

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

NOTICE OF INTENTION TO APPLY

Please print or type all information.

Name of Institution

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: _____

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

Total Number of Music Major Students: _____ Total Number of Music Faculty: F/T _____ P/T _____

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 multi-campus programs set forth in the *NASM Handbook*.)

III. COMMUNITY EDUCATION (CE) CATEGORY (*check only one*):

(All applicants must complete this section)

- No CE program in music
 Independent CE institution
 Ad hoc CE program part of or affiliated with postsecondary music unit
 CE program with specific identity and administration, part of or affiliated with postsecondary music unit*
*Check only one – Review for basic listing Review for separate program listing

Total Number (Headcount) of Students Enrolled in the Community Education Program: _____

Total Number of Music Faculty Teaching in the Community Education Program: F/T _____ P/T _____

(continued on the reverse)

CONSULTATIVE VISIT. Does the institution request a consultative visit prior to the accreditation visit? YES NO

VISITATION DATES. After a review of the evaluation calendar in the document *NASM Procedures for Institutions*, we suggest the following dates for the accreditation visit (*please be specific*):

Month(s) _____ Year _____

JOINT OR CONCURRENT VISIT? Our visit will be a joint concurrent visit with _____
_____. (Refer to the *NASM Handbook* Appendix titled "Procedures for Joint Evaluations" for an explanation of joint and concurrent visits.)

MUSIC CURRICULA. If your institution is applying for the first time, please provide a complete list of all community education programs, postsecondary programs (*include and indicate all certificate and diploma programs*), and/or degrees in music offered by the institution, and indicate current or immediate last term enrollment for each.

Community Education Programs: _____

Postsecondary Programs: _____

Degree Programs: _____

Please append any additional information or requests concerning the review.

We now request that NASM proceed with the nomination of visitors.

Name and Title of Music Executive

Signature of Music Executive

Date

Telephone (*include area code*)

Facsimile (*include area code*)

Web Address

E-Mail Address