Request for Initial Visit, Reaccreditation Visit or Report & Visit

Please Type Information

1. Institution
   Institution Address

2. Head of Institution
   Telephone
   Title
   Fax

3. Head of Program
   Telephone
   Title
   Fax

4. Contact Person
   Mailing Address
   Telephone
   Fax
   Email Address

5. Type of Visit Requested (All Visits starting in 2013 will use the Outcomes Assessment Model):
   [ ] Initial Accreditation [ ] Reaccreditation [ ] 2-Year Follow-Up

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

7. List Technology Program(s) (including options, concentrations, and specializations) to be
   considered (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).
   Degree Program Name Option, Concentration, or Specialization CIP Code
   [ ]
   [ ]
   [ ]
   [ ]
   [ ]

   (Attach additional sheet if necessary)

8. Billing Address:

9. Regional Accrediting Agency:

10. Proposed Dates for Visit (Note: a minimum of two full days are required for the visit plus a
     travel day).
    First Choice: __________________________ Second Choice: __________________________

11. Recommended Team Member Lodging (include name, address, and telephone number).
    If your school has a discounted hotel rate, may ATMAE use it during the visit: Yes___ No ___

12. Authorized Signatures:
    Institution Contact Person: __________________________ Date: __________________________
    Head of Program: __________________________ Date: __________________________
    Head of Institution: __________________________ Date: __________________________

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