

REQUEST FOR ON-SITE EVALUATION TEAM VISIT

Identify the purpose of the on-site evaluation team visit (Check all that apply):

- Initial Accreditation Visit
- Reaccreditation Visit
- Readiness Visit (RV)
- Preliminary Visit
- Program Review Visit
- New Branch Visit
- Change of Ownership Visit
- Show Cause Visit
- Follow-Up Visit
- Other (Please Specify) _____

FOR INITIAL ACCREDITATION AND REACCREDITATION VISITS ONLY:

Upon completion of the Analytic Self-Evaluation Report (ASER) or the branch equivalent BASER, the institution must submit this request form along with the ASER/BASER and on-site evaluation fee to the ACCET office. The submission of these materials and fees are prerequisites to scheduling the on-site evaluation visit, and the due dates are outlined in the notification cover letter.

The institution will be contacted directly by the Commission Representative assigned to your institution to establish the date(s) of the visit(s). Additionally, the composition of the team and related logistics will be discussed between the Commission Representative and a designated representative of the institution. Normally, this scheduling will be completed within two to four weeks prior to the date of the visit. In addition, please note that ACCET routinely invites representatives of state licensing agencies and Title IV federal financial aid regional offices to observe on-site evaluations for institutions licensed and/or approved by these state or federal agencies.

An electronic check for the evaluation fees must be submitted with this form. Please refer to ACCET Document 10 - Fee Schedule.

FOR ALL VISITS, EXCEPT INITIAL AND REACCREDITATION VISITS:

The institution must submit this form along with the appropriate on-site examination fees to the ACCET office. Refer to ACCET Document 10 – Fee Schedule. The submission of these materials and fees are prerequisites to scheduling the on-site evaluation visit, and the due dates are outlined in the notification cover letter.

You will be contacted directly by the Commission Representative assigned to your institution to establish the date(s) of the visit(s). Additionally, the composition of the team and related logistics will be reviewed in discussions between the Commission Representative and a designated representative of the institution. Normally, this scheduling will be completed within two to four

weeks prior to the date of the visit.

An electronic check for the evaluation fees must be submitted with this form. Please refer to ACCET Document 10 - Fee Schedule.

ALL VISITS:

Main Campus Information

Name of Institution: _____

ACCET ID # _____

d/b/a: _____

Physical Address: (not P.O. Box): _____

City/State/Zip: _____

Telephone: () _____ FAX: () _____ E-mail: _____

Contact Person: _____ Title: _____

E-mail of Contact Person: _____

Classification of the Institution (Check all that apply): Vocational Avocational Title IV
English for Speakers of Other Languages (ESOL)

Required Scheduling Information: For the two-month period in which the ACCET visit will occur, please provide the following information:

1. Any dates that the visit may not be conducted due to schedule conflicts at the institution (e.g. scheduled breaks and/or exam schedules). _____
2. The daily training schedule and projected enrollment for each program, provided as an attachment.

INITIAL ACCREDITATION AND REACCREDITATION ONLY

Name of staff member(s) who attended the accreditation workshop: _____

Date of accreditation workshop attended: _____

List below all additional sites (branches and auxiliary classrooms) to be visited:

Number of Branches: _____ Auxiliary Classrooms: _____

ALL VISITS:

Branch (Bch)/Auxiliary Classroom (Aux)

Name (d/b/a): _____ Bch Aux (check one)

Physical Address: (not P.O. Box) _____

City/State/Zip: _____

Telephone: () _____ FAX: () _____

Contact Person: _____ Title: _____

Required Scheduling Information (Provide scheduling information for each site, as requested above): _____

Branch (Bch)/Auxiliary Classroom (Aux)

Name (d/b/a): _____ Bch Aux (check one)

Physical Address: (not P.O. Box) _____

City/State/Zip: _____

Telephone: () _____ FAX: () _____

Contact Person: _____ Title: _____

Required Scheduling Information (Provide scheduling information for each site, as requested above): _____

Signature/Chief Executive Officer of Institution _____

Date: _____