

Request for Saturday Visit

For NACCAS Use Only: Institution Ref: _____ Fee Paid: _____

You must submit one copy of this Request Form together with the applicable supplemental Saturday Visit fee. Please note that all sections of this Request Form must be completed and the correct supplemental fee enclosed, or NACCAS will return the Request to you. Documents must be submitted to NACCAS in accordance with Section 1.6 of the Rules.

Institution Name: _____

Institution Ref: _____

The undersigned Institution hereby requests that NACCAS schedule a **Voluntary Saturday Visit** for the following on-site Institution visit:

- Pick one: ___ Candidate Consultation Visit
- ___ On-Site Evaluation Visit (Initial Accreditation Only)

The undersigned Institution expressly acknowledges that election of a Saturday Visit is entirely voluntary, and further acknowledges and agrees that the Institution will be charged a supplemental fee (in addition to NACCAS’s regular visit fee) for such Saturday Visit, in the amount set forth on NACCAS’ *Schedule of Fees*, found on the NACCAS website under Appendices and Procedures.

Enclosed herewith is a check in the amount of \$_____.00, representing payment in full of the supplemental fee required for the Saturday Visit requested.

NACCAS will inform the Institution if its request for a Saturday Visit has been accepted and when the applicable visit could be scheduled. The undersigned Institution acknowledges and agrees that NACCAS is under no obligation to honor the Institution’s request for a Saturday Visit.

By: _____

Print Name: _____

Title: _____

Date: _____