

# MPCAC Accreditation Pre-Application Form

(Please submit one application per program)

Date of application

Name of applicant institution

What is the regional accreditation association that accredits your institution?

Date of accreditation

Accredited until

Name of applicant program

Title of the degree offered by the above program

Number of currently enrolled students: Full Time  Part Time

Number of graduates in last two years

*Application requires a minimum of four graduates in the last two years*

Number of semester hours required in program

(Note: 60 semester hours required by September 2025)

Method of program delivery: on site  online  both

Name and Title of contact person for applicant program

Email for Contact Person

Phone

address of applicant program

*No Fee Required for Pre-Application*  
*Please contact us by email ([mpcaced@gmail.com](mailto:mpcaced@gmail.com)) with any question(s)*