



APPLICATION FOR ARTS AFFILIATE STATUS

Submission Date: _____

Institution's Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Chief Executive Officer: _____ CEO's email: _____

Institution's expected representative to the annual ARTS meeting in October: _____

Institution's Website and other media channels:

Website _____

Facebook _____

Twitter _____

Podcasts _____

Blog _____

Newsletter _____

Other _____

[These documents, publications, and information must be posted on the institution's website. (Do not send these items to ARTS.)]

1. Provide as an appendix to this application:

- a. A letter signed by the chief executive and institution’s board of control chair indicating its desire to seek affiliate status with ARTS. The letter should include:
 - 1) The published goals, mission, history, and objectives of the institution.
 - 2) An explanation of how you see an affiliation with ARTS being beneficial to the furtherance of your operations.
- b. Applicant must include as an appendix, a letter, signed by their chief executive and the institution’s board of control, expressing the institution’s adherence to one or more of the following ARTS tenets of faith. Adherence to these tenets must be readily available to the public in accessible documents, catalogs, and the institution’s website. (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Westminster Confession and Catechism | <input type="checkbox"/> Canons of Dordt |
| <input type="checkbox"/> First & Second Helvetic Confessions | <input type="checkbox"/> Belgic Confession |
| <input type="checkbox"/> Heidelberg Catechism | <input type="checkbox"/> London Confession of 1689 |

2. Denominational and/or church Affiliation (if any)

3. Name of Officers & Contact Information (a person may hold more than one position. The President must be employed by the institution and not a volunteer position)

| POSITION | NAME | HIGHEST DEGREE | EMAIL |
|--|------|----------------|-------|
| President | | | |
| Academic Officer | | | |
| Financial Officer | | | |
| Development Director | | | |
| Registrar | | | |
| Faculty | | | |
| Continue list of faculties (full-time and adjunct as needed) | | | |

4. Academic Programs

| Degree Programs | # of Students currently enrolled for credit (not auditors) | # of Graduates one year ago | # of Graduates current year |
|--|--|-----------------------------|-----------------------------|
| Undergraduate Programs | | | |
| Certificate | | | |
| Diploma | | | |
| BTh | | | |
| BDiv | | | |
| | | | |
| Master's Degree Programs | | | |
| MA | | | |
| MDiv | | | |
| ThM | | | |
| | | | |
| Doctoral Degree Programs | | | |
| DMin | | | |
| PhD | | | |
| PLEASE ADJUST THE ABOVE LIST TO REFLECT YOUR ACTUAL PROGRAM OFFERINGS | | | |

Delivery Modes

Please list the methods by which you offer your programs and courses:

- 1) In-person, in-class (could be supplemented with Zoom) Yes No
- 2) Totally online, Synchronous or Asynchronous: Yes No
- 3) Hybrid or Intensive programs (part in person, part at a distance) Yes No
- 4) Students living on campus. Yes No If yes, total number of boarding students: _____
- 5) International Student Program: Yes No

Does your institution operate additional Campuses or Learning Sites/Centers? Yes No

If so, are any of these located in a country outside the United States? Yes No

5. **Further conditions of eligibility:** Along with this application, please include all documentation showing compliance with the *Five Conditions of Eligibility* for affiliate status, as outlined in the ARTS Affiliate Program Description, available at <http://artseminaries.org/wp-content/uploads/2016/08/ARTS-Affiliate-Program-Description-1.pdf>. Specifically, eligibility condition two - the applicant must demonstrate they are a non-profit organization and have a legal authority to operate in its state of location.
6. **Governing Board** (Attach to this application a description of the governing board that satisfies ARTS-COA governance eligibility requirements, found in the ARTS Standards of Accreditation #7.)
7. On behalf of the above-named institution, we hereby apply for affiliate status with the Association of Reformed Theological Seminaries. (to be signed by the institution’s chief executive or dean of academic affairs).

Name _____ Title _____

Date _____ Signature _____

Mail completed application with a non-refundable \$500 fee to:

**The Association of Reformed Theological Seminaries
326 Woodland Ave E
Puyallup, WA 98371**

**You may also email your application to the ARTS Executive Director at:
arts@artseminaries.org**