



Initial Applicant College360 Contact Information

School Director Information

Application Type: _____ Workshop Attended: Month _____ Year _____

If accredited list current accreditor: _____

School Type: _____

School Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____

Region/Province: _____ Zip: _____ Country: _____

School Director Information

Salutation: _____ Title: _____

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Website: _____ Fax: _____

Website Directory Email: _____

Optional Information

Official Correspondence Name: _____

Official Correspondence Email: _____

Additional Official Correspondence Name: _____

Additional Official Correspondence Email: _____

*******Please return completed form to Glenda Ward at gward@accsc.org.*******

ACCSC USE ONLY

Date Received: _____ School #: _____ Date Processed: _____

ACCSC Rep Initial: _____ Correspondence Sent: _____