

Application for AIJS Membership

Date: _____

Name of Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____

Primary Contact Person: _____

Phone Number: _____ Cell Number: _____

Email: _____

Do you currently offer a post-secondary higher education program/courses?

Yes In Planning Stage No

Does/will your program completion require at least 30% coursework in Jewish Studies?

Yes No

Highest academic level currently offered:

Bachelors level (or above) Associate Level (2 year degree or certificate) One year Certificate

Courses only Not currently offering courses. We plan to begin on _____

Other:

Do you plan to pursue AIJS accreditation? Yes No, interested in membership only.

If yes, what is your time frame for beginning the accreditation process:

immediate near-term long-term (over 2 years)

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Are you currently accredited with any other accreditation agency?

No Yes, Name: _____

Do you plan to use AIJS as the primary accreditor for securing US Department of Education Title

IV Financial aid eligibility? Yes No

Are you affiliated with a particular High School? No Yes, Name: _____

Academic Contact Person: _____

Phone Number: _____ Cell Number: _____

Administrative Contact Person: _____

Phone Number: _____ Cell Number: _____

Fiscal Contact Person: _____

Phone Number: _____ Cell Number: _____

Address of any additional location(s): _____

I understand that membership of AIJS requires a \$10,000 yearly fee.

I understand that membership in AIJS does not grant or imply future accreditation.

Signature: _____

Print Name/Title: _____

For office use only:

Approved by: _____ Date: _____

Check received _____

Check no. _____