

**CAEL-DEAC Cooperative Pilot Initiative**

**Application for Participation**

# INSTRUCTIONS for SUBMISSION

**General Instructions:** Thank you for applying to participate in the CAEL-DEAC Cooperative Pilot Initiative. Please complete this application to demonstrate the institution’s capacity to meet the institutional selection criteria. DEAC will only accept electronic submissions of the completed application and supporting documentation.

**SECTION 1:** Provide requested institution information.

**SECTION 2:** Provide requested program information.

**SECTION 3:** Provide requested responses regarding rationale for participation.

**SECTION 4:** Provide the identified supporting documentation. Label each corresponding exhibit.

**SECTION 5:** Review and acknowledge each institutional affirmation by marking the check box to the left.

**SECTION 6:** The President/CEO certifies that all information and documentation provided is true and accurate.

Distance Education Accrediting Commission

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Washington, D.C. 20036

**Tel:** 202.234.5100

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**Email:** lissette.hubbard@deac.org

# Application to Participation in Cooperative Pilot Initiative

## SECTION 1: INSTITUTION INFORMATION

**Institution Name:** Insert Institution Name

**Website(s):** Insert Website Links

**Main Telephone Number:** Main Telephone Number

**Institutional Mission Statement:** Insert Mission Statement

## SECTION 2: PROGRAM INFORMATION

1. List the full name of each DEAC-approved program the institution wishes to include in the pilot initiative.

Insert Response

1. For each program listed above, please indicate if the institution is seeking an exception to the DEAC standard that credits awarded for experiential or equivalent learning cannot exceed 25 percent of the credits required for a degree.

Disclaimer: DEAC consideration for the aforementioned exception will be reviewed at the conclusion of the pilot initiative. Acceptance into the pilot does not guarantee approval for the exception.

Insert Response

## SECTION 3: DESCRIPTION OF THE INSTITUTION’S CAPACITY

1. Provide a detailed narrative describing the institution’s interest in the pilot initiative.

Insert Response

1. Describe the student population that a CAEL membership would serve.

Insert Response
2. Describe the resources that are available at the institution to support participation in the pilot initiative.

Insert Response

## SECTION 4: DOCUMENTATION

* Provide evidence of financial stability (e.g., composite score for the two most recent fiscal years are 1.5 or higher).
* Provide DEAC Standards-compliant course completion and program graduation rates.
* Provide evidence of at least one successful completion of DEAC accreditation renewal.

## SECTION 5: INSTITUTIONAL AFFIRMATIONS

Accreditation is a voluntary, peer review process. The institution assumes the burden of proof in demonstrating that its curricula are within DEAC’s recognized scope of authority and that all policies and procedures meet DEAC accreditation standards.

The President/CEO submits this application on behalf of the institution seeking participation in the CAEL-DEAC Cooperative Pilot Initiative and affirms the following:

|  |
| --- |
|[ ]  The institution will contact CAEL to initiate membership and coordinate processes with 60 days of receiving approval to participate in the CAEL-DEAC pilot initiative |
|[ ]  The institution has read and agrees to the participation conditions outlined in the Cooperative Pilot Initiative: CAEL Membership for Selected Members of the Distance Education Accrediting Commission document  |

## SECTION 6: CERTIFICATION

I certify that all of the information contained on this application and in the submitted documentation is true and correct, and I understand that, by electronically typing my name in this document, it is considered to have the same legally binding effect as signing my signature using pen and paper.

**Institution’s President/CEO:** Name of President/CEO

**Institution’s President/CEO Signature:** Print Name or Insert Digital Signature

**Date:** Insert Date