|  |
| --- |
| **Institution**: … |
| **College:** … |
| **Program**: (Diploma/BA/MA/PhD) … |
| **Report Date:** Click to enter a date. |
| Review Visit Date: From Click to enter a date. To: Click to enter a date. |
| **Number of condition(s):** … |
| **Accreditation End Date:** Click to enter a date. | **Accreditation Start Date:** Click to enter a date. |
| **Contact Details:**Name: …Position: …Email: …Mobile: … |

|  |
| --- |
| **NCAAA Notation** |
| **Report Reviewed by** |  |
|  | Date | Number of the Meeting Minutes |
| **First time** | Click to enter a date |  |
| **Second time** | Click to enter a date. |  |
| **Final Decision:**  |
| **Recommendation** |

# **1st condition**

**A. Condition Statement** (as reported in the Review Panel Report):

|  |
| --- |
|  |

**B. Actions taken to fulfill the condition.**

Describe the **procedures and actions** taken to observe the condition. Report the most important **outcomes** that address the condition, citing data, results of performance indicators, and supporting evidence.

| No. | Procedures and Actions | Evidence |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| … |  |  |

**C. Achievements of observing the condition, supported with evidence:**

Report in concise statements the accomplishments that reflect the actions taken above.

* ………………………………………
* ………………………………………
* ………………………………………
* ………………………………………

**D. List of Evidence – Program should list all evidence cited in parts B and C above**

* ………………………………………
* ………………………………………
* ………………………………………
* ………………………………………

**NCAAA Notation**

|  |
| --- |
| **E. Evaluation of the action taken:** |
|  |
| **F. Recommendation** |
| [ ]  Condition Resolved[ ]  Condition not Resolved |

*Repeat all the above for other conditions*