**Application for NAIA Membership**

NAIA membership applications are considered once a year at the April meeting of the NAIA Council of Presidents (COP). To be considered, completed applications must be received in the NAIA national office by October 1 of the previous year.

Submission deadline: October 1

Applications are considered once each year in April.

**Submit to:** NAIA, Director of Membership Sales and Service, 1200 Grand Blvd., Kansas City, MO 64106

General Information *(click on the gray box to enter information)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution: |  | | | |
| IPED #: |  | | | |
| Year of Establishment: |  | | | |
| Physical Address: |  | | | |
| Mailing Address: |  | | | |
| Main Campus Phone: |  | Web Address: |  | |
| Type of Institution: | Public  Private | | | |
| Carnegie Classification: |  | | | |
| Calendar System: | Semester  Trimester  Quarter | | | |
| Church Affiliation/Control: |  | | | |
| What year did your institution begin sponsoring varsity intercollegiate athletics for four-year, degree-seeking undergraduates? | | | |  |
| Has your institution continued to sponsor varsity athletics for four-year undergraduates since that time? | | | | Yes  No |

Under what other circumstances (e.g., two-year college) has your institution conducted athletics (include dates)?

Athletics Affiliation

NAIA Membership Category Desired:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Full Membership** – Four-year, degree-granting institution that is fully accredited by one of the six U.S. regional accrediting agencies (for Canadian institutions, commensurate accrediting body). | | | | | | |
|  | **Associate Membership** – 1) Institution is not fully accredited, but has submitted application to a regional accrediting agency or 2) institution is fully accredited with developing athletics program.  Associate member institutions are not eligible for post-season competition until full membership is achieved. | | | | | | |
| Was your institution a member of the NAIA previously? | | | | | Yes  No | | |
|  | If yes, for what years? |  | | | | | |
| Current athletic association memberships: | | | |  | | | |
| Does your institution desire NAIA athletic conference membership? | | | | | | | Yes  No |
|  | If so, which conference(s)? | |  | | | | |
|  | Has your institution made contact with the conference(s)? | | | | | Yes  No | |

Athletics Oversight

|  |  |  |
| --- | --- | --- |
| To whom does the athletics department report? |  | |
| Does your institution have an athletics advisory committee? | | Yes  No |

If yes, list committee members and describe the primary function of the committee:

|  |
| --- |
| Reasons for seeking NAIA membership:  Please explain why you have chosen to apply for NAIA membership, including how you believe NAIA membership will benefit your school and its athletic program. Please be specific. Attached another sheet if needed.) |
| What value will this school bring to the NAIA if it becomes a member?  (Geography, competitiveness, academic excellence, etc.) Please explain why. |

Accreditation

|  |  |
| --- | --- |
| Regional accrediting agency: |  |
| Current regional accreditation status: |  |
| Expiration date of current accreditation: |  |

Student Enrollment Profile

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For the most recent completed academic year: | | | | | | | |
|  | Indicate academic year for which the following data are reported: | | | |  | | |
|  | Total fall term undergraduate FT Enrollment\* (traditional students): | | | |  | | |
|  | Total fall term undergraduate FTE\*\* (traditional students): | | | |  | | |
|  | Total fall term graduate FT Enrollment\*: | | | |  | | |
|  | Total fall term graduate FTE\*\*: | | | |  | | |
|  | \*Full Time Enrollment – 12 hours or more / \*\*Full Time Equivalent | | | | | | |
| For new enrollees in fall term: | | | | | | | |
|  | # freshmen: |  | # transfer students: |  | # re-admits: |  |  |
|  | | | | | | | |
|  | Average SAT: |  | Average ACT: |  | # National Merit finalists: |  |  |
|  | | | | | | | |
|  | Percent male: |  | Percent female: |  | Percent ethnic minorities: |  |  |
| For the student body as a whole: | | | | | | | |
|  | Average SAT: |  | Average ACT: |  | # National Merit finalists: |  |  |
|  | | | | | | | |
|  | Percent male: |  | Percent female: |  | Percent ethnic minorities: |  |  |
| For Student-Athletes (use estimates for the current academic year): | | | | | | | |
|  | # total |  | # freshmen: |  | # transfer: |  |  |

Graduation Rate (based on IPED report)

|  |  |  |
| --- | --- | --- |
|  | Indicate academic years included in cohort for the following data: |  |
|  | Undergraduate student body six-year graduation rate for this cohort: |  |
|  | Student-athlete graduation rate for this cohort: |  |

Retention Rate

|  |  |  |  |
| --- | --- | --- | --- |
| A measure of the rate at which students persist in their educational program at an institution, expressed as a percentage. For four-year institutions, this is the percentage of first-time bachelors (or equivalent) degree-seeking undergraduates from the previous fall who are again enrolled in the current fall. | Rate: |  | Indicate academic  years: |

