FLORIDA BOARD OF PROFESSIONAL ENGINEERS
REQUEST FOR EVALUATION

2400 Mahan Drive • Tallahassee, Florida 32308

Instructions

1. Submit this form to FBPE by January 31 for evaluations scheduled during the following fall term. A separate form is required for each Commission.
2. Use the institution's official name as it should appear in public accreditation listings.
3. List the exact program name as shown on transcripts and in the institution's catalog.
4. Evaluation Type Codes: GR = General Review, IV = Interim Visit, IR = Interim Report, SC = Show Cause, TR = Termination Request. New programs should use NEW.
5. Enter the degree abbreviation awarded upon completion of the program (e.g., BS, MS, BA, BSEE).
6. If the program is offered at a branch or off-campus location, provide site details and a separate contact form if needed.
7. Estimate the maximum percentage of coursework that may be completed fully online.
8. Institutions may decline any observer if a conflict of interest is identified.
9. The form must be signed by the institution's Chief Administrative Officer, typically the President.
10. Provide one official website URL to appear on the FBPE-accredited programs listing.

Part 1 – Program Information

Institution: _____

Program to Be Evaluated	Evaluation Type	Degree	Multiple Campuses	Web-Based

Observers may accompany the evaluation team at no expense to the institution.

Chief Administrative Officer Signature: _____ Date: _____

Visitor: _____ Date: _____

Part 2 – Contact Information

Institution: _____

Address: _____

City: _____

State: _____

Zip Code: _____

General Phone Number: _____

Website URL: _____

General correspondence will be addressed to the Dean (or equivalent) and copied to the FBPE Liaison, if assigned. Official accreditation notifications will also be sent to the Chief Administrative Officer.

Chief Administrative Officer

Name: _____

Title: _____

Phone: _____

Email: _____

Fax: _____

Address (if different from above): _____

Dean (or Equivalent)

Name: _____

Title: _____

Phone: _____

Email: _____

Fax: _____

Address (if different from above): _____

FBPE Liaison (if assigned)

Name: _____

Title: _____

Phone: _____

Email: _____

Fax: _____

Address (if different from above): _____