



# Resolution of Accreditation Conditions Report — (Instutional Accreditation )

**Institution:** .....

**Report Date:** Click to enter a date.

**Review Visit Date** :From: Click to enter a date. To: Click to enter a date.

**Accreditation Start Date:** Click to enter a date.

## Contact information.

Name: .....

Position: .....

Email: .....

Mobile: .....



## 1<sup>st</sup> Condition:

### A. Condition:

### B. Related Recommendations

### C. Actions taken to fulfill the condition.

A description of the procedures and practices taken to observe the condition and the related recommendations, And the most important outputs that achieve the condition with a citation of data, results of performance indicators and supporting evidence.





## 2<sup>nd</sup> Condition

### A. Condition:

### B. Related Recommendations

### C. Actions taken to fulfill the condition.

A description of the procedures and practices taken to observe the condition and the related recommendations, And the most important outputs that achieve the condition with a citation of data, results of performance indicators and supporting evidence.





### 3<sup>rd</sup> Condition

#### A. Condition:

#### B. Related Recommendations

#### C. Actions taken to fulfill the condition.

A description of the procedures and practices taken to observe the condition and the related recommendations, And the most important outputs that achieve the condition with a citation of data, results of performance indicators and supporting evidence.

