****

**APPLICATION FOR ACCREDITATION**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Director

Accreditation Commission for Programs in Hospitality Administration (ACPHA)

To the best of my knowledge, this program complies with the Eligibility Requirements and Standards of Accreditation Commission for Programs in Hospitality Administration, and we hereby apply for:

* Initial accreditation:
* Reaffirmation of accreditation

Enclosed is a check (non-refundable) for the $600.00 Application Fee-US or $1500.00-International and a copy of or link to our institutional catalog.

1. Corporate name of institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Program Information:

Address/City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date institution was authorized or chartered:

5. Date institution enrolled first students in the program:

6. Date institution awarded the first degree for graduates of the program:

7. Type of control: (Check appropriate category)

Public Private

State Proprietary

County Independent non-profit

City Religious group

Other (Specify) \_\_\_\_\_\_ Other (Specify) \_\_\_\_\_\_

8. By which agency is the institution legally authorized to provide a program of education beyond high school, and what degree/s is it authorized to grant to graduates of the Hospitality Administration program. *What is the date of the program authorization*:

9. Number of instructional (semester) hours in the program:

10. Number of hours required by the state, if any:

11. Maximum number of students enrolled in the program at any given time:

Maximum number of students enrolled in the institution at any given time:

12. Total number of students graduating from the program each year over the past three years:

20\_\_\_\_ Number:

20\_\_\_\_ Number:

20\_\_\_\_ Number:

13. Number of program faculty: \_\_\_full-time /\_\_\_part–time/\_\_\_adjunct

1. Name of the regional (United States) or National/Government (International) recognized institutional accrediting agency, which has accredited the institution:
2. Name and title of the chief administrative officer of the institution:
3. Name and letter from chief officer of the institution (president, provost, dean) authorizing the program application.
4. Please summarize why you are seeking accreditation.

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

We will not make any promotional use of our application for accreditation prior to the actual granting of accredited status by the Commission.

Program Director:

Signature:

School Official: Title:

Signature:

***By signing, the program acknowledges to comply with the ACPHA Accreditation Fee Schedule as on stated on the website.***

FOR ACPHA ADMINISTRATION USE ONLY:

Date Application Received\_\_\_\_\_\_\_\_\_

SS Due\_\_\_\_\_\_\_\_\_