**Capital Project Request Accreditation Justification Form**

**Please include this form with all capital project requests to either Facilities or OIIT (if software related) that include accreditation for justification. Capital requests that do not include this form and supporting documentation will be returned unprocessed.**

|  |  |
| --- | --- |
| Date:  College: |  |
|  |
| Program: |  |
| Type of Capital Project Requested: |  |
| Description: |  |

This capital request is required to meet an academic or program accreditation standard as set forth below:

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | In a maximum of two to three sentences, please provide the justification for the above request. |  |
|  | Can existing facilities, equipment, or software be used?  If not, why? |  |
|  | Does the accreditation standard require this capital request? (Yes/No) |  |
|  | If yes, to any of the questions above please place the relevant standard here. |  |

|  |  |  |
| --- | --- | --- |
|  | Has the program received a citation/deficiency/probation by a professional accrediting body? (Yes/No)  If yes to the citation, please indicate the date of correspondence. |  |
|  |
|  | If yes to the citation, have you provided a response detailing remediation? (Yes/No)  Please provide the summary of response and attach the correspondence in the Appendix below.  Was the response reviewed by the Office of Academic Affairs? (Yes/No) |  |
|  |
|  |

Academic Affairs has reviewed and supports the proposed project moving to the next phase of evaluation by Facilities (or OIIT if applicable):

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX I**

**Correspondence Detailing Remediation**