

AABInternational

FORM 219

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INSTITUTION'S EVALUATION OF AABI ACCREDITATION PROCESS

(To be completed by an official representative of the institution.)

Institution: _____

Date of Visit: _____

CATEGORY	EXCELLENT	GOOD	FAIR	POOR
1. Processing of application for pre-candidacy (if applicable)				
2. Processing of application for candidacy				
3. Self-study questionnaire and format				
4. Relevance of AABI Criteria for accreditation				
5. Adequacy of information in AABI forms and procedures				
6. Scheduling of visit by AABI				
7. Arrangement of schedule & logistics for the visit by team chairperson				
8. General qualifications of the visiting team				
9. Chairperson's management of on-site activities of the team				
10. Effectiveness of team's interaction with the administrative personnel				
11. Effectiveness of luncheon and/or reception with team				
12. Coverage of administrative support areas				
13. Coverage of aviation program areas				
14. Coverage of academic support areas				
15. Interaction with students				
16. Application of criteria during visit				

