

**Name of Institution:**

Degree Program:

Type of Report:

1st Year

2nd Year

3rd Year

Month / Year Accredited:**Expiration Date:****Mentor Assigned:**

Name of Mentor:

Number of Weaknesses:

Number of Concerns:

Refer to ACCE Document 101, Paragraph 6.3 for guidelines to complete report

Summary Comments:

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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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Description of Weakness or Concern as written in Visiting Team Report

Status of Progress: ☐ **Alleviated** ☐ **In Progress** ☐ **Correction Plan with Time Line Attached**

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Second Year Report:

Third Year Report:



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