A. Program Contact Information

Please provide contact information for the primary and secondary individuals responsible for preparing this report.

1. Primary Contact Name _____

2. Title _____

3. University _____

4. College/School/Department

5. Mailing address

6. Phone _____ 7. Email _____

8. Website _____

9. Are you 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 this report regards. To be eligible, programs must be currently accredited by the National Architectural Accrediting Board (NAAB) or be an official candidate for accreditation as recognized by the NAAB.

☐ Bachelor of Architecture

Please indicate:

The date of your most recent accreditation visit _____

The term of your most recent accreditation _____

The date of your anticipated accreditation* _____

☐ Master of Architecture (advanced standing)

Please indicate:

The date of your most recent accreditation visit _____

The term of your most recent accreditation _____

The date of your anticipated accreditation* _____

☐ Master of Architecture

Please indicate:

The date of your most recent accreditation visit _____

The term of your most recent accreditation _____

The date of your anticipated accreditation* _____

☐ Doctor of Architecture

Please indicate:

The date of your most recent accreditation visit _____

The term of your most recent accreditation _____

The date of your anticipated accreditation* _____

*Candidate schools only.

Institution Name/Date _____

C. Graphic Representation of IPAL option

Please attach an updated graphic representation of your IPAL option and include the following details:

1. Your existing program curriculum

2. NAAB Student Performance Criteria points of acquisition

3. AXP periods in qualified work settings

4. ARE points of eligibility

D. Student Participation

Cohort/Graduation Date	Number of Students	Number of Students Employed (Reporting AXP)	Number of Firms Employing Students
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Please attach a copy of NCARB's summary report on participating students' overall AXP and ARE progress, which was sent to your school's IPAL advisor. Do NOT include a copy of each individual student's AXP and ARE progress report.

Institution Name/Date _____

E. Job Placement

Do you provide job placement assistance to your IPAL students? ☐ YES ☐ NO

If yes, please describe the assistance.

If no, describe the means by which your students seek employment.

F. Firms Employing IPAL Students

Note: Please attach a copy of NCARB's summary of firms employing students at your school.

Institution Name/Date _____

G. Successes/Challenges

1. List successes you and your students have achieved working with firms.

2. List challenges you or your students have encountered working with firms.

3. List challenges firms have presented to you in offering employment to your students.

Institution Name/Date _____

H. Collaboration Ventures

1. Describe collaboration ventures with your local AIA Chapter (e.g. job placement, ARE study sessions, etc.)

2. Describe collaboration ventures with your state licensing board (e.g. board pays for students' NCARB Record application fee, statute/rule change efforts to accept IPAL graduates for initial licensure, etc.)

I. Additional Information

Please add any additional information you wish to share regarding your IPAL option.

Institution Name/Date _____