

**COUNCIL ON AVIATION ACCREDITATION
INCORPORATED
ACCREDITATION PLANNING SURVEY
FORM 118**

Institution _____

Regional Accreditation by _____

Date of Next Reaffirmation _____

AVIATION PROGRAM INFORMATION

Aviation Program Title(s) _____

Program Chair _____

Office Telephone _____ Fax _____

CAA ACCREDITATION STATUS

Candidate for Accreditation Intend to Apply for Accreditation

Date for completion of Self-Study _____ Date of application _____

Name of program(s) to be reviewed in relation to the 5 options identified in the CAA Standards Manual (Section 4.23):

Aviation Management _____ Aviation Maintenance _____

Aviation Electronics _____ Aviation Studies _____

Flight Education _____

Is any portion of aviation conducted under contract or through articulation with an outside agency? If so, describe and give the name(s) of the agencies:

Other information/remarks: _____

Form completed by _____ Date _____

Mail to: **Council on Aviation Accreditation, 3410 Skyway Drive, Auburn, AL 36830**