



**CCIM INSTITUTE
UNIVERSITY PROGRAM APPLICATION FORM
UNDERGRADUATE**

Name: _____ Title _____ Date: _____

University Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Secondary contact & phone:

URL of Degree Requirements and Description: _____

Applicant Program Information

Real Estate Degree Program Name: _____

Number of semester hours required to earn this degree: _____

Number of semester hours that are real-estate based courses: _____

Please select your accreditation:

AACSB Date received: _____

ASBSP Date received: _____

IACBE Date received: _____

Real Estate program date of inception: _____

Please list name(s), title and contact information for person(s) who should receive communications from CCIM Institute.

Name: _____ Title _____

Mailing Address: _____

Email: _____

Phone: _____

CCIM Core Competencies

Identify which core competencies of the CCIM Institute designation education program match your degree program:

CCIM Core Skills (Real Estate Decision Making)	Required or Elective Course(s) Addressing Topics
CI 101 Real Estate Financial Analysis <ul style="list-style-type: none">• Determine initial investment for a property before and after tax, and with and without financing• Forecast annual cash flows for a property before and after tax, and with and without financing• Forecast sale proceeds at end of the holding period before and after tax, and with and without financing• Calculate and explain the following measures of performance: gross rent multiplier; acquisition cap rate; before and after-tax IRR with and without financing; effective tax rate with and without financing; after tax capital accumulation	

Please provide the following documentation with your

- Application: Sample Degree Plan
- Degree requirements
- Course syllabi and concise description for all real estate and/or finance courses
- Program faculty list

University Partner Qualification

University Fast Track Undergraduate Candidates are required to successfully complete the CI 101 exam before moving on to CI 102 - 104. Which core skill set(s) listed above would **most** benefit students graduating from your program and pursuing the CCIM designation?_____

University Faculty Requirement

Qualified university programs must have at least one (*academic*) faculty membership with the CCIM Institute or one (*current*) designee as part of their program faculty.

Name of Qualifying Faculty Member: _____

University Reciprocal Education Agreement

All University Partners are asked to share their education resources (*in the form of real estate-related education studies and/or expert faculty and alumni speakers*) with the CCIM Institute and their local CCIM Chapters.

Each University Partner is asked to provide at least 2 (*two*) resources per year. This agreement will build and expand the alliance between the Institute and our Partners.

Qualifying Statement

As an applicant to the CCIM Institute University Program, we _____
(university name) hereby certify that the _____ (program name) meets the following
base criteria for serving as a partner university:

- Accreditation by the Association to Advance Collegiate Schools of Business (AACSB), the Accreditation Council for Business Schools and Programs (ASBSP) or the International Accreditation Council for Business Education (IACBE)
- Undergraduate Programs: Bachelor's in Real Estate and/or Finance with a minimum of 2 courses in real estate and/or finance studies.
- That university program must have at least one (academic) faculty membership with CCIM Institute or one (current) designee as part of their program faculty
- Upon acceptance as a University Alliance Partner, we agree to comply with the UA Reciprocal Education Agreement

We acknowledge that partner universities will be required to re-certify from time to time under these same criteria, or new criteria that may be established by the CCIM University Program, in order, to maintain University Partner status; and we further agree that we will notify the CCIM University Program within 30 days should we fall out of compliance with the criteria listed above.

Signature: _____

Date _____

Title: _____

CCIM University Partners Program
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