

Request for Consultant Visit

Please Type Information

1. Institution

Institution Address _____

2. Head of Institution

Telephone _____

Title _____

Fax _____

3. Head of Program

Telephone _____

Title _____

Fax _____

Email Address _____

4. Contact Person

Mailing Address _____

Title _____

Telephone _____

Fax _____

Email Address _____

5. Type of Visit Requested: (using [] Traditional Standards or [] Outcomes Assessment)
[] Consultant

6. Program Level: [] Associate [] Baccalaureate [] Master

7. List Industrial Technology Program(s) (including options, concentrations, and specializations) to be reviewed (Note: All options, specializations, and concentrations in a degree program MUST be reviewed. Except as noted in PA.2 Program Definition: of the Outcomes Assessment Model).

Degree	Program Name	Option, Concentration, or Specialization
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(Attach additional sheet if necessary)

8. Billing Address:

9. Regional Accrediting Agency: _____

10. Proposed Dates for Visit (Note: a minimum of one full day is required for the visit plus a day to write the Consultant report).

First Choice: _____ Second Choice: _____

11. Recommended Consultant Lodging (include name, address, and telephone number).

12. Authorized Signatures:

Institution Contact Person: _____ Date: _____

Head of Program: _____ Date: _____