ASSOCIATION OF INSTITUTIONS OF JEWISH STUDIES

500 West Kennedy Blvd. Lakewood, NJ 08701
P 732-363-7330 F 732-415-8198 E info@theaijs.com

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?

Time frame: ☐ immediate ☐ near-term ☐ long-term (over 2 years)

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

ASSOCIATION OF INSTITUTIONS
OF JEWISH STUDIES

500 West Kennedy Blvd. Lakewood, NJ 08701
P 732-363-7330 F 732-415-8198 E info@theaijs.com

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 additional location(s): _____

_____

I understand that membership of AIJS requires a $15,000 yearly fee.

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

I understand that while AIJS is not responsible for enforcing federal requirements in 34 CFR 668.14, 668.15, 668.16, 668.41, or 668.46, if, in the course of its work, AIJS identifies instances or potential instances of noncompliance with any of these requirements, it must notify the US Department of Education.

I agree to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action.

Signature: _____

Print Name/Title: _____

For office use only:

Approved by:_____ Date: _____

Check received _____

Check no. _____

Revised December 2023