



## Accreditation Application Form

Name of *Program* to be accredited:

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Name of *department or unit*  
in which the Program is housed:

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Name of *college, school or division* in  
which department or unit is housed:

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Name of *institution* in which the  
college, school or division is housed:

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Institution accredited by:

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Next institutional reaccreditation date:

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Name of Program Director:

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Program mailing address:

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Telephone:

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Fax (if available):

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Email:

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Is the Program Director a full time faculty member in the department or unit in which the Program is housed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the department or unit in which the Program is housed have at least two full time faculty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Program require a practice experience for its students (e.g., practicum, internship, or fieldwork)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Program been in existence and/or operational for two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Number of students currently enrolled in the program: \_\_\_\_\_

Number of students completing the program in the last two years: \_\_\_\_\_

Name of degree(s) received by students graduating: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAPACS Accreditation standards have been reviewed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Please submit with the application:**

- ❖ Two (2) copies of the program description from institution’s catalogue and/or published brochure describing the Program. *The documents may be printed and/or digital or published on the website (provide URLs or embedded links).*
- ❖ Application Fee of \$100 USD payable to the Commission on the Accreditation of Programs in Applied and Clinical Sociology.

**Please certify and sign as indicated below.**

**I certify that all information provided on this form is accurate to the best of my knowledge.**

\_\_\_\_\_  
Program Director                      Date

\_\_\_\_\_  
Department or Unit Chair                      Date

\_\_\_\_\_  
Dean/Academic Director                      Date

\_\_\_\_\_  
Chief Academic Officer                      Date