



FORM A-1C

Application for a Program Candidacy Review

Institution Name _____

Program Name _____

An application is hereby made for candidate review by the American Council for Construction Education.

Contact information of the representative that will oversee ACCE reaccreditation process

Name: _____ **Title:** _____

Department: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email address: _____

Web site for program: _____

Name of the regional organization by which the institution is accredited

Name of the construction unit and the next higher administrative unit

Name of degree awarded to graduates

Date Program was initiated _____ **Date first degree was awarded** _____

Number of graduates last year _____ **Current number of students** _____

Number of total graduates _____ **Earliest date for Visiting Team** _____

See next page for signatures



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Application for a Program Candidacy Review

Signature Page

Submitted by:

_____	_____
Name – Program Leader	Title
_____	_____
Signature	Date

Approved:

_____	_____
Name - Dean	Title
_____	_____
Signature	Date

Approved:

_____	_____
Name – Institution Leader	Title
_____	_____
Signature	Date

Submit completed application via email and send Candidate Application fee of \$2,000 to:

ACCE
300 Decker Drive, Suite #330
Irving, TX 75062
ACCE@ACCE-HQ.org
972-600-8800