

NATIONAL ASSOCIATION OF SCHOOLS OF ART AND DESIGN  
11250 Roger Bacon Drive, Suite 21  
Reston, Virginia 20190-5248  
Telephone 703-437-0700  
Facsimile 703-437-6312

## NOTICE OF INTENTION TO APPLY

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

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**Name of Institution and Art and/or Design Unit**

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**Street and/or Mailing Address**

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**City**

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**State**

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**Zip Code**

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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: \_\_\_\_\_

**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

Single Professional Program

Accreditation–Industrial Design

Total Number of Art/Design Major Students: \_\_\_\_\_ Total Number of Art/Design Faculty: F/T \_\_\_\_\_ P/T \_\_\_\_\_

Total Number of Campuses: \_\_\_\_\_

If more than one campus, please indicate the number of students enrolled at each campus, and describe the administrative and faculty relationships with the central unit. (Refer to the statement on branch campuses/external programs set forth in the NASAD Handbook.)

**III. COMMUNITY EDUCATION (CE) CATEGORY (check only one):**

*(All applicants must complete this section)*

No CE program in art/design, or only individual CE courses offered

CE program with specific published identity and specifically designated administrator, part of or affiliated with postsecondary art/design unit\*

\*Check only one –

Review for basic listing

Review for separate program listing

Total Number (Headcount) of Students Enrolled in the Community Education Program: \_\_\_\_\_

Total Number of Art/Design Faculty Teaching in the Community Education Program: F/T \_\_\_\_\_ P/T \_\_\_\_\_

(continued)

**IV. VISIT INFORMATION**

**Visitation Dates.** After a review of the evaluation calendar in the document *NASAD Procedures for Institutions*, we suggest the following dates for the accreditation visit (*please be specific*):

Date(s) / Month(s) \_\_\_\_\_ Year \_\_\_\_\_

Please check here to permit an electronic copy of the Visitors' Report to be sent by the NASAD National Office directly and only to the institution's designated primary NASAD Institutional Representative (IR1). A check mark entered here, along with your signature below, enables NASAD to release this confidential report in electronic format, and indicates that the IR1 will distribute the report within the institution as required by the institution.

**Consultative Visit.** Does the institution request a consultative visit prior to the accreditation visit?  YES  NO

If yes, please indicate: Year \_\_\_\_\_  Spring  Fall [OR] Date(s) / Month(s) \_\_\_\_\_

**Joint or Concurrent Visit?** (*Complete only if applicable. Refer to the NASAD Handbook Appendix titled "Procedures for Joint Evaluations" for an explanation of joint and concurrent visits.*) Our visit will be  joint  concurrent with \_\_\_\_\_.

**V. ALL ART/DESIGN CURRICULA OFFERED (first-time applicants only)** *Prior to completing this section, please review Article I., Section 3. of the Rules of Practice and Procedure as set forth in the NASAD Handbook.*

**Please provide a complete list of all community education programs, postsecondary programs (include and indicate all certificate and diploma programs), and/or degrees in art/design offered by the institution, and indicate current or immediate last term enrollment for each.**

**Community Education Programs:** \_\_\_\_\_  
\_\_\_\_\_

**Non-Degree Postsecondary Programs:** \_\_\_\_\_  
\_\_\_\_\_

**Degree Programs:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. GRAPHIC DESIGN AND/OR INDUSTRIAL DESIGN CURRICULA OFFERED (renewing applicants only)**

**Please provide a list of all graphic design and/or industrial design degree and non-degree programs offered or planned.**

\_\_\_\_\_  
\_\_\_\_\_

**VII. DESIGNATED INSTITUTIONAL ACCREDITOR (single-purpose art/design schools only)**

**If the institution participates in or intends to participate in Title IV programs, please note the designated institutional accrediting body.**

\_\_\_\_\_

**Please append any additional information or requests concerning the review.**

**We now request that NASAD proceed with the nomination of visitors.**

\_\_\_\_\_  
Name of Art/Design Executive (typing name above verifies all information is accurate and the institution wishes to proceed)

\_\_\_\_\_  
Title of Art/Design Executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone (include area code)

\_\_\_\_\_  
Facsimile (include area code)

\_\_\_\_\_  
Web Address

\_\_\_\_\_  
E-Mail Address