

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 SEEK SUBSTANTIAL EQUIVALENCY

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

Name of Institution

Name of Art and/or Design Unit

Address Line 1

Address Line 2

Address Line 3

City/Town

State / Province / Region

Country

Postal Code

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):

Substantial Equivalency (*for first-time applicants*)

Renewal of Substantial Equivalency

II. INSTITUTIONAL CATEGORY (check all that apply):

Public

Not-for-Profit

Non-Degree-Granting

Degree-Granting

Private

Proprietary

Community/2 Year College

Doctoral Degree-Granting

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/additional campuses found in the NASAD Handbook.*)

(continued)

III. VISIT INFORMATION

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

Date(s) / Month(s) _____ Year _____

- Please check here to request that an electronic copy of the NASAD evaluative visit report be sent by the NASAD National Office directly and only to the institution's designated representative (as noted above). A check mark entered here, along with the signature below, enables NASAD to release the confidential evaluative report in electronic format, and indicates that the designated representative will distribute the evaluative report within the institution as required by the institution.

Consultative Visit (Optional). Does the institution request a consultative visit prior to the evaluative visit? Yes No

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

Date(s) / Month(s) _____ Year _____

IV. ALL ART/DESIGN CURRICULA OFFERED

Prior to completing this section, please review Article I., Section 3. of the Rules of Practice and Procedure, Part II 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 either current or immediate last term enrollment for each.

Community Education Programs: _____

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 _____

Non-Degree Postsecondary Programs: _____

Total Number (Headcount) of Students Enrolled in the Non-Degree Postsecondary Programs: _____

Total Number of Art/Design Faculty Teaching in the Non-Degree Postsecondary Programs: F/T _____ P/T _____

Degree Programs: _____

Total Number (Headcount) of Students Enrolled in the Degree Programs: _____

Total Number of Art/Design Faculty Teaching in the Degree Programs: F/T _____ P/T _____

V. REQUIRED CONFIRMATIONS

- Yes No The institution has reviewed all provisions outlined in the current edition of the *NASAD Policies and Procedures for Substantial Equivalency Reviews* and agrees to abide by all provisions.
- Yes No The institution has provided in writing a formal request to apply for Substantial Equivalency to the NASAD Executive Director.
- Yes No The institution has provided written concurrence from the highest possible administrative level of the requesting institution or government of the country.
- Yes No Should the application for Substantive Equivalency be approved, the institution agrees that it will not in spoken or written word state, suggest, or imply that it is an accredited institutional member of NASAD or holds NASAD accreditation. The institution is reminded that while Substantial Equivalency reviews follow evaluative policies and procedures used for accreditation, no accreditation action will be taken, nor will there be any inference that a program is undergoing an accreditation review or will be accredited as a result of such review.
- Yes No Should the application for Substantive Equivalency be approved, the institution agrees that it will remain in compliance with all applicable standards throughout the period of Substantial Equivalency.

(continued)

We request that NASAD consider the institution's application at this time.

Name and Title of Art/Design Executive

Signature of Art/Design Executive

Date

Telephone *(include area code)*

Facsimile *(include area code)*

Web Address

Email Address

The signature offered above indicates the applicant's understanding of requirements and responsibilities as published by NASAD, and confirms the applicant's intention to abide and comply with such.

Please append any additional information or requests concerning the review to this application.