

COUNCIL ON AVIATION ACCREDITATION

VISITING TEAM RECOMMENDATION TO THE ACCREDITATION COMMITTEE AND BOARD OF TRUSTEES

FORM 110

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

(Institution)

(Program Title/CAA Option)

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

_____ Accreditation for five (5) years,
with interim report due
_____ At end of first year **or**

_____ Denial of Accreditation

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

_____ Accreditation for five (5) years,
with interim report due
_____ At end of first year **or**

_____ Denial of Accreditation

Provide a brief rationale for recommended actions:

Signature of Team Chairperson

Date

Typed Name of Team Chairperson