

**NATIONAL ASSOCIATION OF SCHOOLS OF THEATRE**

11250 Roger Bacon Drive, Suite 21

Reston, Virginia 20190-5248

Telephone 703-437-0700

Facsimile 703-437-6312

**APPLICATION FOR MEMBERSHIP**

*All information must be typed or printed legibly. Please do not retype this form.*

\_\_\_\_\_  
**Name of Institution and Theatre Unit**

\_\_\_\_\_  
**Street and/or Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Multipurpose Institutions –**

Chief Executive Officer/President: \_\_\_\_\_

Chief Academic Officer: \_\_\_\_\_

Dean Responsible for the Unit: \_\_\_\_\_

**Independent Schools of Theatre –**

Chief Executive Officer/President: \_\_\_\_\_

Chair, Board of Trustees: \_\_\_\_\_

**Has the institution had a consultative visit?**

☐ YES

☐ NO

**If yes:** Date of the consultative visit \_\_\_\_\_ Name of the consultant \_\_\_\_\_

**I. APPLICATION CATEGORY (check only one):**

☐ Membership (for first-time applicants OR institutions with Associate Membership)

☐ Renewal of Membership (for institutions with Membership)

**II. INSTITUTIONAL CATEGORY (check all that apply):**

☐ Public

☐ Not-for-Profit

☐ Non-Degree-Granting

☐ Degree-Granting

☐ Private

☐ Proprietary

☐ Community College

☐ Doctoral Degree-Granting

**III. OTHER REVIEW ACTIVITY:**

**If applicable, please provide the following by indicating:**

Last NAST accreditation visit \_\_\_\_\_

Full name of regional accrediting agency \_\_\_\_\_

Year of latest regional accreditation agency visitation \_\_\_\_\_

Year of next regional accreditation agency visitation \_\_\_\_\_

Is the institution presently being denied recognition or accreditation by any state or accreditation agency? ☐ YES ☐ NO

If yes, which agency(ies)? \_\_\_\_\_

Is the institution's recognition or accreditation presently being revoked by any state or accreditation agency? ☐ YES ☐ NO

If yes, which agency(ies)? \_\_\_\_\_

Is the institution accredited by CAEP? ☐ YES ☐ NO

If yes: Year of latest CAEP visitation \_\_\_\_\_ Year of next CAEP visitation \_\_\_\_\_

(continued on the reverse)

#### IV. ITEMS TRANSMITTED WITH THE APPLICATION FORM:

☐ Self-Study Document and Supporting Materials – 3 copies

☐ Date Application Fee submitted: \_\_\_\_\_

☐ Amount of Application Fee submitted: \$ \_\_\_\_\_

**NOTE: One copy each of the Self-Study document and all supportive materials should be sent directly to each visiting evaluator upon confirmation of the visit, and must be received by the visitors *at least* four weeks prior to the visit.**

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#### STATEMENT BY APPLICANT INSTITUTION

Failure to act favorably upon an application for Membership or renewal of Membership in the National Association of Schools of Theatre shall not, in and of itself, constitute grounds for legal action against NAST by the applicant institution or individuals therein.

In all cases when a disagreement cannot be resolved through normal NAST procedures, the institution and the individuals therein agree to abide by NAST Rules of Practice and Procedure entitled “Requests for Reconsideration by the Commission on Accreditation” and/or “Appeals of Adverse Decisions Concerning Accredited Institutional Membership” as set forth in the NAST *Handbook*. These procedures provide for final action after review in accordance with the rules of the American Arbitration Association.

Upon receipt of an invoice before the visitation for an application fee, and after the visitation, for the expenses of the evaluators, the visited institution agrees to pay the application fee and to reimburse NAST for the expenses incurred by the visiting evaluators.

\_\_\_\_\_  
Name and Title of Theatre Executive

\_\_\_\_\_  
Signature of Theatre Executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone (*include area code*)

\_\_\_\_\_  
Facsimile (*include area code*)

\_\_\_\_\_  
Web Address

\_\_\_\_\_  
E-Mail Address

#### ***NEW APPLICANTS ONLY***

If your institution is seeking accredited institutional Membership for the first time, this Application form must be signed by the Chief Executive Officer/President of the institution.

\_\_\_\_\_  
Name and Title of Chief Executive Officer/President

\_\_\_\_\_  
Signature of Chief Executive Officer/President

\_\_\_\_\_  
Date

Three copies of this Application form are to be returned to the NAST National Office. One copy is to be retained for the institution's files.
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