Association of Technology, Management, and Applied Engineering

Request for Consultant Visit
Please Type Information

1. **Institution**
   - Institution Address

2. **Head of Institution**
   - Title
   - Telephone
   - Fax

3. **Head of Program**
   - Title
   - Telephone
   - Fax

4. **Contact Person**
   - Title
   - Mailing Address
   - Telephone
   - Fax

5. **Type of Visit Requested:** (using [ ] Traditional Standards or [ ] Outcomes Assessment)
   - [ ] Consultant

6. **Program Level:**
   - [ ] Associate  [ ] Baccalaureate  [ ] Master

7. **List Industrial Technology Program(s) (including options, concentrations, and specializations) to be reviewed**
   (Note: All options, specializations, and concentrations in a degree program MUST be reviewed. Except as noted in PA.2 Program Definition: of the Outcomes Assessment Model).

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<th>Degree</th>
<th>Program Name</th>
<th>Option, Concentration, or Specialization</th>
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(Attach additional sheet if necessary)

8. **Billing Address:**

9. **Regional Accrediting Agency:**

10. **Proposed Dates for Visit**
    (Note: a minimum of one full day is required for the visit plus a day to write the Consultant report).
    - First Choice: 
    - Second Choice:

11. **Recommended Consultant Lodging**
    (include name, address, and telephone number).

12. **Authorized Signatures:**
    - Institution Contact Person: ___________________________ Date: __________
    - Head of Program: ___________________________ Date: __________

Please return this form to ATMAE Accreditation Director, 3801 Lake Boone Trail, Ste 190, Raleigh, NC 27607
Phone (919) 635-8335 | Fax (919) 779-5642 | Email: accreditation@ATMAE.org