



# Initial Applicant College360 Contact Information

## School Director Information

Application Type: \_\_\_\_\_

If accredited list current accreditor: \_\_\_\_\_

School Type: \_\_\_\_\_

School Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Region/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## School Director Information

Salutation: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Directory Email: \_\_\_\_\_

## Optional Information

Official Correspondence Name: \_\_\_\_\_

Official Correspondence Email: \_\_\_\_\_

Additional Official Correspondence Name: \_\_\_\_\_

Additional Official Correspondence Email: \_\_\_\_\_

**\*\*\*\*\*Please return completed form to Glenda Ward at [gward@accsc.org](mailto:gward@accsc.org).\*\*\*\*\***

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## **ACCSC USE ONLY**

Date Received: \_\_\_\_\_ School #: \_\_\_\_\_ Date Processed: \_\_\_\_\_

ACCSC Rep Initial: \_\_\_\_\_ Correspondence Sent: \_\_\_\_\_