ACCREDITATION ELIGIBILITY APPLICATION
(due at least three months prior to submission of self-study and related fees)

Date: _____

To: Executive Director
            Textile and Apparel Programs Accreditation Commission

To the best of my knowledge, this program complies with the Eligibility Requirements and Standards of the Textile and Apparel Programs Accreditation Commission and applies for:

            Initial accreditation
            Reaffirmation of accreditation

     Enclosed is payment of the nonrefundable application fee.

 1. Name of Institution: _____

 2. Name of Department: _____

 3. Name of Program: _____

 4. Program Contact Information
       Name: _____

       Address/City/State/Zip: _____

       Phone: _____

       Email: _____

       Website URL: _____

5. Date institution was authorized or chartered: _____

6. Date institution enrolled first students in program: _____

7. Date institution awarded the first degree for graduates of the program: _____

8. Type of control (check appropriate category):

Public	Private
State	Proprietary
County	Independent nonprofit
City	Other (specify) _____
Other (Specify) _____	

9. By which regional or national accrediting body recognized by the U.S. Department of Education is the institution legally authorized to provide a program of education beyond high school?

_____

10. What is the date of the most recent authorization or reauthorization?

_____

11. What baccalaureate degree(s) is the institution authorized to grant to graduates of the program listed above?

_____

12. Number of instructional (semester) hours required in the degree: _____

13. Number of hours required by the state for a baccalaureate degree (if any): _____

14. Maximum number of students enrolled in the program at IPEDS Census date: _____

Maximum number of students enrolled in the institution at IPEDS Census date: _____

15. Total number of students graduating from the program each year over the past three years:

Year: _____ Number: _____

Year: _____ Number: _____

Year: _____ Number: _____

16. List all textile, apparel and related majors and concentrations in the program

17. Number of program faculty:

Full-time: _____

Part-time: _____

FTE: _____

18. Number of program faculty with a master's degree or higher:
_____

19. Name and title of the chief administrative officer of the institution:

_____

20. Name and title of the chief academic officer of the institution:

_____

21. Name and title of the program coordinator:

_____

22. URL links to the program's website, including program description, its mission and objectives/goals, program competencies, and related activities, policies, and procedures:

The signatures below indicate that the program will not make any promotion use of the application for accreditation before TAPAC grants accredited status to the program.

Name and Title of Program Director: _____

Signature: _____

Name of Dean & College: _____

Signature: _____

Name of Provost: _____

Signature: _____