# Request for Accreditation: Instructions

1. The information requested in this Request for Accreditation form is required for organizing the accreditation activities.
2. The signature of the Dean (or equivalent) on the Institutional information portion of this form authorizes the Canadian Engineering Accreditation Board (the Accreditation Board) to mount an accreditation visit.
3. Special arrangements may be made when there will be no final year students on campus during October or November. Please inform us if this will be required.
4. Please individually list each program for which you are currently seeking accreditation on the Program information portion of this form.
5. List the name of the program as it appears in your calendar, indicating any changes from the name published in the Accreditation Board’s latest *Accreditation Criteria and Procedures* report. (For purposes of accreditation, a program is characterized by a curriculum that is regarded as an entity by the institution and that can be considered independently. All options and electives within the program will be examined.)
6. Please provide the program degree designation as it appears on the diploma and on the transcript. Please ensure that each option in each engineering program for which you are currently seeking accreditation is listed.
7. Please identify the major department(s) of instruction for the program.
8. For currently unaccredited programs, please indicate the year when the first students will graduate.

# **Request for accreditation: Institutional information**

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| **Institution name:** |  |
| Dean of Engineering (or equivalent): | Name, Title |
| Address: |  |

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| Phone: |  | Ext:( ) | Fax: |  |
| E-mail: |  | | | |

All correspondence will be addressed to the Dean **unless** a designated official is named, in which case correspondence will be addressed to that person. In all cases, the visiting team report and official notification of the Accreditation Board accreditation decisions will remain addressed to the Dean.

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| Designated official: | Name, Title |
| Address: (if different than above) |  |

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| Phone: |  | Ext:( ) | Fax: |  |
| E-mail: |  | | | |

Are there any programs for which you are seeking accreditation that will have NO final year students on campus in October or November 2023? If yes, please list them.

If integral portions of any programs seeking accreditation are offered at locations other than the main campus, please indicate the program(s) and location(s) below.

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| Signature of Dean (or equivalent) |  | Date: |

# Request for accreditation: Program information

Please provide the information below for each program and program option for which you are seeking accreditation. **Please add more program information blocks as needed.**

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| **Program name in calendar:** |  |
| Designation on diploma: (list the names of all options) |  |
| Designation on transcript: |  |
| Major department(s) of instruction: |  |
| If program is currently not accredited, please provide year of first graduates: ( ) | |

**If** program is currently not accredited, provide the months in which the culminating design experience (capstone) takes place: ( )

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| **Program name in calendar:** |  |
| Designation on diploma: (list the names of all options) |  |
| Designation on transcript: |  |
| Major department(s) of instruction: |  |
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