of the American Arbitration Association.

Upon receipt of an invoice before the visitation for an application fee, and after the visitation, for the expenses of the evaluators, the visited institution agrees to pay the application fee and to reimburse NASAD for the expenses incurred by the visiting evaluators.

Name and Title of Art/Design Executive

Signature of Art/Design Executive ____________________________ Date ____________________________

Telephone (include area code) ____________________________ Facsimile (include area code) ____________________________ Web Address ____________________________

E-Mail Address ____________________________

NEW APPLICANTS ONLY

If your institution is seeking accredited institutional Membership for the first time, this Application form must be signed by the Chief Executive Officer/President of the institution.

Name and Title of Chief Executive Officer/President ____________________________

Signature of Chief Executive Officer/President ____________________________ Date ____________________________

Three copies of this Application form are to be returned to the NASAD National Office. One copy is to be retained for the institution’s files.