

VISITING TEAM RECOMMENDATION TO THE ACCREDITATION COMMITTEE AND BOARD OF TRUSTEES

FORM 210

(To be completed for each program for which the institution seeks accreditation.)

(Institution)

(Program Title/AABI Opt	tion)	
	ne visiting team can elect to recomnds to the recommended action:	mend any of the following actions. Please circle
c. d. e. f. g. h. i.	Not to accredit. Reaffirm accreditation for existing Extend accreditation for accreditation for accreditation for accreditation for accreditation for additional Suspend accreditation for a specific Reinstate accreditation for programme accreditation for accreditation f	For a period determined by the Board. In accredited programs. In accredited programs. In accredited programs. In information/actions by the institutions. In the period of time. In ams in suspended status. In than five years, please indicate the accreditation
Signature of Team Cha	irperson	Date
Typed Name of Team (Chairperson	