Improvement Plan for Review Report Recommendations

(Instutional Accreditation)

Institution: *Institution Name.*
Review Visit Date: Click to enter a date **To**: Click to enter a date
Improvement Plan Date: Click to enter a date.
Contact Information: Name: *Click to enter text.* Title: *Click to enter text.* Email: *Click to enter text.* Mobile: *Click to enter text.*

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A. Improvement Plan for Review Report Recommendations

Recommendation (.....)

1. Improvement Plan:

N	Recommendation	Improvement Actions	Timelines		Person(s)/units Responsible
			From	To	

2. NCAAA Decision:

NCAAA Decision	Procedures	.....
	Timeline	.....
	Responsibility	.....
NCAAA Comments		

* These tables should be repeated for each recommendation.

B. Institution Approval

Name	
Position	
Signature	
Date	