

Candidate Consultation Visit Request Form

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

1. Official Name of School approved by NACCAS _____
2. Street Address of School: _____
 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: \$1,725.00
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.
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 school visits 3 months in advance. NACCAS offers schools an option to be visited on a Saturday in order to possibly be visited sooner. Saturday visits depend on team member availability.

The school hereby requests that NACCAS schedule a voluntary Saturday visit. The undersigned school 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 school is visited during our normal schedule. *The **additional** fee for a Saturday visit is \$1225.00, and it must be submitted with this form along with the other required information and fee listed above.*

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

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

School Owner Signature

Date