



# Pre-Approval Site Visit Report Form\*

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

## 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:

Yes

No, 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.