Administration and Faculty

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***President/Chancellor:*** | | | | | | | |  | | | | | |
|  | | Phone: |  | | | Email: | | | | |  | Years served in current position: |  |
|  | | Previous position/institution: | | | | | | |  | | | | |
| ***Senior administrator outside athletics with direct oversight of athletics:*** | | | | | | | | | | | | | |
|  | | Name: |  | | | | | | | | | | |
|  | | Title: |  | | | | | | | | | | |
|  | | Phone: |  | | | Email: | | | | |  | Years served in current position: |  |
|  | | Previous position/institution: | | | | | |  | | | | | |
| ***Athletics Director:*** | | | | | | | |  | | | | | |
|  | | Phone: |  | | | Email: | | | |  | | Years served in current position: |  |
|  | | Previous position/institution: | | | | | |  | | | | | |
| ***Faculty Athletics Representative:*** | | | | | | | |  | | | | | |
|  | Department/Title: | | | |  | | | | | | | | |
|  | Phone: | |  | | | Email: | | | |  | | Years served in current position: |  |
|  | Previous position/institution: | | | | | | |  | | | | | |
| ***Chief Financial Officer:*** | | | | | | | |  | | | | | |
|  | | Phone: |  | | | Email: | | | | |  | Years served in current position: |  |
| ***Title IX Compliance Officer:*** | | | | | | | |  | | | | | |
|  | | Phone: |  | | | Email: | | | | |  | Years served in current position: |  |
| ***Registrar:*** | | | | | | | |  | | | | | |
|  | | Phone: |  | | | Email: | | | | |  | Years served in current position: |  |
| ***Director of Admissions:*** | | | |  | | | | | | | | | |
|  | | Phone: |  | | | Email: | | | | |  | Years served in current position: |  |
| ***Sports Information Director:*** | | | | | | | |  | | | | | |
|  | | Phone: |  | | | | Email: | | | |  | Years served in current position: |  |

Additional Mandatory Information for Submission with Application *(check the box next to an item being submitted)*

The following information/materials must be submitted to the NAIA national office. Please clearly mark each exhibit with either a document title or exhibit number. Documents may be submitted in print or digitally. See instructions on the last page of this form.

|  |  |
| --- | --- |
|  | 1. One copy of the institution’s current **mission statement** |
|  | 1. One copy of the institution’s most recent regional accreditation review including:   **Institution’s self-study report**  **Accreditation team’s full response**  **Accrediting agency’s determination status** (including any warnings, corrective actions, conditions and accreditation status.) |
|  | 1. One copy of your institution’s (preference is digital, if available):   Current catalog  Athletic policy handbook  Admissions viewbook |
|  | 1. **Most recent two years’ overall line-item revenues and expenditures for athletics**, *including* amounts for personnel, travel, recruiting and athletics grants reported on a *sport-by-sport* basis. (Sample form available upon request.) |
|  | 1. **Independently audited financial statements** including revenues and expenditures and management letter for the institution as a whole for the *two* most recent fiscal years |
|  | 1. **Strategic plan or business plan for intercollegiate athletics —** or other documentation to serve as evidence of institutional planning related to intercollegiate athletics that includes the involvement and support of senior administrators. |
|  | 1. **Current Sports Sponsorship**:   For each varsity sport currently sponsored, list the sport (list each men’s and women’s sport separately) and provide the following information: (Sample form available upon request.)  Number of years the sport has been sponsored at the varsity level  Number of students participating in the sport  Location and condition (including age) of practice and game facilities. If facilities are located off-campus, describe the location (e.g., high school, private club) and distance from campus  List each coach in the sport, whether he or she is head or assistant, full- or part-time, other responsibilities contained in his or her job description, and number of years of experience coaching the sport at the collegiate level |
|  | 1. **Projected Sports Sponsorship:**   For each additional sport projected for sponsorship in the future, list the sport (list men’s and women’s sports separately) and describe:  Planned dates for initial sponsorship  Number of student-athletes projected to participate  Location and condition (including age) of planned practice and game facilities. If facilities are located off-campus,  describe the location and distance from campus.  Coaching staff |
|  | 1. Description of **new campus facilities** currently under construction or planned (if any.) |

Signatures

The individuals who sign below certify that the information provided in this document, and the accompanying information provided separately, is complete and accurate.

Please print and sign this application. Signed application forms may be scanned and submitted electronically or mailed to the address below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chief Executive Officer Name |  | Signature |  | Date |
| Athletics Director Name |  | Signature |  | Date |
| Faculty Athletics Representative Name |  | Signature |  | Date |

Submission instructions:

**DIGITAL:**  
Digital submission is the preference of the NAIA. We use an ftp site for secure uploading of the application and supplemental documents. To get the link and password to this dropbox, contact [jmccollum@naia.org](mailto:jmccollum@naia.org). Files formats accepted are pdf, doc, xls, and ppt. (No MAC files please.) Links to online versions of academic catalogs are acceptable.

**BY MAIL:**

Paper applications and supplemental documents are accepted.

Mail paper submissions and/or application fee check to:

National Association of Intercollegiate Athletics

Attn: Director of Membership Sales and Service

1200 Grand Blvd.

Kansas City, MO 64106

**APPLICATION FEE:**

Due with application. Make payable to “National Association of Intercollegiate Athletics.” Indicate somewhere on the check that this check is for the “Application Fee.”