

AABInternational

APPLICATION PROCEDURES FOR CANDIDATE STATUS FORM 202

NOVEMBER 2008

The Accreditation Process

The institution submits the following:

AABI Form 202, Application for Candidate Status (**three (3) hard copies and one (1) copy in electronic format**)

the application fee

three (3) copies of the institution catalog (please tab aviation sections)

three (3) copies of aviation & related course descriptions

three (3) copies of Unit Assessment Plan

The application must be signed by the program director, the next higher administrative officer (i.e., Dean of the College), and the chief executive officer of the institution. The completed application and accompanying materials, along with the initial application fee, are submitted to AABI for review and action.

AABI action can take one of two forms:

a. Candidate Status

The institution will be granted Candidate Status if: 1) the aviation program appears to meet AABI Criteria, as determined by AABI, 2) at least one class will have completed the full program and graduated by the time of the required on-site visit, and 3) normally, programs described by the institution as a “Major” (or international equivalent) would be eligible for accreditation consideration.

b. Candidate Status not Granted

The institution will be denied Candidate Status if, as determined by AABI, the program does not appear to be in compliance with AABI Criteria. The institution is notified by the Executive Director as to the reasons for the decision. The institution may then request reconsideration for cause or withdraw its application and make new application at such time that the deficiencies have been corrected.

I. GENERAL INFORMATION

A. INSTITUTION/PROGRAM(S)

An application is hereby made for candidate status by the Aviation Accreditation Board International (AABI):

INSTITUTION

1. Institution Name: _____
2. Mailing address: _____

- Telephone number: _____ FAX number: _____
3. Type (check all that apply): _____ Public _____ Private _____ Profit _____ Non-profit _____ 4-year _____ 2-year
4. Controlling Agency: _____ State _____ City _____ County _____ Community
Other (specify): _____
5. Name of the regional or national organization by which the institution is accredited: _____
Date of next reaffirmation: _____
6. Highest degree awarded by institution: _____ Doctorate _____ Masters _____ Baccalaureate
_____ Associate _____ Educational Specialist
7. Full-time Enrollment: Male _____ Undergraduate _____
Female _____ Graduate _____
8. Annual Tuition: Resident _____ Non-Resident _____

AVIATION PROGRAM(S)

9. Name(s) of the aviation unit and the next higher administrative unit: _____
10. List all campus locations where the aviation program(s) is/are offered: _____
11. List names of all aviation degrees/programs offered. If any programs are currently accredited by another agency, indicate the name of the agency and date of accreditation: _____

12. Estimated time required for completion of Self Study:
(Note: maximum of one year from candidacy approval date)

13. Submitted:

Administrator, Aviation Program

Date

Typed name

Title

Email

Direct Telephone number

14. Signed:

Dean of College

Chief Executive Officer of Institution

Typed name

Typed name

Mailing (street) Address of CEO/President
of Institution:

Notes/Comments:

C. FOR CURRENTLY ACCREDITED PROGRAMS

Name of programs to be reviewed in relation to the five options identified in the AABI Criteria for Accrediting Aviation Programs 4.0. Please indicate title under which this program(s) was accredited by AABI and date of accreditation. If program has been dropped or is not being submitted for renewal, please check appropriate column.

PLEASE CHECK ONE:

For associate programs:

REAFFIRMATION DROPPED OTHER

AABI Aviation Management

1. _____

2. _____

AABI Aviation Maintenance Technology

1. _____

2. _____

AABI Aviation Electronics

1. _____

2. _____

AABI Aviation Studies

1. _____

2. _____

AABI Flight Education

1. _____

2. _____

AABI Safety Science

1. _____

2. _____

Name of programs to be reviewed in relation to the five options identified in the AABI Criteria for Accrediting Aviation Programs 4.0. Please indicate title under which this program(s) was accredited by AABI and date of accreditation. If program has been dropped or is not being submitted for renewal, please check appropriate column.

PLEASE CHECK ONE:
REAFFIRMATION DROPPED OTHER

For baccalaureate programs:

AABI Aviation Management

1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AABI Aviation Maintenance

1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AABI Aviation Electronics

1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AABI Aviation Studies

1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AABI Flight Education

1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AABI Safety Science

1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. AABI-ACCREDITED PROGRAMS

List aviation degree programs currently accredited by AABI that are not being submitted for candidate status with this application and state the reason for not submitting them for reaffirmation:

NAME OF PROGRAM	STATEMENT
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

Comments/Additional Information:

E. ENROLLMENT/GRADUATE DATA

For all aviation degrees/programs, the current enrollment of full-time students and the number of graduates for the latest year, please indicate (by asterisks) which programs are submitted for AABI:

PROGRAM	ENROLLMENT	YEAR/TERM	GRADUATES	YEAR/TERM
e.g. AV Safety	23	2006/Fall	2	2007/Spring

F. INSTITUTION MISSION STATEMENT:

Comments/Additional Information:

II. AVIATION ACCREDITATION BOARD INTERNATIONAL CURRICULUM REVIEW FORMS

INSTRUCTIONS

(Complete Section II for each program submitted for accreditation)

The purpose of the curriculum review forms is to assist the institution in demonstrating candidacy for accreditation. Normally, programs described by the institution as a “Major” (or international equivalent) would be eligible for accreditation consideration.

This section includes a program description, curricular requirements, and the plan of study. In addition, there is a form to indicate how general program outcomes are satisfied, a form for the aviation core outcome coverage, and one for each of the AABI program options. Each form is based on the AABI Criteria for Accrediting Aviation Programs (AABI 201).

