

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**  
**for a Statement of Affirmation in the Alternative Review Process for Music Therapy Programs**  
*Please print or type all information.*

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**Name of Institution and Music/Administrative Unit**

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**Street and/or Mailing Address**

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**City**

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**State**

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**Zip Code**

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**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):**

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

Total Number of Music Therapy Major Students: \_\_\_\_\_ Total Number of Music Therapy 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 branch campuses/external programs set forth in the *NASM Handbook*.)

**III. VISIT INFORMATION**

**Consultative Visit.** Does the institution request a consultative visit prior to the evaluation visit?  YES  NO

**Visitation Dates.** After a review of the evaluation calendar in the document *NASM Procedures: Alternative Review Process for Music Therapy Programs*, we suggest the following dates for the accreditation visit (*please be specific*):

Dates / Month(s) \_\_\_\_\_ Year \_\_\_\_\_

(continued)

**IV. ALL MUSIC THERAPY CURRICULA OFFERED (first-time applicants only)**

**Please provide a complete list of all degrees in music therapy offered by the institution, and indicate current or immediate last term enrollment for each.**

Degree Programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. MUSIC THERAPY CURRICULA OFFERED (renewing applicants only)**

**Please provide a list of all music therapy degree programs offered or planned.**

Degree Programs: \_\_\_\_\_  
\_\_\_\_\_

**Please append any additional information or requests concerning the review.**

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

\_\_\_\_\_  
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