



# DESIGNATION QUESTIONNAIRE

## SCHOOL INFORMATION

SCHOOL NAME

SCHOOL CODE

SCHOOL ADDRESS

STREET

CITY

POSTAL CODE

SCHOOL CONTACT

EMAIL

PHONE NUMBER

FAX NUMBER

AREA CODE

NUMBER

AREA CODE

NUMBER

INTERNET URL

DATE SCHOOL COMMENCED FIRST INSTRUCTIONAL CLASS

YEAR

MONTH

DAY

OWNERSHIP

 PUBLIC PRIVATE

ADMISSION REQUIREMENTS:

AGE

NAME OF OWNER

OR

EDUCATION LEVEL

HOURS OF OPERATION

## PROGRAM INFORMATION

PROGRAM OF STUDY

NUMBER OF WEEKS IN PROGRAM

 WEEKS

SCHOOL CLOSURES

REASON

NUMBER OF DAYS

DELIVERY METHODS:

ON - SITE

YES

NO

OTHER (eg. E-Learning/Online)

YES

NO

FULL - TIME

YES

NO

PART-TIME

YES

NO

CREDENTIALS OFFERED:

CERTIFICATE

BACHELOR

DIPLOMA

GRADUATE

OTHER (SPECIFY)

## ACCREDITATION

DATE OF ACCREDITATION:

YEAR

MONTH

DAY

Private Career Training Institutions Agency

 YES  NO

Degree Quality Assessment Board

 YES  NO

ACU Commonwealth Universities Year Book

 YES  NO

International Handbook of Universities

 YES  NO

International Association of Universities

 YES  NO

The World of Learning

 YES  NO

Accredited Institutions of Postsecondary Education

 YES  NO

Title IV Designation Code (FAFSA)

 YES  NO