

NATIONAL ASSOCIATION OF SCHOOLS OF DANCE

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2019-2020 Accreditation Audit Instructions

Please follow the guidelines below in checking and/or correcting your *Accreditation Audit*. Please edit, sign, and return this document to the National Office by email (to annualreports@arts-accredit.org) or by mail (to the address listed above, ATTN: Annual Reports) no later than **July 1, 2019**, even if no edits have been made. Please indicate if the existing information is correct or if any revisions need to be made by checking the corresponding box on the bottom of the form. If any revisions need to be made, please notate the revisions alongside the existing text. Please do not delete the original text.

Institution Name and Address

Review and make any appropriate changes. Note that this is the broad institutional or dance unit address, not the address for an individual.

Membership Type Code

This information is listed immediately following the zip code. *AM* indicates Associate Membership; *M5* indicates Membership for 5 years (institutions holding their first period of Membership); *M10* indicates Membership for 10 years (institutions in their second and subsequent periods of Membership). Please correct the *Membership Type Code* if necessary; add the *Membership Type Code* if it is omitted.

Year of Initial Accreditation by NASD

This is the four-digit year immediately following the *Membership Type Code*. If this date is incorrect, please correct it.

Year of Last Comprehensive NASD Accreditation Visit

This is the four-digit year noted in brackets. If it is incorrect, please correct it.

Academic Year of Next Comprehensive NASD Accreditation Visit

This is the set of dates in parentheses. If these dates are incorrect, please correct them.

Website Address

If this address is incorrect or missing, please correct or provide it.

Unit Description

This descriptive sentence should portray the dance unit's relationship to the entire institution or, in the case of units not affiliated with institutions, the unit itself. Descriptive sentences should be concise and non-promotional.

Institutional Representatives to NASD

Please confirm the name, administrative title, and contact information of the person(s) who will be serving as the [institutional representative](#)(s) to NASD during the 2019-2020 academic year and make any appropriate changes. Please note: If more than one person will be serving as an official representative to NASD, the institution is asked to designate a primary institutional representative. This individual will receive all NASD notices and correspondence, including copies of confidential Commission Action Reports.

Chief Executive Officer

Please confirm the name, administrative title, and contact information (including email address) of the person who will be serving as the institution's Chief Executive Officer during the 2019-2020 academic year and

make any appropriate changes.

Pending Action

This section provides confirmation of materials due to the Commission and the Commission meeting for which they are due. If “N/A” is listed in this category, no materials are due to the Commission at this time.

Commission History

This section provides confirmation of postponements granted during the current review cycle and items of note for upcoming Commission meetings. If there is nothing to report in this category, “N/A” will be listed.

Cohort Default Rate

This section applies only to free-standing, single-purpose institutions for which NASD may serve as gatekeeper for the purposes of participation in Title IV federal student aid programs. If this does not apply to your institution (e.g., multi-purpose institutions) or if your school does not receive federal student aid, “N/A” should be listed under this heading. Please add/edit information as appropriate.

Degree and Program Listing

Entries in regular type have received both Plan Approval and Final Approval for Listing. Please do not make any changes unless there is a typographical error, deletion of a program previously approved by the Commission, or change of title.

Entries preceded by an asterisk (*) are community education programs that have been reviewed by the Commission and approved for Basic Listing.

Entries in italics have received Plan Approval. This indicates that the Commission has approved a degree/program plan, but the appropriate number of graduates’ transcripts has not yet been submitted to the Commission for review.

If a degree/program is being offered that has not been reviewed and approved by the Commission, it should be submitted to NASD for Commission review in order for the institution to remain in compliance with the [NASD Handbook 2018-19](#), Rules of Practice and Procedure, Part II, Article VI. Please download a copy of [NASD Policies and Procedures for Reviews of New Curricula](#) from the NASD website (<https://nasd.arts-accredit.org>) and review the process for submitting an application for Plan Approval or Plan Approval and Final Approval for Listing. If an application for Plan Approval or Plan Approval and Final Approval for Listing will be submitted by the institution for future review by the Commission, it should not be added to the *Accreditation Audit*; however, it should be addressed on the separate [Affirmation Statement questionnaire](#).

If you have questions or concerns regarding the submission of materials or the listing of programs, please contact the National Office staff. **Please note: Applications for Plan Approval, Final Approval for Listing, or Plan Approval and Final Approval for Listing should not be submitted with this Accreditation Audit and are not due by the July 1, 2019 audit deadline.**

Please do not hesitate to contact the National Office staff if you have any questions or concerns.

Thank you.