



Request for Review

Please complete the information below to initiate the Special Review process. The Request for Review must be electronically submitted within 30 calendar days of your receipt of notification of the decision you are appealing.

Applicant Information		
Applicant Contact:	First:	Last:
Contact is legally authorized representative of organization ? Yes__ ? No__		
Name of Applicant Organization:		
What is the decision for which you are seeking review?		
Date of Accreditation Decision notice:		
Address 1:		Provisional Accreditation Awarded: (check one) ? Yes ? No If yes, date of award:
Address 2:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Signature of Applicant Contact and Position Held		Date

Identify the specific ground(s) for this grievance (check all that apply):

The accreditation applicant believes that the review team neglected to consider or misinterpreted relevant materials or information available as part of the accreditation application, self study, or site visit process leading to an unfavorable decision.

If you have checked the box above, please use the space below to describe the information that you believe was neglected or misinterpreted. Attach any additional information or materials that support your views.

*Use additional sheets as needed