



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



FORM A-1C

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 \$500 to:

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