

Application for Doctoral Degree Program

(To be used by currently accredited institutions that want to add a doctoral degree program)

Name of Institution: _____

Address of Institution: _____
(Street Address) (City, State) (ZIP)

Telephone No.: _____ Fax No.: _____
(Area Code) (Area Code)

E-Mail: _____ Website: _____ Today’s Date: _____

President/CEO: _____ E-Mail: _____

Please answer the following questions (attach additional sheets as necessary):

Title of Degree Proposed: _____

Number of Credits Required: _____ Academic Dean for Doctoral Program: _____

State Licensure Required for Doctoral Degree Programs? : ___ Yes ___ No

Status of State Licensure/Approval: _____

Is this a “professional” doctoral degree program? ___ Yes ___ No

Application Checklist

Yes

- _____ Enclosed is one copy of the institution’s draft of its catalog and various promotional literature for the proposed doctoral degree program(s) offered by our institution.
- _____ Enclosed are copies of all institution’s current state(s) licenses.
- _____ We will mail the appropriate curricula materials packaged as indicated in the instructions by the date set by the Director of Accreditation.
- _____ We will mail the appropriate number of Self-Evaluation Reports by the date set by the Director of Accreditation.

Once the *Application for Doctoral Degree Programs* is received, the Director of Accreditation will notify you of the appropriate due dates for submitting your course materials and the Self-Evaluation Report. An on-site review date will normally be scheduled to take place within six to eight weeks of receipt of the SER.

Submit this form to the: Director of Accreditation, DETC Accrediting Commission, 1601 18th Street, N.W., Suite 2, Washington, DC 20009-2529.

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