

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

All information must be typed or printed legibly. Please do not retype this form.

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: _____

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):

Public

Not-for-Profit

Non-Degree-Granting

Degree-Granting

Private

Proprietary

Community College

Doctoral Degree-Granting

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 branch campuses/external 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, or only individual CE courses offered

CE program with specific published identity and specifically designated administrator, 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 _____

Please Note: Independent CE institutions may apply to NASM through the Accrediting Commission for Community and Precollegiate Arts Schools (ACCPAS). See ACCPAS via accpas.arts-accredit.org.

(continued)

IV. VISIT INFORMATION

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*):

Date(s) / Month(s) _____ Year _____

Please check here to permit an electronic copy of the Visitors' Report to be sent by the NASM National Office directly and only to the institution's designated primary NASM Institutional Representative (IR1). A check mark entered here, along with your signature below, enables NASM to release this confidential report in electronic format, and indicates that the IR1 will distribute the report within the institution as required by the institution.

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

If yes, please indicate: Year _____ Spring Fall [OR] Date(s) / Month(s) _____

Joint or Concurrent Visit? (*Complete only if applicable. Refer to the NASM Handbook Appendix titled "Procedures for Joint Evaluations" for an explanation of joint and concurrent visits.*) Our visit will be joint concurrent with _____.

V. ALL MUSIC CURRICULA OFFERED (first-time applicants only)

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: _____

Non-Degree Postsecondary Programs: _____

Degree Programs: _____

VI. MUSIC THERAPY CURRICULA OFFERED (renewing applicants only)

If applicable, please provide a list of all music therapy degree and non-degree programs offered or planned.

VII. DESIGNATED INSTITUTIONAL ACCREDITOR (single-purpose music schools only)

If the institution participates in or intends to participate in Title IV programs, please note the designated institutional accrediting body.

Please append any additional information or requests concerning the review.

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

Name of Music Executive (*typing name above verifies all information is accurate and the institution wishes to proceed*)

Title of Music Executive

Date

Telephone (*include area code*)

Facsimile (*include area code*)

Web Address

E-Mail Address