

## Request for Consultant Visit

Please Type Information

**1. Institution**

Institution Address \_\_\_\_\_

**2. Head of Institution**

Telephone \_\_\_\_\_

Title \_\_\_\_\_

Fax \_\_\_\_\_

**3. Head of Program**

Telephone \_\_\_\_\_

Title \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**4. Contact Person**

Mailing Address \_\_\_\_\_

Title \_\_\_\_\_

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
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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: \_\_\_\_\_