

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. 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. Current Program Introduction

Please provide the following information about your current program:

1. Mission of the architectural program. (250-word maximum)

Institution Name/Date _____

2. Brief history of your program. (250-word maximum)

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.
(200-word maximum)

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. (200-word maximum)

Institution Name/Date _____

- c. Explain how your proposed IPAL option will interact, complement, and operate concurrently with your current program. (200-word maximum)

- 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. NAAB Student Performance Criteria points of acquisition
 - c. AXP periods in qualified work settings
 - d. ARE points of eligibility

- 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. (200-word maximum)

Institution Name/Date _____

- b. Describe assistance that will be offered to students to support their efforts in obtaining employment opportunities at firms. (200-word maximum)

Institution Name/Date _____

- c. Identify any anticipated challenges that may impact the implementation of the IPAL option in your accredited program. (200-word maximum)

Institution Name/Date _____

E. Engagement With Practitioners

The support of practitioners, firms, 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. (200-word maximum)

Institution Name/Date _____

2. Please describe how you will ensure that your students working in a professional setting will be fairly compensated in accordance with the AIAS [Policy on Internship Compensation](#).
(200-word maximum)

3. Please attach letters of support and commitment from firms and practitioners ready to participate with students in your IPAL option.
4. Please attach letters 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

It may be necessary to change/adjust state laws and/or board rules in order for the IPAL initiative to move forward. NCARB is fully committed to providing the support necessary to assist your state's architectural licensing board in implementing these changes; however, a collaborative effort from all stakeholders will be the key to success.

1. 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. (200-word maximum)

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. (200-word maximum)

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

Institution Name/Date _____