

NATIONAL ASSOCIATION OF SCHOOLS OF DANCE

11250 Roger Bacon Drive, Suite 21

Reston, Virginia 20190-5248

Telephone 703-437-0700

Facsimile 703-437-6312

APPLICATION FOR MEMBERSHIP

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

Name of Institution and Dance 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 Dance –

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):

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

III. OTHER REVIEW ACTIVITY:

If applicable, please provide the following by indicating:

Last NASD accreditation 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)? _____

Is the institution accredited by CAEP? YES NO

If yes: Year of latest CAEP visitation _____ Year of next CAEP visitation _____

(continued on the reverse)

IV. ITEMS TRANSMITTED WITH THE APPLICATION FORM:

Self-Study Document and Supporting Materials – 3 copies

Date Application Fee submitted: _____

Amount of Application Fee submitted: \$ _____

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 Membership or renewal of Membership in the National Association of Schools of Dance shall not, in and of itself, constitute grounds for legal action against NASD by the applicant institution or individuals therein.

In all cases when a disagreement cannot be resolved through normal NASD procedures, the institution and the individuals therein agree to abide by NASD Rules of Practice and Procedure entitled “Requests for Reconsideration by the Commission on Accreditation” and/or “Appeals of Adverse Decisions Concerning Accredited Institutional Membership” as set forth in the NASD *Handbook*. These procedures provide for final action after review in accordance with the rules of the American Arbitration Association.

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 NASD for the expenses incurred by the visiting evaluators.

Name and Title of Dance Executive

Signature of Dance Executive

Date

Telephone (*include area code*)

Facsimile (*include area code*)

Web Address

E-Mail Address

NEW APPLICANTS ONLY

If your institution is seeking accredited institutional Membership 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

Three copies of this Application form are to be returned to the NASD National Office. One copy is to be retained for the institution's files.