**PART I – SIGNATURES AND CONTACT INFORMATION**

These signatures attest to the validity of the application and to the institution’s support for the accreditation of the planning Program.

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| **Institution Name** |  |
| **Degree Name** |  |

1. **PLANNING PROGRAM ADMINISTRATOR**

|  |  |
| --- | --- |
| Name:  | Title:  |
| Mailing Address:  | Email:  |
| Phone:  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  |

1. **PERSON PERPARING APPLICATION** (if different from above)

|  |  |
| --- | --- |
| Name:  | Title:  |
| Mailing Address:  | Email:  |
| Phone:  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  |

1. **DEAN OR OTHER HIGHER ADMINISTRATOR**

|  |  |
| --- | --- |
| Name:  | Title:  |
| Mailing Address:  | Email:  |
| Phone:  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  |

1. **INSTITUTION’S CHIEF ACADEMIC OFFICER**

|  |  |
| --- | --- |
| Name:  | Title:  |
| Mailing Address:  | Email: |
|  | Phone:  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  |

1. **INSTITUTION’S CHIEF EXECUTIVE OFFICER**

|  |  |
| --- | --- |
| Name:  | Title:  |
| Mailing Address:  | Email:  |
| Phone:  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |

**PLANNING STUDENT ORGANIZATION**

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| --- |
| Organization Name:  |
| Student Name:  | Title:  |
| Email:  | Phone:  |

**LOCAL APA CHAPTER REPRESENTATIVE**

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| --- |
| Chapter Name:  |
| Name:  | Title:  |
| Email:  | Phone:  |