



# Baptist International Accrediting Agency

1909 Thomas Rd. - Haltom City, TX 76117  
Office: 817-838-7184 – Fax: 817-222-1202  
Website: [www.baptistaccreditation.org](http://www.baptistaccreditation.org)

Dr. Jimmy Nelson, President                      Dr. Maggie Nelson, Secretary  
Email: [jnelson@baptistaccreditation.org](mailto:jnelson@baptistaccreditation.org)      Email: [mnelson@baptistaccreditation.org](mailto:mnelson@baptistaccreditation.org)

## Application for Accreditation

**Name of Institution:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

### Contact Person:

**Contact Person Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Organizational Type:

**Corporation:** \_\_\_\_\_ **Non Profit:** \_\_\_\_\_

**Does your state or government have an exemption for a religious school to operate free of state licensure?**

**Yes:** \_\_\_\_ **No:** \_\_\_\_

**Are you legally operating in your present location?**

**Yes:** \_\_\_\_ **No:** \_\_\_\_

**Do you presently offer any of the following to prospective students?**

**V.A. Benefits:** \_\_\_\_ **Pell Grants:** \_\_\_\_

**Other (Explain):** \_\_\_\_\_

**None of the above:** \_\_\_\_\_

**Has your school had any legal problems in the past 12 months?**

**Yes:** \_\_\_\_ **No:** \_\_\_\_

**If so, please explain:** \_\_\_\_\_

**Has the problem been resolved? Yes:** \_\_\_\_ **No:** \_\_\_\_

**Please list the name of the following people of your institution:**

**President:** \_\_\_\_\_

**Dean:** \_\_\_\_\_

**How many students do you currently have enrolled?**

**Under-grad:** \_\_\_\_\_ **Graduate:** \_\_\_\_\_

**How does your Organization offer classes?**

**Classroom:** \_\_\_\_ **Correspondence:** \_\_\_\_

**Online:** \_\_\_\_\_ **Combination:** \_\_\_\_\_

**Do you offer degrees by correspondence alone?**

**Yes:** \_\_\_\_ **No:** \_\_\_\_

**Do you require graduates to attend a graduation ceremony?**

**Yes:** \_\_\_\_ **No:** \_\_\_\_

**Approximately how many volumes are in your library?**

\_\_\_\_\_

Please give us a complete list of all schools, colleges, and Evening Bible Institutes who are operating under your school or your supervision. You must include complete names, mailing addresses, telephone numbers and person in charge. We cannot cover those we have no record of.

**\*If you have more than 3 schools, colleges, or Evening Bible Institutes to list, please place all info (as below) on a separate sheet of paper. Be sure to include the Name of Institute you are applying for at top of the page.**

<b>SCHOOL, COLLEGE, or EVENING BIBLE INSTITUTE NAME:</b>	_____
<b>ADDRESS:</b>	Street: _____ City: _____ State _____ Zip: _____
<b>PHONE #:</b>	( ____ ) ____ - ____
<b>PERSON IN CHARGE:</b>	Name: _____ Title: _____

<b>SCHOOL, COLLEGE, or EVENING BIBLE INSTITUTE NAME:</b>	_____
<b>ADDRESS:</b>	Street: _____ City: _____ State _____ Zip: _____
<b>PHONE #:</b>	( ____ ) ____ - ____
<b>PERSON IN CHARGE:</b>	Name: _____ Title: _____

<b>SCHOOL, COLLEGE, or EVENING BIBLE INSTITUTE NAME:</b>	_____
<b>ADDRESS:</b>	Street: _____ City: _____ State _____ Zip: _____
<b>PHONE #:</b>	( ____ ) ____ - ____
<b>PERSON IN CHARGE:</b>	Name: _____ Title: _____