***Southern Association of Colleges and Schools***

***Commission on Colleges***

**INFORMATION OUTLINE FOR A COMMITTEE VISIT**

The institution, committee chair, and Commission staff are responsible for completing the information below and ensuring that the final document is sent to committee members in ample time prior to the visit.

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| 1. ***Name of Institution*** | |
| Address | |
| 2. ***Chief Executive Officer*** | |
| Office Phone | E-Mail |
| 3. ***Contact Person*** | Title |
| Office Phone | Cell Phone |
| E-Mail | |
| 4. ***Type of Committee Visit*** | Dates of Visit |
| 5. ***Committee Chair*** | Title |
| Institution/Address | |
| Office Phone | Cell Phone |
| E-Mail | |
| 6. ***Commission Staff Member*** | |
| Office Phone (404) 679-4501 x | Cell Phone |
| E-Mail | |

**TRANSPORTATION**

|  |
| --- |
| 1. ***Airport*** nearest or most convenient to the institution (include airport code) |
| 2. Institutional transportation arrangements to/from airport |
| Time from airport to housing accommodations |

**INSTITUTIONAL CONTACTS**

**A. *Travel schedules and requests for local transportation***

|  |  |
| --- | --- |
| Name | Title |
| Office Phone | Cell Phone |
| E-Mail | |

**(NOTE*: Committee members make own travel reservations, pay their own travel, and are reimbursed for expenses.)***

**B. *Requests for additional materials***

|  |  |
| --- | --- |
| Name | Title |
| Office Phone | Cell Phone |
| E-Mail | |

**(over)**

**HOUSING ACCOMMODATIONS**

|  |  |
| --- | --- |
| 1. ***Name of Hotel*** | |
| Address/Location | |
| Distance from Institution | Phone Number |
| 2. ***Hotel accommodations expenses***: () will be paid by institution () are to be paid by the committee member  *(When paid by the committee member, room and tax are reimbursable.)* | |
| 3. ***Hotel amenities*** (checked where available):   |  | | --- | | iron | | ironing board | | high speed internet access | | wireless internet access | | coffee machine | | hair dryer | | fitness center | | |
| 4. ***Special Instructions***  *(Institution will contact you regarding computer software and hardware needs.)* | |

**MEAL AND ALCOHOLIC BEVERAGE GUIDELINES**

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| Institutions are responsible for the cost of meals for committee members. Which of the following options will be used to cover the cost of group meals?  The institution arranges with the restaurant(s) to bill the cost of the meal(s) directly to the institution or institution personnel.  SACSCOC staff will pay for group meals and the direct cost will be added to the SACSCOC master bill for the visit.  SACSCOC practice is for members of visiting committees to adhere to the institution’s wishes with regard to reimbursement for alcoholic beverages consumed with committee meals. Please designate which of the following arrangements will be in place.  The institution will pay for alcoholic beverages on the same bill as the meal.  The institution will pay for alcoholic beverages but they must be billed separately from the meal.  The institution will not pay for alcoholic beverages; committee members should bear the cost – individually – of any alcoholic beverages they consume.  Institutional Representative Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GIFTS GUIDELINES**

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| --- |
| Institutions or their representatives are not required to provide gifts to visiting committee members. If gifts are provided, they may be related to institutional advertisement (e.g., mugs, paper weights, t-shirts, or the like), institutional programs (e.g., gifts produced by faculty or students), or the community where the institution is located (e.g., local mementos). Gifts should not have a monetary value that exceeds $50 per person. This guideline does not apply to snacks and beverages provided to committee members and SACSCOC staff members. |

**COMMITTEE MEETING SCHEDULE AND ARRANGEMENTS**

|  |  |  |
| --- | --- | --- |
| 1. ***Organizational Meeting of the Committee***: Time | | Date |
| Location of Organizational Meeting | | |
| 2. ***Exit Conference***: Time | Date | |
| Location of Exit Conference | | |
| 3. ***Special instructions***: | | |