

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

## APPLICATION FOR MEMBERSHIP

**NOTE: Paper copies must accompany Self-Study.**

*Please print or type all information.*

\_\_\_\_\_  
**Name of Institution and Music Unit**

\_\_\_\_\_  
**Street and/or Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Multipurpose Institutions –**

Chief Executive Officer/President: \_\_\_\_\_

Chief Academic Officer: \_\_\_\_\_

Dean Responsible for the Unit: \_\_\_\_\_

**Independent Schools of Music –**

Chief Executive Officer/President: \_\_\_\_\_

Chair, Board of Trustees: \_\_\_\_\_

**Has the institution had a consultative visit?**

YES

NO

If yes: Date of the consultative visit \_\_\_\_\_ Name of the consultant \_\_\_\_\_

**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):**

Degree-Granting

Non-Degree-Granting

Community/Junior College

Doctoral Degree-Granting

Public

Private

Not-for-Profit

Proprietary

**If applicable, please provide the following by indicating:**

Year of last NASM accreditation visit \_\_\_\_\_

Full name of regional accrediting agency \_\_\_\_\_

Year of latest regional accreditation agency visitation \_\_\_\_\_

Year of next regional accreditation agency visitation \_\_\_\_\_

Is the institution presently being denied recognition or accreditation by any state or accreditation agency?  YES  NO

If yes, which agency(ies)? \_\_\_\_\_

Is the institution's recognition or accreditation presently being revoked by any state or accreditation agency?  YES  NO

If yes, which agency(ies)? \_\_\_\_\_

Is the institution accredited by NCATE?  YES  NO

If yes: Year of latest NCATE visitation \_\_\_\_\_ Year of next NCATE visitation \_\_\_\_\_

(continued on the reverse)

**ITEMS TRANSMITTED WITH THIS APPLICATION FORM (please indicate the number of copies where requested):**

- Self-Study Document – \_\_\_\_\_ copies                       Catalog – \_\_\_\_\_ copies
- Application Fee (or date Fee was submitted: \_\_\_\_\_)      Amount of Fee submitted: \$ \_\_\_\_\_

**NOTE: One copy each of the Self-Study document, catalog, and all supportive materials should be sent directly to each visiting evaluator upon confirmation of the visit, and must be received by the visitors at least four weeks prior to the visit.**

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**STATEMENT BY APPLICANT INSTITUTION**

Failure to act favorably upon an application for Membership or renewal of Membership in the National Association of Schools of Music shall not, in and of itself, constitute grounds for legal action against NASM by the applicant institution or individuals therein.

In all cases when a disagreement cannot be resolved through normal NASM procedures, the institution and the individuals therein agree to abide by NASM procedures entitled *Requests for Reconsideration by an Accrediting Commission* and/or *Appeals of Adverse Decisions Concerning Accredited Institutional Membership* as set forth in the **NASM Rules of Practice and Procedure**. These procedures provide for final action after review in accordance with the Rules of the American Arbitration Association.

Upon receipt of an invoice before the visitation for an application fee, and after the visitation, for the expenses of the evaluators, the visited institution agrees to pay the application fee and to reimburse NASM for the expenses incurred by the visiting evaluators.

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Name and Title of Music Executive

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Signature of Music Executive

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Date

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Telephone (include area code)

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Facsimile (include area code)

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Web Address

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E-Mail Address

***NEW APPLICANTS ONLY***

If your institution is seeking accredited institutional Membership for the first time, this Application Form must be signed by the Chief Executive Officer/President of the institution.

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Name and Title of Chief Executive Officer/President

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Signature of Chief Executive Officer/President

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Date

**Three copies of this Application form are to be returned to the NASM National Office. One copy is to be retained for the institution's files.**