



Application for AIAASC Membership — International Higher Education

All institutions applying for AIAASC membership must complete this form in its entirety and submit it via e-mail to: info@aiaasc.com.

CONTACT INFORMATION			
Name of Institution		Date of Application	
Address		City/Postal Code/Country	
Mailing Address <i>(if different)</i>		City/Postal Code/Country	
Phone		Website	
OFFICERS	NAME	EMAIL	PHONE
Owner(s) of Institution			
Chief Executive Officer			
Governance Board Chair			
Chief Academic Officer			
Chief Financial Officer			
Chief Sustainability Officer			
Chief Accreditation Liaison			

FEES	
<p>The new institution application fee is \$1000 and the first-year candidacy membership fee is \$5000. Full accreditation visit fees vary by student enrollment and number of academic programs. Institutions assume all costs for the full accreditation visit team. All institutions pay annual membership dues to continue accreditation. Assessment dues are based on enrollment and academic programs. Please note: <i>All fees are non-refundable.</i></p>	
Type of Accreditation Application <i>(Circle all that apply)</i>	New / Renewal / Transfer

APPLICATION & PAYMENT PROCESS
<ol style="list-style-type: none"> 1. Email Completed Application to info@aiaasc.com. 2. Upon receipt of application, AIAASC will issue an invoice for the application fee and first-year membership fee with payment instructions. 3. Pay invoice and email wire transfer receipt to administration@aiaasc.com. 4. AIAASC will contact you to schedule for a candidacy review meeting.

LEGAL / CORPORATE PROFILE					
Type <i>(Circle all that apply)</i>	Public	Technical	Profit	Comprehensive	Other
	Private	Vocational	Non-Profit	Specialized	
Date of Institutional Establishment				Place of Institutional Establishment	
Changes in Ownership or Location over last 5 years					
Legal/Corporate Structure/Status <i>(Circle all that apply)</i>	Limited Company		Partnership	Subsidiary	Other
Validating Legal Documents	What documents will the institution provide to validate its legal identity? <i>(List all that apply)</i>				
Insurance Coverage <i>(List all by type)</i>					
Locations of Operations <i>(Include all locations)</i>	ADDRESS				CITY/POSTAL CODE/COUNTRY
	Location 1:				
	Location 2:				
	Location 3:				
Premises and Facilities <i>(Circle One)</i>	Owned / Leased			Date of Lease Expiry	
Current Accreditations in Force <i>(List All)</i>				Accreditation Period	

New Accreditations Currently Being Sought <i>(List All)</i>		Accrediting Body Website	
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FACILITIES, PHYSICAL PLANT, & GROUNDS		
Campus Setting <i>(Circle all that apply)</i>	Urban / Suburban / Rural	
Campus Property Acreage		
NUMBER OF BUILDINGS (Instructional & Administrative Space)	TOTAL NUMBER	TOTAL CAPACITY
Administrative		
Sport		
Social		
Support		
Maintenance		
Other		
Classrooms		
Laboratories		
Staff / Administrative Offices		
Specialized Rooms / Spaces		
Commons Rooms		
LIBRARY RESOURCES	PHYSICAL / ONSITE	VIRTUAL / ONLINE
Books		
Periodicals		
Other		

EMPLOYEE / STAFF PROFILE	FULL-TIME	PART-TIME
Number of Senior Leadership		
NUMBER OF FACULTY	FULL-TIME	PART-TIME
Professor		
Associate Professor		
Assistant Professor		
Instructor		
Research Staff		
Administrative Staff		
NUMBER OF SUPPORT STAFF	FULL-TIME	PART-TIME
Administrative		
Technical		
Health / Medical		
Security		

STUDENT ENROLLMENT PROFILE												
ENROLLMENT	CURRENT ACADEMIC YEAR				LAST ACADEMIC YEAR				YEAR BEFORE LAST ACADEMIC YEAR			
	FULL-TIME		PART-TIME		FULL-TIME		PART-TIME		FULL-TIME		PART-TIME	
ORIGIN OF STUDENTS	DOMESTIC	INTL	DOMESTIC	INTL	DOMESTIC	INTL	DOMESTIC	INTL	DOMESTIC	INTL	DOMESTIC	INTL
Undergraduate												
Graduate												
Professional												
Other												
Number of Students Under 18												
Total												

ACADEMIC PROGRAMS				
Number of Degree Programs <i>(List all on separate sheet)</i>	Associates:	Bachelor:	Master:	Doctorate:
Number of Certificate Programs <i>(List all on separate sheet)</i>	Graduate:	Undergraduate:	Doctorate:	Other:
Number of Non-degree/ Non-Certificate Programs <i>(List all on separate sheet)</i>	Type of Program:		Current Student Enrolment:	
Number of Other Programs <i>(List all on separate sheet)</i>	Type of Program:		Current Student Enrolment:	
Academic Calendar <i>(Circle all that apply)</i>	All-Year / Semester / Quarter / No Summer			
Off-Campus Programs <i>(List all on separate sheet)</i>	TYPE OF PROGRAM		LOCATION	STUDENT ENROLLMENT
Distance Education Programs <i>(List all on separate sheet)</i>				
International Study Programs <i>(List all on separate sheet)</i>				
Research Programs <i>(List all on separate sheet)</i>				
Other <i>(List all on separate sheet)</i>				
External Academic Partnerships	NAME OF PARTNER		PARTNER CONTACT INFORMATION & LIAISON	NATURE OF PARTNERSHIP

AUTHORIZATIONS AND SIGNATURE

Institutional Owner	Full Name:	Signature:	Date:
Chief Executive Officer	Full Name:	Signature:	Date:
Institutional Stamp			