**International Fire Service Accreditation Congress**

**IFSAC Degree Assembly**

**Application for Administrative Review**

This form may be used for your institution to apply to add a fire related degree program of study. **NOTE: Please review Bylaw Article 22.5.13 prior to completing this application or the self-study.**

**A separate application form and fee must be returned for each Administrative Review.**

|  |
| --- |
| **INSTITUTION OR ORGANIZATIONAL NAME** |
|  |
|  |
| **MAILING ADDRESS** |
|  |
| Mailing Address |
|  |  |
| Town/City | State or Province |
|  |  |
| Postal Code | Country |
| **SHIPPING ADDRESS****(If different than mailing address)** |
|  |
| Street Address |
|  |  |
| Town/City | State or Province |
|  |  |
| Postal Code | Country |
| **CONTACT INFORMATION** |
|  |  |
| Contact Person’s Name | Telephone Number |
|  |  |
| FAX Number | Email Address |

|  |
| --- |
| **ADDED PROGAM OF STUDY DETAILS** |
|  |
| Program Name |
|  |
| Type of Degree granted (e.g., AA, BA, MS): |  |
|  |
|  |
| **MATERIALS TO BE SUBMITTED TO REVIEWER** |
| Application for Administrative Review |  | YES / NO |
| Copy of Original Application for Accreditation | YES / NO |
| Revised Program Self-Study | YES / NO |
| **NOTE:** The requesting entity will submit the above-mentioned documents to the reviewer once notified by IFSAC Administration. |  |
|  |  |
| **Authorizing Signature** |
| I certify that at least one individual has graduated from the program listed above. |
|  |  |
| Name (print) | Signature |
| Position or job title: |  |
| Date application submitted: |  |

**Please return completed application and $300 (US) application fee to:**

**International Fire Service Accreditation Congress**

**Oklahoma State University**

**1723 Tyler Avenue**

**Stillwater, OK 74078-8075 EMAIL:** **cmars@ifsac.org**