

# Initial Request to Participate in the Illinois Articulation Initiative



Please complete this form to start the process of requesting participation in IAI. For more information on levels of participation and items important to IAI participation, please visit the [iTransfer.org](http://iTransfer.org) website: [Participation Information](#) - All required fields are outlined in **RED** (if you are using highlighting in Adobe) and marked with an "\*".

## Institutional Name

Full Official Institutional Name \*

## Institutional Details

Street address \*

Street address line 2

City \*

State \*

Zip code \*

Main institutional phone number \*

Institutional Website: \*

FICE/OPE ID # \*

## Official Contact Working with IAI at Institution

Primary Contact Name (First, Last) \*

Position \*

Primary contact e-mail address \*

Phone number \*

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## **Additional Institutional Staff To Be Included in Official IAI Communications**

Name  E-mail address

Name  E-mail address

Name  E-mail address

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### **IMPORTANT PARTICIPATION INFORMATION:**

- Per the Illinois Articulation Initiative Policy and Procedures Manual (2017), P&P Manual (2017), institutions granted participation authority:**
- 1. Must hold regional accreditation from an accrediting authority recognized by the U.S. Department of Education or the Council on Higher Education Accreditation.**
  - 2. In addition, participating institutions must have authority to offer either transfer-oriented associate degree(s) or baccalaureate degree(s) in Illinois.**

**Institutions may choose to participate as a receiving institution only or as a full participant.**

**>Receiving Only:** Institutions choosing to participate on a receiving only basis agree to accept as meeting all lower-division general education requirements of the institution a completed GECC package from any other participating institution. Institutional references to IAI must include a receiving-only disclaimer.

**>Full Participation:** Institutions choosing to participate as a fully-participating institution must seek approval for and maintain a complete GECC package and agree to accept as meeting all lower-division general education requirements of the institution a completed GECC package from any other participating institution. Receiving institutions will allow transfer students with a partially-completed GECC package the option of completing the GECC after transfer under the conditions outline in Item #7 of the IAI revisions adopted by the IBHE in April of 2006.

**For questions regarding participation, levels of participation, or the process, please contact the IAI Coordinator at [ittransfer@ittransfer.org](mailto:ittransfer@ittransfer.org) or by calling (309)438-8640.**

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## Accreditation Information

Accrediting Authority: \*

Date Accredited: \*

Regionally Accredited in  
Illinois \*

Yes

No

Regional Accreditation Grant  
By: \*

Date Authority Granted \*

Additional Accreditations  
Held By Institution:

Has the institution been  
granted the authority to  
offer either transfer oriented  
associates degree(s) or  
baccalaureate degree(s) in  
Illinois \*

Yes

No

Date Authority  
Granted \*

Desired Level of Participation  
within IAI: \*

Receiving Only

Full Participation

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Additional Information for IAI/iTransfer.org Systems:

What type of credit hour does  
your institution offer?

Semester Credits

Quarterly Credits

Do you have a website you will  
want referenced in your profile?

Yes

No

If so, please provide that  
information - In the second box,  
please provide your transfer  
website link as well, if desired.

If approved to participate in IAI, you will have the opportunity to provide a logo  
for your institutional profile. This logo should be in .jpg or .png format.

Would you like IAI staff to contact you to provide a logo?    Yes        No

Please provide any additional information you feel is important for IAI and Board staff to know regarding your request and interest in the Illinois Articulation Initiative:

**Please email this completed form to the IAI Coordinator at [itransfer@itransfer.org](mailto:itransfer@itransfer.org). Once this form is received by IAI Staff and reviewed by the Illinois Board of Higher Education (IHBE), the listed primary contact and any additional contacts will be contacted by the appropriate staff. Should IAI staff have questions or need to discuss any information supplied in this form, a conference call may be requested between institutional and/or Board staff.**

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