**Pre-Approval Site Visit Report Form\***

***\*For use when a site visit is required to approve a partner school facility and/or equipment***

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| **FACULTY LIAISON INFORMATION** |
| Name of Faculty Liaison:Date of Session: Arrival Time: Departure Time: |
| **HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION** |
| Name of Instructor or School Representative: Name of High School or Career/Technical Center: ***Seeking approval to offer:***VU Course Number: VU Course Name:VU Course Number: VU Course Name:VU Course Number: VU Course Name:VU Course Number: VU Course Name: |
| **DESCRIPTION/COMMENTS** |
| Brief description of your visit:The facility/equipment meets the requirements as set forth by the VU department: YesNo, the following criteria must be met for approval: |

***\*A typed name below serves as an electronic signature when this report is sent from a VU email address.***

**\*Faculty Liaison Signature: Date:**

***Note: A copy of this form must also be sent to the division dean.***