

# Submission of Documentation in Support of the Accreditation Site Visit

## Verification by the President/Superintendent of the Approved Entity

**Instructions:**

Complete form

Obtain verification signature

Send as e-mail with document/s to **assigned site visit consultant/s**

 E-mail subject line: SV Documents – Institution Name

 Include Preconditions and/or Common Standards response

You will receive a confirmation when documents are received.

Submission to include: [ ]  Preconditions [ ]  Common Standards [ ]  Both

|  |  |
| --- | --- |
| Date Submitted: | Enter Date Submitted here. |
| Program Sponsor: | Enter Program Sponsor’s name here. |
| Address: | Enter Address here. |
| Contact Person: | Enter Contract Person’s name here. |
| Title: | Enter Title here. |
| Phone: | Enter Phone number here. |
| E-mail: | Enter E-mail address here. |
| Dean/Director: | Enter Dean/Director’s name here. |
| Associate Dean: | Enter Associate Dean’s name here. |

**I Hereby Signify My Approval to Transmit this Documentation to the Commission on Teacher Credentialing:**

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President/Dean/Provost, Superintendent/Deputy Superintendent Signature Date

Enter name of Signatory here.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Signatory

Enter Position here.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position

Updated 08/13/2015