



FORM A – 6 IA
Initial Accreditation Recommendation

Reviewer: _____ **Date:** _____

Institution: _____ **Term:** _____

Initial Accreditation Recommendation

Comments relative to rationale for vote and issues to be addressed in the Executive Summary

Feedback to the Visiting Team Chair relative to the quality of the Visiting Team Report

Visiting Team Members

Chair	_____	M.I.T.	_____
Member	_____	M.I.T.	_____
Member	_____	Industry	_____