



Accreditation Council for International  
Educational Institutions

**APPLICATION FOR ACCREDITATION (INSTITUTIONS)**

**1. INSTITUTION INFORMATION:**

\_\_\_\_\_  
INSTITUTION NAME

\_\_\_\_\_  
ESTABLISHMENT DATE

\_\_\_\_\_  
INSTITUTION PHYSICAL ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
WEBSITE ADDRESS

\_\_\_\_\_  
E-MAIL ADDRESS

NATURE OF INSTITUTION AND ACTIVITIES:  
\_\_\_\_\_  
\_\_\_\_\_

**2. FORM OF INSTITUTION ORGANIZATION:**

- |                                                 |                                                        |                                              |
|-------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> INDIVIDUALLY OWNED     | <input type="checkbox"/> SOLE PROPRIETORSHIP           | <input type="checkbox"/> GENERAL PARTNERSHIP |
| <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> FOR PROFIT CORPORATION        |                                              |
| <input type="checkbox"/> NON-PROFIT CORPORATION | <input type="checkbox"/> LIMITED LIABILITY CORPORATION |                                              |

\_\_\_\_\_  
STATE/COUNTRY WHERE INCORPORATED?

\_\_\_\_\_  
DATE OF INCORPORATION

PLEASE ATTACH COPIES OF THE ARTICLES OF INCORPORATION AND BYLAWS

**3. AGENT FOR SERVICE OF PROCESS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

I confirm my contact information listed above and acknowledge that I am the designated agent for service of process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**4. ORGANIZATION AND MANAGEMENT**

Include an organization chart that shows the governance and administrative structure of the institution and the relationship between faculty and administrative positions.

Document(s) is (are) attached:     Yes         No

Provide a description of the job duties and responsibilities of each administrative and faculty position.

Document(s) is (are) attached:     Yes         No

Identify the chief executive officer, chief operating officer, and chief academic officer and describe their education, experience, and qualifications to perform their duties and responsibilities.

Document(s) is (are) attached:     Yes         No

**5. GOVERNING BOARD**

If the institution has a governing board, include the name, e-mail address, work address and telephone number of each member of the governing board.

Document(s) is (are) attached:     Yes         No

**6. MISSION AND OBJECTIVES**

Describe in detail the institution's mission and objectives.

Document(s) is (are) attached:     Yes         No

**7. FINANCIAL RESOURCES AND STATEMENTS**

Submit current Financial Statements along with this Application.

Document(s) is (are) attached:     Yes         No

**8. ADVERTISING AND OTHER PUBLIC STATEMENTS**

Include copies of advertising and other statements disseminated to the public in any manner by the institution or its representatives that concern, describe, or represent the institution and its activities.

Document(s) is (are) attached:  Yes  No

If advertising is broadcasted by television or radio, include a copy of the script.

Document(s) is (are) attached:  Yes  No

### **9. FACILITIES & EQUIPMENT**

Describe the facilities and the equipment which is available for use by staff at the main, branch, and satellite locations of the institution.

Document(s) is (are) attached:  Yes  No

For facilities that are leased or rented, include the name and address of the lessor or landlord, together with a copy of any use, lease, or rental agreements for the facilities.

Document(s) is (are) attached:  Yes  No

Include building diagrams and maps.

Document(s) is (are) attached:  Yes  No

### **10. SELF MONITORING PROCEDURES**

Describe the procedures used by the institution to assure that the institution is operated and maintained in compliance with the *ACIEI* regulations.

DOCUMENT IS ATTACHED:  YES  NO

### **11. THIS APPLICATION IS FOR (CHECK ONE, AS NECESSARY):**

NEW ACCREDITATION  MAIN  BRANCH  SATELLITE LOCATION

### **12. THE INSTITUTION CURRENTLY IS ACCREDITED BY ANY ACCREDITATION AGENCY?**

YES  NO

#### **IF YES:**

ACCREDITATION STATUS

EXPIRATION DATE:

\_\_\_\_\_  
NAME OF ACCREDITATION ORGANIZATION:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
PHONE NUMBER:

\_\_\_\_\_  
WEBSITE ADDRESS:

**13. ONLINE:**

ANY CLASSES OR PORTIONS OF CLASSES ARE OFFERED ONLINE? YES  NO

1) \_\_\_\_\_  
CLASS NAME

\_\_\_\_\_  
DESCRIPTIONS

2) \_\_\_\_\_  
CLASS NAME

\_\_\_\_\_  
DESCRIPTIONS

3) \_\_\_\_\_  
CLASS NAME

\_\_\_\_\_  
DESCRIPTIONS

4) \_\_\_\_\_  
CLASS NAME

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**14. DESCRIPTION OF EDUCATIONAL AND TRAINING PROGRAM FOR MANAGEMENT AND STAFF**

