



Response To Factual Errors & Recommendations — (Program Accreditation)

Institution: *Enter Institution Name.*

College: *Enter College Name.*

Program: *Enter Program Name.*

Review Visit Date: **From:** Click or tap to enter a date. **To:** Click or tap to enter a date.

Date of Report : Click or tap to enter a date.

Contact Information:

Name: *Click or tap here to enter text.*

Title: *Click or tap here to enter text.*

Email: *Click or tap here to enter text.*

Mobile: *Click or tap here to enter text.*



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B. Response To Recommendations:

Recommendation (.....)

Statement of Recommendation*		
Response to the Review Panel Recommendation	<input type="checkbox"/> Accepted	
	<input type="checkbox"/> Accepted with modification	Reasons
		Evidence
	<input type="checkbox"/> Not accepted	
		Summary of modification
	<input type="checkbox"/> Not accepted	Reasons
<input type="checkbox"/> Not accepted	Evidence	

* This table should be repeated for each recommendation.

C. Approval

Name	
Position	
Signature	
Date	

