

A. Program Contact Information

Please provide contact information for the primary and secondary individuals responsible for this proposal. These individuals will be included on all correspondence regarding your IPAL option.

1. Primary Contact Name _____

2. Title _____

3. University _____

4. College/School/Department

5. Mailing address

6. Phone _____ 7. Email _____

8. Website _____

9. Will you be the designated IPAL advisor? YES NO
If not, please identify (if known) _____

10. Secondary Contact Name _____

11. Title _____

12. Phone _____ 13. Email _____

Institution Name/Date _____

B. NAAB Accreditation

Please select the program your school is developing an IPAL option for. Eligible options include: a program accredited by the National Architectural Accrediting Board (NAAB), a two-year community college program that has an agreement in place for articulation into a NAAB-accredited program, or a four-year undergraduate program that qualifies for admission into a NAAB-accredited master's program..

- Bachelor of Architecture
- Master of Architecture
- Doctor of Architecture
- Two-year community college program with a NAAB articulation agreement—Please attach a copy of your school's articulation agreement with a NAAB-accredited program
- Four-year undergraduate program that qualifies for admission into a NAAB-accredited master's program—Please attach a copy of your school's articulation agreement with a NAAB-accredited program as an appendix to your application

Institution Name/Date _____

C. Current Program Introduction

Please provide the following information about your current program:

1. Mission of the architectural program.

Institution Name/Date _____

2. Brief history of your program.

3. Identify the operational model of your university (please select one)

- Public
- Private
- For-profit
- Other

Institution Name/Date _____

D. Proposed Program Option Description

Please provide a detailed overview of your proposed IPAL option as follows:

1. Overview
 - a. Describe how your proposal fits the identity and mission of your academic institution.

Institution Name/Date _____

- b. Briefly describe how your proposed IPAL option will integrate the Architectural Experience Program® (AXP®) and the Architect Registration Examination® (ARE®) 5.0.

Institution Name/Date _____

- c. Explain how your proposed IPAL option will interact, complement, and operate concurrently with your current program.

- 2. Please attach a letter of support from the academic institution to this proposal.

- 3. Please attach a graphic representation of your proposed IPAL option and include the following details:
 - a. Your existing program curriculum
 - b. AXP periods in qualified work settings
 - c. Practice exam milestones

- 4. Identify significant milestones, benchmarks, and implementation timeline.
 - a. Expected approval date of proposed IPAL option by your institution _____
 - b. Projected capacity of proposed IPAL option per cohort compared to overall enrollment in your accredited degree program _____
 - c. Anticipated date of first incoming cohort _____
 - d. Anticipated date of first graduates _____

Institution Name/Date _____

- 5. Additional considerations
 - a. Describe advising/mentoring opportunities that will be in place to support students enrolled in your IPAL option.

Institution Name/Date _____

- b. Describe assistance that will be offered to students to support their efforts in obtaining employment opportunities at firms.

Institution Name/Date _____

E. Engagement With Practitioners

The support of practitioners, firms, American Institute of Architects (AIA) components, and other entities is critical to the success of this program.

1. Describe your relationship, if any, with firms and practitioners that are currently engaged with your program. An appendix with supporting documents may be attached.

Institution Name/Date _____

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2. Please describe how you will ensure that your students working in a professional setting will be fairly compensated in accordance with the [AIA Code of Conduct](#).

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3. Please attach at least two letters of support and commitment from firms and practitioners ready to participate with students in your IPAL option.
4. (Optional) Please attach letters of endorsement of endorsement from AIA components or other professional associations to promote and support the IPAL initiative and to serve as a resource for students participating in your IPAL option.

Institution Name/Date _____

F. Engagement With Licensing Board

1. If your jurisdiction does not currently accept IPAL, describe how you will work with your licensing board to outline the necessary regulatory changes, identify anticipated regulatory challenges, and propose a related timeframe for implementing change.

Institution Name/Date _____

2. Describe any legislative or other approvals necessary or desirable, such as review of or consent by the board's supervisory body (Department of Consumer Protection, Department of Professional and Occupational Registration, Division of Professions and Occupations, State Board of Education, etc.) and explain how they will be achieved.

3. Please attach a letter of support for your proposed IPAL option from your licensing board.

Institution Name/Date _____