## [COLLEGE NAME] – [PROGRAM NAME] UCLA TAP SITE REVIEW VISIT DAY, MONTH DD, 20YY

## SAMPLE SCHEDULE (9:00 A.M. START TIME)

## Location(s): Building & Room #

| 9:00 – 9:30 a.m.        | Pre-Meeting (Review Team only)  |  |  |  |
|-------------------------|---|--|--|--|
| 9:30 – 10:00 a.m.       | Meeting with Program Director   |  |  |  |
| 10:00 – 10:30 a.m.      | Meeting with Administrative Liaison   |  |  |  |
| 10:30 – 11:00 a.m.      | Meeting with Vice President   |  |  |  |
| 11:00 – 11:30 a.m.      | Meeting with Program Faculty  |  |  |  |
| 11:30 a.m. – 12:00 p.m. | Meeting with Program Advisory Committee members   |  |  |  |
| 12:00 – 1:30 p.m.       | Lunch and Meeting with Program Students   |  |  |  |
| 1:30 – 2:00 p.m.        | Meeting with Program Counselor(s)   |  |  |  |
| 2:00 – 2:30 p.m.        | Meeting with representatives from programs that serve<br>underrepresented students – such as Transfer Center, EOPS, Puente,<br>etc. |  |  |  |
| 2:30 – 3:00 p.m.        | Campus Tour   |  |  |  |
| 3:00 – 3:30 p.m.        | Meeting with College President  |  |  |  |
| 3:30 – 4:00 p.m.        | Post-meeting (Review Team only)   |  |  |  |

Note: Meetings in blue cannot be scheduled at any other time.

| Parking: | Location (pe | rmits provided a | ind a campus map | is included). |
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**Taxi drop-off:** If necessary

Contact: Name, Title Cell – (nnn) nnn-nnnn Office – (nnn) nnn-nnnn E-mail –

