

AABInternational

VISITING TEAM RECOMMENDATION TO THE ACCREDITATION COMMITTEE AND BOARD OF TRUSTEES

FORM 210

(To be completed for each program for which the institution seeks accreditation.)

(Institution)

(Program Title/AABI Option)

A. State recommendations for **Initial**
Accreditation actions:

_____ Accreditation for five (5) years,

_____ Denial of Accreditation

B. State recommendations for **Renewal**
Accreditation actions:

_____ Accreditation for five (5) years,

_____ Denial of Accreditation

Provide a brief rationale for recommended actions:

Signature of Team Chairperson

Date

Typed Name of Team Chairperson