

Academic Program Review

Department and College Response Form

Academic Program:		
Department:		
College/School:		
Undergraduate: Degree	Certifica	ate
Graduate: Certificate	Master's	Doctoral
Date of External Review:		
External Review Team C	omposition	(First and Last Name, Credentials, University/College Affiliation):

A. Academic Program Description and Mission Alignment

Recommendations from External Review Team:

B. Program Curriculum and Assessment

Recommendations from External Review Team:

Program Response and Action Plan:

C. Student Recruitment, Enrollment and Graduation

Recommendations from External Review Team:

D. Student Support and Training

Recommendations from External Review Team:

Program Response and Action Plan:

E. Faculty Profile and Productivity

Recommendations from External Review Team:

F. General Program Information

Recommendations from External Review Team:

Program Response and Action Plan:

G. Overall Findings and Assessment

Recommendations from External Review Team:

Department Chair Signature:

Date:

Upload pdf of External Reviewer Feedback and Rubric Form:

attached files can be seen and managed in Acrobat Pro by clicking on View > Show/Hide > Navigations Panes > Attachments

College/School Dean Response:

College/School Dean Signature:

Date:

Dean of Graduate Studies Response (Graduate Programs only):

Dean of Graduate Studies Signature: (Graduate Programs only)

Date:

Date:

Provost Response:

Provost Signature: