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| --- |
| **Institution**: *Enter Institution Name.* |
| **Accreditation Date**: From: Click to enter a date. To: Click to enter a date. |
| **Report Date**: Click to enter a date. |
| **Contact Information**:  Name: *Click or tap here to enter text.*  Title:  *Click or tap here to enter text.*  Email:  *Click or tap here to enter text.*  Mobile:  *Click or tap here to enter text.* |

**A.** **Substantive Changes of Accredited Institution**

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| **Change Area** (The standard(s) may be affected by the change): |
|  |
| **Change Date:** |
|  |
| **Change Description\*\*:** |
|  |
| **Change Impact:** |
|  |

\***The substantive changes**: Is the changes may affect the accreditation status of the institution and its programs, which may require a modification of the license granted by the Ministry of Education (include relocation to new premises, use of additional premises, and any change related to its ownership). The form must be submitted prior to applying any substance changes NOT after.

\*\* Describe the major changes in the institution with no more than 250 words explaining the current situation (before the change) and the expected situation (after the change). This should be supported by data and statistics - if any - including accredited programs that may be affected by this change with supporting evidence.

**B. NCAAA Notations and Recommendations**

**Notations:**

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**Recommendations:**

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**The date of the response (NCAAA):** Click to enter a date