Application for Program Membership

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| --- | --- | --- | --- | --- | --- | --- |
| President/CEO’s Name: | |  | | | | |
| Institution’s Name: | |  | | | | |
| Institution’s Address: | |  | | | | |
| City and State or Country: | |  | ZIP/Postal Code: | |  | |
| Telephone (with country code if outside of the United States): | |  | Email: |  | | |
| Website URL: |  | | | | |

1. Does your institution currently have institutional accreditation from an appropriate, recognized national institutional accrediting organization (or its equivalent), or approvals or authorizations to award degrees from an appropriate governing, legal, or similar body?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* If yes, proceed with item number 2.
* If no, the academic unit/sport management program is not eligible for program membership.

1. Does your institution grant sport management degrees at the bachelor’s, master’s and/or doctoral level?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* If yes, proceed with item number 3.
* If no, the academic unit/sport management program is not eligible for program membership.

1. Does your institution have a publicly-stated mission appropriate to a college or university that has been approved by the institution’s governing body (i.e., trustees, regents, directors)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* If yes, proceed with items numbered 4-7.
* If no, the academic unit/sport management program is not eligible for program membership.

|  |  |  |  |
| --- | --- | --- | --- |
| 4. | When is your next institutional-level accreditation site visit? |  | Year |

5. What is the organizational name of your academic unit/sport management program (e.g., department, division, school, college)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide the following information pertaining to the head of the academic unit/sport management program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Title: |  | | | |
| Highest earned degree: | |  | Email: |  |

1. List all of the degrees offered by your academic unit/sport management program (e.g., A.S., B.S., B.B.A., M.S., M.S./M.B.A., M.B.A., Ph.D., Ed.D.,etc.) and the number of each degree conferred in the last three academic years. (Add rows, as needed.)

|  |  |  |  |
| --- | --- | --- | --- |
| Degrees Offered | Number Conferred | | |
| Year 1 | Year 2 | Year 3 |
|  |  |  |  |
|  |  |  |  |
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1. Enclose with your application a check for your application fee or online payment at https://www.cosmaweb.org/store/c1/Featured\_Products.html.
2. Provide proof that your institution is legally authorized to confer degrees [as outlined in the section entitled Program Membership in COSMA’s *Accreditation Process Manual* (p. 12)].

Submitted herewith is our application for Program Membership in COSMA, affirming our commitment to abide by the accreditation policies and procedures of COSMA.

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| Signature of Chief Executive Officer: |  | Title: |  |
| CEO’s printed name: |  | Date: |  |

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| If mailing or shipping materials via courier, send to: | If emailing materials, send to: |
|  |  |
| COSMA | cosma@cosmaweb.org |
| 2236 Water Blossom Lane |  |
| Fort Collins, CO 80526 |  |
| USA |  |