





Resolving Conditions of Accreditation Report — (Program Accreditation)

Institution:		
College:		
Program: (Diploma/BA/MA/PhD)		
Report Date: Click to enter a date.		
Review Visit Date: From Click to enter a date. To	: Click to enter a date.	
Number of condition(s):		
Accreditation Start Date: Click to enter a date.	Accreditation End Date: Click to enter a date.	
Contact Details:		
Name:		
Position:		
Email:		
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	n Statement (as reported in the Review Panel Report):	
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Condition	Statement (as reported in the Review Panel Report):	
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