

QUALIFIED ACADEMIC PROGRAM (QAP)

REQUIRED INFORMATION

Name of College or University Accreditation/Recognition

University Affiliation (if any) Course Curricula Implementation Date

Program Name Average Number of Graduates Each Year

College Department Online or Classroom

Campus Location

University Website Address

Institution's Mailing Address

Full Mailing Address

Department Chair/Head Title

Email Address of Department Chair/Head

QAP Coordinator Contact Information

Coordinator's Name Title

Coordinator's Mailing Address

Email Address Mobile Number - Required

Does the program have any program accreditation such as ABET, AABI, or ATMAE? Y / N

Name of Accreditation

To submit forms or request more information, please contact us at bcsp@bcsp.org.