



THIRD PARTY COMMENT FORM

*Name of Third Party: _____

*Email and Phone Number: _____
(for follow-up questions)

*Date: _____

*Name of College: _____

Your Relationship to the Institution:

- Currently Enrolled Student
- Former Student
- Faculty Member
- Staff
- Alumnus
- Interested Party (state relationship: _____)

Please provide any comment about the institution's quality or effectiveness:

What is the basis of your comment?

Thank you for your interest in quality higher education and the accreditation process.

Submit as an attachment to accjc@accjc.org, or mail to:
Accrediting Commission for Community and Junior Colleges
10 Commercial Blvd., Suite 204, Novato, CA 94949

(*Denotes a required field)