





Resolution of Accreditation Conditions Report

— (Program Accreditation)

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

		NCAAA Notation
Rep	ort Reviewed by	
	Date	Number of the Meeting Minutes
First time	Click to enter a date	
Second time	Click to enter a date.	
Final Decision	on:	
Recommend	lation	





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	tation
	ion of the action taken:
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