Message Confirmation Report

JUL-31-2012 09:45 AM TUE

Fax Number

Name

Name/Number : 913122637462

Start Time

JUL-30-2012 01:33PM MON

Elapsed Time : 00'22"

Mode

: STD ECM

Results

: [O.K]



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PATHWAYS DECLARATION FORM

This document constitutes the institution's official Pathway selection for reaffirmation of accreditation. The form is due by October 1, 2012, for institutions with comprehensive evaluations (or reaffirmations for AQIP institutions) in 2015-16 and 2016-17. All others should return the form by December 1, 2012.

We have reviewed the materials p for reaffirmation of accreditation:	rovided by the Commission at	nd have selected the following as our Pathway
X Open Pathwny	AQIP Pathway	Standard Pathway
Cly Ina	fm.	7/30/12
Signature of Institution's Presiden	t or Chancellor	Date
Clifton M. Smart, III Interim Pe	resident	
Printed/Typed Name and Title		
Missouri State University		
Name of Institution		ATT TO THE PROPERTY OF THE PRO
Springfield, MO		
City and State		

FAX THE COMPLETED FORM TO 312-263-7462 OR SAVE IT AS A PDF AND SEND IT BY EMAIL TO: pathways@hlcommission.org