

**APPLICATION AFFIRMATION**

I affirm that the application emailed to AQIP@hlcommission.org presents our institution accurately, and that we agree, if admitted, to abide by the *Academic Quality Improvement Program Understandings and Expectations* and to:

- commit to a systematic initiative to improve continuously our academic and related processes and their results;
- engage faculty, staff, and other constituents in defining and implementing quality improvement efforts so that an institution-wide culture and understanding of systematic academic quality improvement evolves;
- promote and provide broad-based involvement in activities and in professional development that builds awareness and understanding of the principles and practices of systematic quality improvement at all levels of the institution; and
- establish systems for communication across staff, students, and other constituents and stakeholders regarding our institution's involvement and progress in systematic Academic Quality Improvement.

Carl R. Heilman  
Signature of Organizational CEO

9/28/07  
Date

Carl R. Heilman President

Printed/Typed Name and Title

Barton County Community College

Name of Organization

245 NE 30<sup>th</sup> Rd.

Address

Great Bend, KS 67530

City, State of Organization, ZIP code