



RECOGNIZED COLLEGE QUESTIONNAIRE

The following information, along with your school's most recent catalog, will aid the Association of Christian Schools International (ACSI) to determine which courses are acceptable toward ACSI certification of teachers and administrators. Our records indicate that your institution is not included in the reference book Accredited Institutions of Postsecondary Education (Washington, DC: American Council on Education) or in the Transnational Association of Christian Colleges and Schools Institutional Directory.

All information requested on this form must be completed and submitted with an institutional catalog in order for ACSI to evaluate the school accurately.

Certification Department

Name of school:	Telephone:
Previous name (if any):	Fax:
Name of Dean/Registrar:	Email:
Address:	Website Address:
Degrees offered:	
Number of current students: ____ Resident ____ Commuter ____ Other	

1. When was the college founded?

2. Are you a member of ACSI? YES NO

3. Who is the sponsoring body of the college? _____

4. What, if any, denominational affiliation? _____

5. How is the format of the academic program distributed (percents)?
 _____ % traditional (Resident classroom instruction)
 _____ % nontraditional (Distance learning, correspondence, video/audio tapes)
 _____ % combination (Both traditional and nontraditional formats)

6. If the program is nontraditional or a combination, are all graduates required to complete some of their academic requirements in an on-campus residency program? YES NO

If yes, describe the residency requirements:

7. A bachelor's degree is completed with _____ semester hours or _____ quarter hours.
 It includes: _____ hours of general studies _____ hours of biblical studies
 _____ hours of professional education studies _____ others

8. Has the US Department of Education recognized the school? YES NO

If so, when did the recognition occur?

9. Is the school recognized in its state as a four-year degree-granting institution? YES NO

If yes, please identify by which agency? When did the recognition occur?

10. Is the school accredited or in candidacy with any accrediting body? YES NO

If yes, please identify by which one? When did the accreditation/candidacy occur?

□ □ □ □

11. Please send copies of recognition documents for questions 8 through 10.

How many documents are enclosed? _____

12. Have the graduates of the school been accepted into accredited programs for postgraduate education? YES NO

If yes, identify some of these colleges by name and location.

- ① _____
- ② _____
- ③ _____
- ④ _____
- ⑤ _____

If you have any questions about this form, please contact the ACSI Certification Office.

Phone: 719-528-1201

Fax: 719-867-0246

Email: certification@acsi.org

Web: <http://www.acsi.org>

This form completed by:

Name (print)

Title

Signature

Date

Please submit this form with your school's catalog to ACSI at the following address:

ACSI Certification Office

P.O. Box 65130

Colorado Springs, CO 80962-5130

In addition to your school's current catalog, please send to ACSI a copy of the first few pages of your school's catalog from the year that show the type of information addressed on this form (e.g., academic program, accreditation/recognition information, financial aid, etc.).

COMMENTS:

School verification/seal

ACSI Use Only

Date: ____ / ____ / ____

____ Approved ____ Not approved as a recognized college by: _____

____ Approved ____ Not approved Bible only by: _____