

**COUNCIL ON AVIATION ACCREDITATION
VISITING TEAM
COMMITTEE MEMBER APPLICATION**

Name _____ Position/Title _____

Institution or Organization _____

College or School _____

Department _____ Telephone (Office) _____

Telephone (Home or Cell)¹ _____ **FAX** _____ **E-Mail** _____

Address _____ **Home Address¹** _____

City, State Zip _____ City, State Zip _____

College degrees received and major:

Earned Degree	Major	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specialized aviation credentials (list certificates and ratings):*

Academic Subject Areas of Specialization:*

Experience in academic standards/accreditation:*

Civil/Military Aviation Experience:*

Are you a CAA member? () Yes () No

Is your service to CAA as a visiting team member supported by your institution/organization?

() Yes () No

Signature _____ Date _____

*** Attach Vita**

RETURN TO: Council on Aviation Accreditation
3410 Skyway Drive
Auburn, Alabama 36830
Phone: (334) 844-2431
FAX: (334) 844-2432

¹ Please include home telephone or cell number and street address—all team materials are shipped to the home address via UPS or FEDEX.