|  |
| --- |
| **Institution**: *Enter Institution Name.* |
| **Date of Review: From:** Click to enter a date. **To:** Click to enter a date. |
| **Date of Report**: Click to enter a date.  |
| **Contact Information:** Name: *Click or tap here to enter text.*Title:  *Click or tap here to enter text.*Email:  *Click or tap here to enter text.*Mobile:  *Click or tap here to enter text.*  |

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# **Factual Errors Response**

| **No** | **Standard and****Sub-standard** | **Page** | **Paragraph** | **Insert****Factual Error**(Please quote) | **Insert Proposed Correction** | **NCAAA Decision** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Choose Decision |
|  |  |  |  |  |  | Choose Decision |
|  |  |  |  |  |  | Choose Decision |
|  |  |  |  |  |  | Choose Decision |
|  |  |  |  |  |  | Choose Decision |
|  |  |  |  |  |  | Choose Decision |
|  |  |  |  |  |  | Choose Decision |

# **Response To Recommendations:**

## **Recommendation (…... )**

**1. Institution Response:**

|  |  |
| --- | --- |
| **Statement of Recommendation\*** |  |
| **Response to the Review Panel Recommendation** | [ ]  **Accepted**  |
| [ ]  **Accepted with modification** | **Reasons** |
|  |
| **Evidence** |
|  |
| **Summary of modification** |
|  |
| [ ]  **Not accepted** | **Reasons** |
|  |
| **Evidence** |
|  |

\* This table should be repeated for each recommendation.

**2. NCAAA** **Decision**

|  |  |
| --- | --- |
| **NCAAA Decision:** | Choose Decision |
| **Rec. Modified number:** |  |
| **Comments:** |  |

# **C.** **Institution Approval**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |