

ACADEMIC PROGRAM REVIEW

Name of Program: _____

Program Type (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> undergraduate certificate | <input type="checkbox"/> bachelor's degree |
| <input type="checkbox"/> graduate certificate | <input type="checkbox"/> master's degree |
| <input type="checkbox"/> associate degree | <input type="checkbox"/> doctoral degree |

Date last review was accepted by Board of Trustees: _____
(date)

Report prepared by: _____

External Reviewer: _____

Draft completed and sent to chair and dean: *

Review Committee Chair: _____
(signature) (date)

Seen by and returned:

Program chair: _____
(signature) (date)

Dean of college: _____
(signature) (date)

Return draft and all comments to Review Committee by: _____
University Curriculum Council (date)
Pilcher House 202

Approved by UCC chair: _____
(signature) (date)

* the word "DRAFT" must appear on each page of the review until it has been formally approved by the University Curriculum Council.