

# Application Form for Initiating the Accreditation Membership Process to the Commission on Accreditation

Revised October 31, 2024

### INSTITUTIONAL DATA

	Submission Date:		
Institution's Name:			
Address:			
City/State/Zip:	Phone:		
Chief Executive Officer:	CEO's email:		
Institution's expected representative to the annu	ual ARTS meeting in October:		
Institution's Website and other media channels:			
Website			
Facebook			
Twitter			
Podcasts			
Blog			
Newsletter			
Other			
Denominational and/or church Affiliation (if any)			

## **Part 1: 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			
List of faculty and credentials (full-time and adjunct as needed)			

Who will be the main contact person responsible for working on accreditation?

Name \_\_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Part 2: Governing Board** (append to the application a description of the governing board that satisfies ARTS-COA governance eligibility requirements, found in the ARTS Standards #7.)

- a. Provide a description of the institution's governance model.
- b. Describe how the school ensures accountability, avoids conflicts of interest, and works to ensure adherence to the mission and goals of the institution and its Reformed faith.
- c. Provide documentation confirming that the governing body is authorized to carry out the mission, goals, and objectives of the institution.
- d. Attach to this application
  - 1) a copy of the institution's constitution and/or bylaws
  - 2) a copy of your governance manual/handbook

NAME	POSITION ON THE BOARD		
Add more board members to this list as needed			

#### **Part 3: Eligibility Information**

Each member institution must profess adherence to one or more of the historic creeds of the Reformed tradition.

Indicate those creeds and confessions the institution adheres to.

Westminster Confession and Catechisms	Canons of Dordt
Belgic Confession	First and Second Helvetic Confessions
Heidelberg Catechism	Second London Confession of 1689

Attach at the end of this application, a letter on institution letterhead, a formal letter signed by the chief executive and chairperson of the institution's board of governance, attesting to the institution's adherence to one or more of the checked creeds and confessions.

#### Part 4: Authorization

Attach to this application the institution's governmental authorization to operate and grant degrees.

#### Part 5: Mission and Goals

Describe the institution's mission and goals. Explain how they are in accord with the objectives of the Association.

#### **Part 6: Operational Experience**

Year institution was founded \_\_\_\_\_

Year of your first graduation \_\_\_\_\_

Are you currently accredited? Yes \_\_\_\_\_ No \_\_\_\_ By whom? \_\_\_\_\_\_

#### Part 7: Chief Executive Officer

Provide the description of the responsibilities and authority of the institution's chief executive. This must include job description and an indication of those sections of the constitution and bylaws that describe the chief executive's role.

#### **Part 8: Academic Programs**

A. Provide your catalog with this application and describe the academic programs offered by your institution. Indicate, where appropriate, that they comply and are in accordance with the academic intent of the ARTS. (Or you may give the URL where this can be found.)

#### **B.** 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  $\Box$  No  $\Box$
- 2) Totally online, Synchronous or Asynchronous: Yes 🗌 No 🗌
- 3) Hybrid or Intensive programs (part in person, part at a distance) Yes 
  No 
  No
- 4) Students living on campus. Yes 🗆 No 🗆 If yes, total number of boarding students: \_\_\_\_\_
- 5) International Student Program: Yes 🗌 No 🗌

Does you 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  $\Box$  No  $\Box$ 

Degree Programs	# of Students enrolled currently in class/online	# of Graduates two years ago	# 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				

#### Part 9: Enrollment Data

#### Part 10: Financial Viability

Attach to this application an audited or reviewed financial statements of the last three years that demonstrate the institution has control and can attest to its financial stability to continue to operate.

#### Part 11: Required Letter and Statements

Attached to this application an official letter from the chief executive officer reflecting a decision of its board of control to pursue accreditation with ARTS.

Mail completed application and supporting documentation with a non-refundable application 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