

## Request for On-Site Examination Team

Upon completion of the Analytic Self-Evaluation Report (ASER) or the branch equivalent BASER, the institution must submit this request form along with the ASER/BASER and examination fee to the AHEA office. The submission of these materials and fees are prerequisites to scheduling the on-site examination visit, and the due dates are outlined in the notification cover letter.

You will be contacted directly by the Accreditation Representative assigned to your institution to establish the date(s) of the visit(s). Additionally, composition of the team and related logistics will be discussed between the Accreditation Representative and a designated representative of the institution. Normally, this scheduling will be completed within two to four weeks prior to the date of the visit. In addition, please note that AAHEA routinely invites representatives of state licensing agencies to observe on-site evaluations for institutions/organizations licensed in that state.

Please enclose with this request form two (2) copies of each main campus ASER and each branch campus BASER. The institution should refer to the Document ASER/BASERs series for guidance relative to the requirements for additional copies and distribution of ASER/BASERs. Additionally, a check for the examination fees must be enclosed with this form. Please refer to AAHEA Document 20-"Fee Schedule."

### Main Campus Information

Name of Institution: \_\_\_\_\_ AAHEA ID # \_\_\_\_\_

d/b/a: \_\_\_\_\_

Address: (not P.O. Box) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Classification of the Institution:

[Check appropriate box(es)] Vocational  Avocational  Title IV

Please list all additional sites currently accredited by AAHEA on 2 of this document.

Number of Branches? \_\_\_\_\_ Auxiliary Classrooms? \_\_\_\_\_ Classroom Extensions? \_\_\_\_\_

**Scheduling Considerations** (Attach a schedule of courses for the next six months. Include your **start dates**, schedule of day/evening classes, school breaks/holidays, etc., to facilitate team scheduling.):

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*Note: If more than one main campus is designated for your institution and is due for an on-site examination visit in the same accreditation cycle, reproduce this form and fill it out for the main campus and its affiliated branches, auxiliary classrooms, and classroom extensions.*

Signature/Chief Executive Officer of Institution \_\_\_\_\_ Date: \_\_\_\_\_

**Branch (Bch)/Auxiliary Classroom (Aux)/Classroom Extension (Ext)**

Name (d/b/a): \_\_\_\_\_ Bch/Aux/Ext? (circle one)

Address: (not P.O. Box) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Scheduling Considerations (see main campus note):

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**Branch (Bch)/Auxiliary Classroom (Aux)/Classroom Extension (Ext)**

Name (d/b/a): \_\_\_\_\_ Bch/Aux/Ext? (circle one)

Address: (not P.O. Box) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Scheduling Considerations (see main campus note):

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**Branch (Bch)/Auxiliary Classroom (Aux)/Classroom Extension (Ext)**

Name (d/b/a): \_\_\_\_\_ Bch/Aux/Ext? (circle one)

Address: (not P.O. Box) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Scheduling Considerations (see main campus note):

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*Note: In the case of an institution with more than three AAHEA approved branches, auxiliary classrooms, and/or classroom extensions affiliated with the main campus designated on this form, reproduce page 2 and complete and attach additional copies of this page as necessary.*