Association of Technology, Management, and Applied Engineering

ATMAE
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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 _____
   Email Address _____
4. **Contact Person** _____ Title _____
   Mailing Address _____
   Telephone _____ Fax _____
   Email Address _____

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).

   Degree   **Program Name**   **Option, Concentration, or Specialization**
   _____
   _____
   _____
   _____
   (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:_____