ACADEMIC PROGRAM REVIEW

Name of Program: ______________________________________________________

Program Type (check all that apply):

__  undergraduate certificate   __  bachelor’s degree
__  graduate certificate   __  master’s degree
__  associate degree   __  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

University Curriculum Council
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.