The forms attached and their applications are:

A. Name of Program (Title Page)

B. Program Description

This applies to the program submitted for accreditation in Sections B and/or C.

C. Program Mission Statement

D. Curricular Requirements

If a statement does not apply, state non-applicable (n/a).

E. Plan of Study

Include copy of aviation curriculum in plan format

F. General Program Outcomes

List, one per line, the courses that contain objectives which cover the desired outcomes listed across the top of the form. Check each box that applies, mapping the course to the desired outcome. Evidence must be provided that supports the achievement of each outcome. The location and nature of the evidence will be provided to the visiting team. F-1 Baccalaureate / F-2 Associate

G. Example of Course Relation to Mission

H. Evidence of Course Achievement of General Outcomes

I. Aviation Core

List, one per line, the courses that contain sub-topics which cover the aviation core topics listed across the top of the form. Check each box that applies, mapping the course to the appropriate sub-topic. Evidence must be provided that supports the achievement of each outcome. The location and nature of the evidence will be provided to the visiting team. I-1 Baccalaureate / I-2 Associate

J. Aviation Option Review Forms

1. Aviation Management

List the courses in the appropriate column. Add the Upper Division Culminating experience for baccalaureate programs only.

2. Aviation Maintenance Technology (Associate) and Aviation Maintenance (Baccalaureate)

Check appropriate boxes to indicate applicable national maintenance technician certification. List courses in the appropriate column. Add the Upper Division Culminating experience for baccalaureate programs only.

3. Aviation Electronics

List the courses in the appropriate column. Add the Upper Division Culminating experience for baccalaureate programs only.

4. Aviation Studies

List the courses in the appropriate column. Add the Upper Division Culminating experience for baccalaureate programs only.

5. Flight Education

Check appropriate boxes to indicate applicable national pilot certification. List the courses in the appropriate column. Add the Upper Division Culminating experience for baccalaureate programs only. If all or a portion of the lab courses are taught under contract, list the names of the agencies and courses taught.

6. Safety Science

List the courses in the appropriate column. Add the Upper Division Culminating experience for baccalaureate programs only.

II.B. Program Description

Aviation program title: _____

Degree title: _____

AABI program option
for Accreditation: _____

Credit hours required for the degree:
Semester hours _____ Quarter hours _____

List options (e.g., tracks, areas of concentration, or specialties) and their corresponding credit hours within this degree program.

II.C. Program Mission Statement

II.D. Curricular Requirements

- a. State the curricular requirements established at the state/national level.

- b. State the curricular requirements established at the institutional level.

- c. State the curricular requirements established at the college level.

II.E. Plan of Study

Date of most recent curriculum revision _____

List the course requirements in a typical sequence by semester or quarter.

II.G. Example of Course Relation to Mission Statement

Select one of the aviation courses and describe how that course addresses the institution and program mission statement and the appropriate General Program Outcomes (F-1 or F-2). Include a syllabus/course outline for the selected course that includes course objectives.

(A three semester credit hour lecture course, other than a flight/lab course, that is required for the program.)

Course #: _____ Title: _____

Course relation to institution and program mission statement:

Course relation to specific AABI general program outcomes as listed in AABI Section 2.3 or 3.3.

II.H. Evidence of Course Achievement of General Outcomes

For the course selected in II.G., describe the process for measuring the listed general outcomes and the type of evidence of that measurement for each listed general outcome that will be available to the AABI Visiting Team.

Process for measuring AABI general outcomes:

Evidence for above listed outcomes available to team:

OPTION REVIEW FORM

J.1. Aviation Management

INSTITUTION: _____

PROGRAM: _____ DATE: _____

List required management courses

COURSE TITLE	BACCALAUREATE COURSE PREFIX & NUMBER	ASSOCIATE COURSE PREFIX & NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Upper Division Culminating Experience*:	_____	_____
_____	_____	_____
_____	_____	_____

*See AABI 201, Section 2.4. Examples of a culminating experience include a (required) capstone course, an internship, or a special project that builds on prior course work. Evidence may include student portfolios and other records of student achievement.

If any Lab Courses are conducted under contract, list the name(s) of the companies and courses taught.

Remarks:

OPTION REVIEW FORM

J.4. Aviation Studies

INSTITUTION: _____

PROGRAM: _____ DATE: _____

List required aviation studies courses

COURSE TITLE	BACCALAUREATE COURSE PREFIX & NUMBER	ASSOCIATE COURSE PREFIX & NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Upper Division Culminating Experience*:	_____	_____
_____	_____	_____
_____	_____	_____

*See AABI 201, Section 2.4. Examples of a culminating experience include a (required) capstone course, an internship, or a special project that builds on prior course work. Evidence may include student portfolios and other records of student achievement.

If any Lab Courses are conducted under contract, list the name(s) of the companies and courses taught.

Remarks:

OPTION REVIEW FORM

J.6. Safety Science

INSTITUTION: _____

PROGRAM: _____ DATE: _____

List required safety science courses

COURSE TITLE	BACCALAUREATE COURSE PREFIX & NUMBER	ASSOCIATE COURSE PREFIX & NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Upper Division Culminating Experience*:	_____	_____
_____	_____	_____
_____	_____	_____

*See AABI 201, Section 2.4. Examples of a culminating experience include a (required) capstone course, an internship, or a special project that builds on prior course work. Evidence may include student portfolios and other records of student achievement.

If any Lab Courses are conducted under contract, list the name(s) of the companies and courses taught.

Remarks:

APPENDICES

- A. Institutional Catalog
- B. Aviation & Related Course Descriptions
- C. Aviation Unit Assessment Plan
- D. Syllabus of Course Selected in Section G and Section H