

Candidate Consultation Visit Request Form

For NACCAS Use Only:	Fee Paid: _____
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NACCAS Institution Ref. # _____

1. Official Name of Institution approved by NACCAS _____
2. Street Address of Institution: _____
 City _____ State _____ Zip _____

I hereby request a Candidate Consultation Visit:

With this request form I am including the following required information:

1. Consultation Visit Fee: \$1,825.00
2. Current Catalog
3. Current Enrollment Agreement/Contract
4. Copy of workshop attendance certificate proving attendance within 12 months prior to this request.
5. Copy of the preliminary Institutional Self-Study (via hard copy, CDROM or submitted electronically).
6. Contact information for the owner/designee who will act as liaison during the accreditation process:

Name: _____

Title: _____

Phone #: _____

Email address: _____

Once this form and the required information above have been received they will be reviewed by your Regional Accreditation Specialist and processed for submission to the Travel Coordinator. The Travel Coordinator will be in touch with the above listed designated person to coordinate the visit. *If you have questions about this process please contact the Regional Accreditation Specialist assigned to your state as listed on the NACCAS website.*

Request for Saturday Visit (Optional)

The travel division schedules institution visits three (3) months in advance. NACCAS offers institutions an option to be visited on a Saturday in order to potentially be visited sooner. Saturday visits depend on team member availability.

The institution hereby requests that NACCAS schedule a voluntary Saturday visit. The undersigned Institution expressly acknowledges that election of a Saturday Visit is entirely voluntary, and NACCAS does not guarantee that it will be able to honor such request. However, the additional fee paid will be refunded if the Institution is visited during our normal schedule. *The **additional** fee for a Saturday visit is \$1,225.00, and it must be submitted with this form along with the other required information and fee listed above.*

NACCAS will inform the Institution if its request for a Saturday Visit has been accepted and when the visit could be scheduled, if applicable.

_____ Yes, please schedule my Institution for a Saturday visit, I am including the required additional fee.

Institution Owner Signature

Date