

ACCREDITING COMMISSION FOR COMMUNITY AND JUNIOR COLLEGES
Western Association of Schools and Colleges

Bio Data Form for Evaluators

(Please type or print)

(Mr.) (Ms.) (Dr.) Name _____ Gender **M** **F**

Title _____ Institution _____

Address _____

Current Position:

Administration _____ Instructional Faculty _____ Student Support Services _____ Library/Learning Resources _____ Trustee _____

Describe your role: _____

Business Telephone: _____ Business Fax: _____

Business Email: _____

Home Address (Optional): _____

Home Telephone: _____ Home Fax: _____

Home Email: _____

Professional Education:

Earned Degree	Year	Institution	City and State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Experience:

Administrative Experience (____ Yrs.) Describe: _____

Teaching Experience (____ Yrs.) Major Discipline/Field: _____ Related Discipline/Field: _____

Student Support Services Experience (____ Yrs.) Describe: _____

Library/Learning Resources Experience (____ Yrs.) Describe: _____

Trustee Experience (____ Yrs.) Describe: _____

Other Professional Experience (____ Yrs.) Describe: _____
(Grants, Research, etc.)

CEO Recommendation _____

Signature _____

Special Qualifications/Experience (check all that apply and describe):

Fiscal Management_____	Facilities Management_____	Human Resources_____	Faculty Staff Development_____
Student Learning Outcomes (Design and Assessment)_____	Program Review_____	Instructional Methodologies_____	
Educational Technology_____	Distance Education (Design and Assessment)_____	Correspondence Education _____	
Institutional Planning/Evaluation_____	Career/Technical Education _____	General Education _____	
Baccalaureate_____	Adult /Pre-Collegiate Education _____	Non-Credit_____	Other _____
Describe_____			

Other Qualifications/Experience:

Note: All evaluators are expected to have general computer and word processing skills required for team work.

Accreditation Experience:

Professional Awards/Affiliations:

Ethnicity (optional) _____

Signature_____ **Date**_____

You may attach a resumé if available.

Please return this form to:
Accrediting Commission for Community and Junior Colleges
10 Commercial Blvd., Suite 204, Novato, CA 94949
Tel: 415-506-0234 Fax: 415-506-0238