Request To Rescind Previously Approved SACSCOC Board			TODAY'S DATE
Action			
NSTITUTION NAME			MAIN CAMPUS CITY + STATE (OR NON-U.S. COUNTRY)
structions for institution:			
	proval by the SACSCOC Board of Tru	stees or the SACSCOC Executive Co	ouncil,
acting on the Board's behal			
	are appropriate only for: 1) "Institutidation, level change, governance ch	_	
	ge (i.e., rescind an authorized visit a		
	to rescind program or site approva	, -	•
	nal or supporting documentation is		
	til after consulting with your SACSC n to SACSCOC; do not submit a print		
6. To submit this form, email i		. Of Scall of this form.	
bwheelan@sacscoc.org			
	.l_Erom ann	roval letter ↓	
CASE ID IF APPROVED	APPROVAL DATE	IMPLEMENTATION	DESCRIPTION OF APPROVED
FEBRUARY 2019 OR LATER	(LETTER DATE)	DATE	ACTION
	A Frame and	and latter A	
11. DESCRIBE THE SACSCOC ROA	ARD ACTION THAT THE INSTITUTION	roval letter 1	
(1500 CHARACTER LIMIT)			
	HANGED THAT PROMPT THE REQUE	ST?	
1500 CHARACTER LIMIT)			
33: ADDRESS THE INSTITUTION'S THIS REQUEST. (1500 CHARACTE)	S ONGOING COMPLIANCE WITH THE	E PRINCIPLES OF ACCREDITATION I	ASTI RELATES TO
HIS REQUEST. (1500 CHARACTE	R LIMIT)		
	lungon nang		
PROPOSED	LIAISON NAME		SACSCOC OFFICE USE ONLY
EFFECTIVE DATE	LIAISON EMAIL ADDRESS		