

# COUNCIL ON AVIATION ACCREDITATION

## ACCREDITATION COMMITTEE BALLOT for INITIAL or RENEWAL ACCREDITATION

### FORM 116

Return this ballot to the Chair of the Accreditation Committee

**Due Date:**

Institution: \_\_\_\_\_

Program Title/CAA Option: \_\_\_\_\_

I recommend:

\_\_\_\_\_ **Initial** accreditation for five (5)  
years, with interim report(s) due  
(check all that apply):

\_\_\_\_\_ At end of first year

\_\_\_\_\_ Denial of Accreditation\*

\_\_\_\_\_ **Renewal** accreditation for five (5)  
years, with interim report(s) due  
(check all that apply):

\_\_\_\_\_ At end of first year

\_\_\_\_\_ Denial of Accreditation\*

Comments: \_\_\_\_\_

*(Use additional  
sheets if necessary)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If your recommendation is for Denial of Accreditation, please specifically state your reasons and what, if any, action(s) by the institution would change your vote to the affirmative at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please type or print your name)* \_\_\_\_\_