

# Accreditation of Animal Science Programs Application Form



**Animal Science Council on Accreditation  
November 2021**

Institution (name and address):

\_\_\_\_\_

Program(s) applying for Accreditation (name):

\_\_\_\_\_

Bachelor of Science Program Degree(s) (name):

\_\_\_\_\_

Program's Primary Contact for Application Process:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Department/Unit Director, Chair, Head (if not the same as above):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dean/Chief Administrative Officer for College:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

College: \_\_\_\_\_

Signature: \_\_\_\_\_

Provost / Institution's Chief Academic Officer:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Attach a signed letter from Chief Academic Officer stating support for seeking and maintaining accreditation of the Animal Science Program.

Statement of Institutional Accreditation:

Identify the appropriate regional or other recognized institutional accrediting agency under which the applying program is housed. Also include the date of the last accreditation review.

Attest to the following components of the accreditation process:

- This program understands the required components of the application process.
- This program has completed a thorough self-study and has included the required self-study document in this application.
- This program understands that an on-site review is part of the application process.
- This program and institution acknowledge and accept the annual and application fees associated with this accreditation.
- This program understands that continued compliance with accreditation standards and requirements is expected.

This program agrees to the components of accreditation above and are submitting a completed application to begin the process.

Program/Unit Leader, Chair, Head:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_