

Form A-15

Report of Corrective Actions Taken

Name of Institution:

Degree Program:

Date of Team Visit:

VT Chair:

Mentor Assigned:

Name of Mentor:

Number of Weaknesses:

Number of Concerns:

This report is to update the Visiting Team Chair of initiatives and corrective actions that have been implemented to alleviate identified Weaknesses and Concerns prior to the final version of the Visiting Team Report being distributed to the Board of Trustees.

Summary Comments:

[illegible]

Submitted by:

Name – Program Leader

Title

Signature

Date _____

Approved:

Name - Dean

Title

Signature

Date _____

Approved:

Name – CEO / Provost

Title

Signature

Date _____

List of Additional Attachments:

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