**NORTHERN ILLINOIS UNIVERSITY**

**Office of the Provost**

Submission Form for Accreditation Documents

A completed and signed copy of this form should accompany all accreditation documents submitted to the Office of the Provost, Attention: Ritu Subramony. The document should be the **final**, edited version that 1) has been approved by the Office of the Dean and 2) that the program plans to submit to its accreditation agency. **Please allow 15 working days for review in the Office of the Provost.**

* Document submitted:

 Self-Study

 Annual Update

 Interim Report

Other (Please Specify)

* Accrediting Agency:
* Date Submitted to the Office of the Provost:
* Date Due to Accrediting Agency:

**This document was prepared by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Staff Name Faculty/Staff Signature Date

**Department Approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Chair Name Chair Signature Date

**College Approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean or Designee Name Dean or Designee Signature Date

**This document was reviewed by the Office of Provost and returned to the dean or designee by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office of Provost Designee Name Signature Date

U\Planning\Accreditation\AccreditationSubmissionForm\_18