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: _____ **Date of Report:** _____

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

Summary Comments:

Report of Corrective Actions Taken

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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Weakness #

Description of Weakness or Concern as written in draft of Visiting Team Report

Program's corrective actions taken for Weakness or Concern

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