

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 A STATEMENT OF AFFIRMATION
OR RENEWAL OF A STATEMENT OF AFFIRMATION**
in the Alternative Review Process for Music Therapy Programs
Please print or type all information.

Name of Institution and Music/Administrative 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):

Statement of Affirmation

Renewal of Statement of Affirmation

II. INSTITUTIONAL CATEGORY (check all that apply):

Public

Not-for-Profit

Degree-Granting

Private

Proprietary

Doctoral Degree-Granting

III. OTHER REVIEW ACTIVITY:

If applicable, please provide the following by indicating:

Last NASM 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)? _____

(continued)

IV. ITEMS TRANSMITTED WITH THE APPLICATION FORM:

Self-Study Document and Supporting Materials – 4 copies

Date Application Fee submitted: _____

Amount of Application Fee submitted: \$1,000

NOTE: One copy each of the Self-Study document 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.*

STATEMENT BY APPLICANT INSTITUTION

Failure to act favorably upon an application for a Statement of Affirmation or renewal of a Statement of Affirmation 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.

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.

Name and Title of Music/Administrative Executive

Signature of Music/Administrative Executive

Date

Telephone (*include area code*)

Facsimile (*include area code*)

Web Address

E-Mail Address

NEW APPLICANTS ONLY

If your institution is seeking a Statement of Affirmation for the first time, this Application form must be signed by the Chief Executive Officer/President of the institution.

Name and Title of Chief Executive Officer/President

Signature of Chief Executive Officer/President

Date

Four 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.