

**Accrediting Commission for Community and Junior Colleges
Western Association of Schools and Colleges**

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

Faculty Member

Staff

Alumnus

Employer

Interested Party (state relationship: _____)

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

What is the basis of your comment?

(* Denotes a required field)

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 Ste 204, Novato, CA 94949**