DOCUMENT IS ATTACHED:  YES  NO (IF NO, INDICATE REASON)

**15. DESCRIPTION OF LANGUAGES OTHER THAN YOUR NATIVE LANGUAGE?**

DOCUMENT IS ATTACHED:  YES  NO (IF NO, INDICATE REASON)

**16. YOUR BALANCE SHEET FOR THE PAST 3 YEARS**

YEAR 1)

YEAR 2)

YEAR 3)

**17. HAS INSTITUTION ACCREDITATION EVER BEEN DENIED INITIALLY?**

YES       NO      IF YES, PLEASE EXPLAIN:

**18. HAS INSTITUTION ACCREDITATION APPLICATION EVER BEEN CANCELED/DECLINED (DENIAL, RELINQUISHMENT, REVOCATION, SUSPENSION, WITHDRAWAL) BY ACIEI OR ANY OTHER ACCREDITATION AGENCY?**

YES       NO      IF YES, PLEASE EXPLAIN:

**19. IS INSTITUTION APPROVED, LICENSED OR ACCREDITED BY ANY PROFESSIONAL ORGANIZATIONS?**

YES       NO      IF YES, PLEASE EXPLAIN:

**20. ADDITIONAL INFORMATION**

Include any material facts, which have not otherwise been disclosed in the application that without inclusion would cause the information in the application to be false, misleading or incomplete or that might reasonably affect the *ACIEI*'s decisions.

DOCUMENT IS ATTACHED:       YES       NO

The institution may also include any other facts that the institution would like the *ACIEI* to consider in deciding whether to grant an accreditation.

DOCUMENT IS ATTACHED:       YES       NO

**21. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, TO THE BEST OF MY KNOWLEDE**

*I declare under penalty of perjury under the United State of America and (Name of the Country)*

\_\_\_\_\_ *laws that the foregoing and all attachments are true and correct.*

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND COMPLETE. I AGREE THAT IF SUCH INFORMATION, OR ANY OTHER INFORMATION UPON WHICH MY ADMISSION IS BASED, IS NOT TRUE OR COMPLETE, THE ACIET MAY RESCIND MY APPLICATION FOR ACCREDITATION. I FURTHER AGREE THAT, IF OUR INSTITUTION ACCEPTED, WE WOULD ABIDE BY THE RULES AND REGULATIONS OF THE ACIET INCLUDING, BUT NOT LIMITED TO, THOSE RULES CONTAINED IN THE CURRENT ACIET CATALOG AND HANDBOOKS. I UNDERSTAND THAT ALL OFFICIAL DOCUMENTS SUBMITTED FOR ACCREDITATION CONSIDERATION BECOME THE PROPERTY OF THE ACIET AND WILL NOT BE FORWARDED TO ANOTHER INSTITUTION/ORGANIZATION NOR RETURNED TO ME. I ALSO UNDERSTAND THAT ACCEPTANCE TO ACIET IS SUBJECT TO VERIFICATION OF FINAL RECORDS FROM ALL INSTITUTIONS, ORGANIZATION I AND ENTITIES.

**PUBLISHING PERMISSION:** I DO HEREBY GRANT OUR INSTITUTION PERMISSION FOR ACIET TO PUBLISH OUR NAME AND CREDENTIALS IN ACIET'S CATALOG, WEBSITE, AND OTHER ACIET PUBLICATIONS.

\_\_\_\_\_  
NAME OF CHIEF EXECUTIVE OFFICER

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Owning \_\_\_\_\_%,       Member, Board of Directors       General Partner

**I:**

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Name

---

Address

City

State/Country

Zip

---

Signature

Date

Owning \_\_\_\_\_%,       Member, Board of Directors       General Partner       Other

**II:**

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Name

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Address

City

State/Country

Zip

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Signature

Date

Owning \_\_\_\_\_%,       Member, Board of Directors       General Partner Chairman       Other

**III:**

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Name

---

Address

City

State/Country

Zip

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Signature

Date

Owning \_\_\_\_\_%,       Member, Board of Directors       General Partner       Other

***ACIEI does not unlawfully discriminate based on race, color, national or ethnic origin, religion, age, sex, handicap, or prior military service in administration of its accreditation policies, admission, program or activities.***