# Initial Accreditation Application – (Business)

1. **Scope of Review**

Please review your school's scope as listed on the Scope tab in myAccreditation. Please confirm whether the information on the myAccreditation Scope tab is correct.

Top of Form

I confirm that the degrees listed on my school’s Scope tab in myAccreditation are current.

The degrees listed on my school's Scope tab in myAccreditation are NOT current. I will contact my AACSB staff liaison to provide the necessary updates to my school's Scope tab.

Bottom of Form

1. **Comparison Groups, including Comparable Peers, Competitors and Aspirants**

Please review your school's Comparison Groups tab in myAccreditation. Please confirm whether the listed groups are correct.

Top of Form

I confirm that the comparison groups listed on my school's Comparison Groups tab in myAccreditation are current.

The comparison groups listed on my school's Comparison Groups tab in myAccreditation are not current. I will contact my AACSB staff liaison to provide the necessary updates to my school's comparison groups.

Bottom of Form

1. **Peer Review Team Nominations**

The Peer Review Team provides the closest interaction between the applicant and AACSB International accreditation. It has the primary responsibility for recommending the accreditation outcome and must exercise judgment about the quality of the applicants seeking initial accreditation. Typically, a Peer Review Team for business accreditation consists of three members who are deans, or the equivalent, of AACSB accredited schools. It is recommended that the volunteers nominated have experience at schools that you would consider among your peers in regard to mission, school size, degree programs, annual budget, etc.

Please review the AACSB Processes, Policies, and Procedures section, located on the Help tab in myAccreditation. Specifically, the Conflict of Interest Policy and the Travel and Reimbursable Expenses Policy as you consider your nominations.

Top of Form

|  | **Nominations-Name and/or School Affiliation** | **Notes / Comments (Optional)** |  |
| --- | --- | --- | --- |
| 1. |  |  | Edit |
| 2. |  |  | Edit |
| 3. |  |  | Edit |
|  | Add |

Bottom of Form

Bottom of Form

1. **Initial Accreditation Visit Preferred Dates**

Please provide 3 to 4 dates in which you would be available to host the peer review team for a visit. Please note that school must be in session. Click [here](https://www.aacsb.edu/-/media/documents/accreditation/volunteers/peer-review-teams/samplevisitschedule_initialbus_2020standards.docx?rev=a2b8af5a8d7545d1ab8af50cf707d8fb&hash=483B59CFD11CED71E707680A7CF0E2F6) to view a sample visit schedule.

Top of Form

| **Rank order by preference** | **Start date:**(Team arrives in time for team meeting/dinner) | **Campus visit begins the morning of:**(School must be in session) | **Second full day:** | **End date:**(Visit concludes by noon. The final meeting is with the President and Provost/Chancellor and Vice Chancellor.) |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  | Edit |
| 2. |  |  |  |  | Edit |
| 3. |  |  |  |  | Edit |
|  | Add |

Bottom of Form

1. **Confirmation**

The Head of the Business School and the school’s administration have reviewed this information. The school’s administration confirms that the information in this document is trustworthy and accurate.

Top of Form

By checking this box, I certify the above is true.

| **Title/Position** | **Name** | **Phone** | **Email** |  |
| --- | --- | --- | --- | --- |
| CEO/President/Chancellor |  |  |  | Edit |
| Chief Academic Officer |  |  |  | Edit |
| Head of Business School |  |  |  | Edit |

Bottom of Form