REQUEST FOR ELIGIBILITY SCREENING

Preliminary Institutional Screening - This is not an accreditation application

Purpose: Use this form if your institution would like GCTEQA to conduct a preliminary review of basic eligibility before submitting the full accreditation application. A favorable screening result means only that the institution may proceed to the next stage; it does not guarantee accreditation.

SECTION 1 - INSTITUTION INFORMATION

Exact Legal Name of Institution

Public / DBA Name (if different)

Primary Website

General Institutional Email

Main Telephone

Primary Physical Address

City

State / Province / Region

Country

Year Established

Current Enrollment / Active Learners

SECTION 2 - INSTITUTION TYPE AND DELIVERY

- ☐ College
- ☐ University
- ☐ Seminary
- ☐ Bible College
- ☐ Ministry / Religious Institute
- ☐ Continuing Education Provider
- ☐ Professional / Career Training
- ☐ Other

- ☐ 100% Online
- ☐ Hybrid
- ☐ Campus-Based
- ☐ Self-Paced
- ☐ Cohort-Based
- ☐ Other

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Legal Authority, Programs, and Readiness

SECTION 3 - LEGAL ESTABLISHMENT AND AUTHORIZATION

Legal Entity Name (if different)

Jurisdiction of Formation

Formation / Registration Number

- [ ] Institution is legally authorized, registered, licensed, exempt, or otherwise permitted to operate.
- [ ] Institution awards academic degrees.
- [ ] Institution does not award academic degrees.

Briefly explain the legal basis for operating and, if applicable, awarding degrees:

SECTION 4 - PROGRAMS AND CREDENTIALS

- [ ] Certificates
- [ ] Diplomas
- [ ] Associate Degrees
- [ ] Bachelor's Degrees
- [ ] Master's Degrees
- [ ] Doctoral Degrees
- [ ] Continuing Education
- [ ] Other

List the institution's primary active programs / credentials:

SECTION 5 - PRELIMINARY READINESS

- [ ] Current bylaws / governance documents
- [ ] Governing board / authority
- [ ] Current catalog / student handbook
- [ ] Written academic policies
- [ ] Current budget / financial records
- [ ] Faculty / staff records
- [ ] Student complaint procedure
- [ ] Technology / LMS documentation

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Certification and GCTEQA Administrative Review

SECTION 6 - PRIMARY CONTACT

Primary Contact Name

Title / Position

Email Address

Telephone

SECTION 7 - CERTIFICATION

I certify that I am authorized to submit this eligibility screening request and that the information provided is true and complete to the best of my knowledge. I understand that eligibility screening is preliminary, is not accreditation, and does not guarantee admission to the formal review process or a future accreditation decision.

☐ I certify and agree to the statement above.

Typed Signature / Full Legal Name

Date

SUPPORTING DOCUMENTS - OPTIONAL AT SCREENING STAGE

If available, attach copies of the institution's formation document, operating authorization or exemption, degree authority or exemption (if applicable), program list, catalog, and website links. Do not submit unnecessary sensitive personal or financial information.

GCTEQA ADMINISTRATIVE USE ONLY

Date Received

Reviewer

Screening Outcome

Institution / File Number

Notes / Conditions / Additional Information Requested

Screening is preliminary and does not authorize an institution to represent itself as accredited.