



FORM A-5

Visiting Team Recommendation to the Accreditation Committee and the Board of Trustees

Institution Name _____
Program Name _____

State recommendations for accreditation. The Visiting Team's overall accreditation recommendation must reflect the best judgment of the Team, considering all relevant factors, including, but not limited to, the relative quantity, quality, and age of the cited Strengths, Weaknesses, and Concerns.

Initial Accreditation (Document 101, Section 4.6.1)

- _____ Accreditation for five (5) years with annual status reports – *Master's Degree Programs*
- _____ Accreditation for five (5) years with a Progress Report at the end of three years
- _____ Accreditation for five (5) years with Progress Report at the end of the first and third years
- _____ Accreditation for five (5) years with Progress Report at the end of the first, second, and third years
- _____ Deferral of action
- _____ Denial of accreditation

Renewal of Accreditation (Document 101, Section 4.7)

- _____ Accreditation for five (5) years with annual status reports – *Master's Degree Programs*
- _____ Accreditation for six (6) years with a Progress Report at the end of the third year
- _____ Accreditation for six (6) years with Progress Report at the end of the first year
- _____ Accreditation for six (6) years with Progress Report at the end of the first and third years
- _____ Accreditation for six (6) years with Progress Report at the end of the first, second, and third years
- _____ Accreditation for three (3) years
- _____ Accreditation for three (3) years with Progress Report at the end of the first year
- _____ Accreditation for three (3) years with Progress Report at the end of the first and second years
- _____ Deferral of action
- _____ Denial of Accreditation

Provide rationale for the stated recommendation

Print Visiting Team Chair

Signature of Team Chair