

Application for Doctoral Degree Program

(To be used by currently accredited institutions that want to add a doctoral degree program)

Name of Institution: _____

Address of Institution: _____
(Street Address) (City, State) (ZIP)

Telephone No.: _____ Fax No.: _____
(Area Code) (Area Code)

E-Mail: _____ Web Site: _____ Today's Date: _____

President/CEO: _____ E-Mail: _____

Please answer the following questions (attach additional sheets as necessary):

Title of Degree Proposed: _____

Number of Credits Required: _____ Academic Dean for Doctoral Program: _____

State Licensure Required for Doctoral Degree Programs? : Yes No

Status of State Licensure/Approval: _____

Is this a "professional" doctoral degree program? Yes No

Application Checklist

Yes

- _____ Enclosed with this application is a check for \$2,000 payable to the "Distance Education and Training Council."
- _____ Enclosed is one copy of the institution's draft of its catalog and various promotional literature for the proposed doctoral degree program(s) offered by our institution.
- _____ Enclosed are copies of all institution's current state(s) licenses.
- _____ We will mail the appropriate curricula materials packaged as indicated in the instructions by the date set by the Director of Accreditation.
- _____ We will mail the appropriate number of Self-Evaluation Reports by the date set by the Director of Accreditation.

Once the Application for Doctoral Degree Programs is received, the Director of Accreditation will notify you of the appropriate due dates for submitting your course materials and the Self-Evaluation Report. An on-site review date will normally be scheduled to take place within six to eight weeks of receipt of the SER.

Submit this form to the: Director of Accreditation, DETC Accrediting Commission, 1601 18th Street, N.W., Suite 2, Washington, DC 20009-2529

(Note: This page is left blank on purpose.)