



**Appraisal Institute
Master's Degree Program**



Master's Degree Program Application

Please complete the application below and return it, along with all required documentation, to mdp@appraisalinstitute.org or fax to (312)335-4256.

University Name

Program Name

Address

Program Administrator/Liaison

Phone

Email

Program Website Address

Is this program accredited through the U.S. Department of Education?

Yes **No**

Checklists

For every course that is part of the program you are applying for, you must include the following:

- Course Description
- Course Syllabus (noting each instructional session and topics covered)
- Learning Objectives
- Textbooks used (include ISBN)

Also, please include:

- Overview of your university and the real estate program under consideration including brochures and other descriptive information
- List of program faculty members
- Statement disclosing any and all conflicts of interest

Please indicate if the university's program requires completion of an Appraisal Foundation approved 15-Hour National Uniform Standards of Professional Practice (USPAP) course taught by an instructor certified by The Appraisal Foundation.

- Yes, students in this program must complete the USPAP course**
- No, students in this program are not required to complete this USPAP course**

I represent and certify that, to the best of my knowledge and belief, all of the information contained in this application and related attachments are true and accurate. I understand and agree that this application for admission into the Appraisal Institute Master's Degree Program (MDP) may or may not be granted in the sole discretion of the Appraisal Institute. I further understand and agree that if the university is admitted to the MDP, the university will use the Appraisal Institute intellectual property only in accordance with a license agreement entered into between the Appraisal Institute and the university. I IRREVOCABLY WAIVE ANY CLAIM OR CAUSE OF ACTION AT LAW OR EQUITY THAT I MIGHT HAVE AT ANY TIME AGAINST THE APPRAISAL INSTITUTE, ITS BOARD OF DIRECTORS, OFFICERS, COMMITTEE MEMBERS, CHAPTER MEMBERS, EMPLOYEES, MEMBERS OR OTHER PERSONS COOPERATING WITH THE APPRAISAL INSTITUTE, EITHER AS A GROUP OR AS INDIVIDUALS, FOR ANY ACT OR FAILURE TO ACT IN CONNECTION WITH THE BUSINESS OF THE APPRAISAL INSTITUTE AND PARTICULARLY AS TO ACTS IN CONNECTION WITH ANY DENIAL OF THIS APPLICATION. Finally, I represent and certify that I have the authority to submit and sign this application on behalf of the university.

Signature

Title

Date