

APPLICATION FOR CANDIDACY STATUS

This application constitutes a declaration of intent on the part of the institution sponsoring the below-named interpreter preparation program to begin the process of accreditation with the Commission on Collegiate Interpreter Education in 2007.

PROGRAM NAME: _____

SPONSORING INSTITUTION OFFICIALS

Chief Executive Officer (print name)	degree/credentials	title
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signature	date
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Dean (print name) Or other person to whom Program Director reports	degree/credentials	title
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signature	date
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PROGRAM OFFICIAL

Program Director (print name)	degree/credentials	title
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signature	date
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phone number (including area code)	email address
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INSTITUTIONAL DATA

1. Sponsoring Institution

official name of institution

street address

city

state and zip code

2. Type of Institution

four-year college or university

two-year college

other

3. Nature of Institution

public

private, not-for-profit

private, for-profit

4. Institutional Accreditation

regional association name

date of most recent accreditation

PROGRAM DATA

1. Program

official program name

street address

city

state and zip code

telephone

fax

email address

2. Program Director

name and credentials

administrative title

telephone

fax

email address

3. Department Chair or Administrator (if different from Program Director)

name and credentials

administrative title

telephone

fax

email address

4. Staff member who will coordinate Self-Study Review

name and credentials

administrative title

telephone

fax

email address

5. Person responsible for fieldwork

name and credentials

administrative title

telephone

fax

email address

6. The program operates on a:

- semester system
- trimester system
- quarter system
- co-op system

7. If the degree-granting program is offered at multiple sites, please indicate locations:

8. Please complete the following:

- a. Month and year program first accepted students _____
- b. Length of program:
 - i. In months _____
 - ii. In credit hours, if applicable _____
- c. Number of classes per year _____
- d. Month(s) in which classes begin _____
- e. Maximum capacity per class _____
- f. Total number of students currently enrolled in program _____
- g. Certificate or degree awarded _____
- h. Total number of graduates to date _____
- i. Tuition and fees:
 - i. Resident

 - ii. Non-resident _____
- j. Does the program admit students on the basis of ability to benefit?

k. Number of full-time faculty assigned to the program _____

l. Number of part-time faculty assigned to the program:

i. Head count _____

ii. FTE _____

m. number of support/clerical staff assigned to the program:

i. Head count _____

ii. FTE _____

n. Does the institution have a tenure system?

i. Yes []

ii. No []

iii. Not applicable []

o. Are all full-time faculty in the program eligible for tenure track appointment?

i. Yes []

ii. No []

iii. Not applicable []

p. How many of the full-time faculty are tenured? _____

q. The institution provides which of the following for the professional development of faculty:

i. Continuing or in-service education at the institution []

ii. Tuition remission []

iii. Release time []

iv. Travel and/or registration funds []

v. Other (please specify)
