

PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION
Academic Program Review Summary Form
Board Of Governors Policy 1986-04-A

University: _____ **Degree(s) Offered:** _____

Division: _____ **Date of Last Review:** _____

Completion Date of Current Review: _____



I. Composition of Review Team

Chair: _____

External Review Team Members: _____

Campus Review Team Members: _____

II. Program Data - Insert other relevant program data related to the program review in the blank rows.

	Insert Appropriate Academic Years Below				
	Current Year est.	Year	Year	Year	Year
Student Enrollment – Annualized FTES					
Program Budget/Cost* (personnel, operating, equipment)					
Program Cost/FTES*					
Faculty FTE					
Majors Enrolled – Fall Headcount					
Program Graduates					

* Either reflect the portion of the department’s budget (personnel, operating, and equipment) associated with this program, or reflect the Common Cost Accounting instructional costs associated with this program.

III. Progress Since Last Review (This should be a status report of the actions taken from the last review, if applicable.)

Action Item	Steps Taken/Progress Reported	Date

IV. Outcomes Assessment (Board Policy 1997-01)

Program Outcomes:

Ex: Faculty and student achievements (grants, publications, awards).

Ex: Test scores, retention data, graduate school acceptance, employment rates, employer assessments.

Student Learning Outcomes:

a. Describe how knowledge and skill outcomes are assessed.

b. Describe results of assessment cycles and resulting curriculum changes.

V. Program Strengths

VI. Areas in Need of Improvement

VII. Action Plan

Goals	Action Plan	Steps To Be Taken	Date

VIII. Comments

IX. Actions Planned by the University (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Continue Program | <input type="checkbox"/> Continue Program and Revise as Indicated |
| <input type="checkbox"/> Place in Moratorium | <input type="checkbox"/> Interim Review |
| <input type="checkbox"/> Discontinue Program | <input type="checkbox"/> Reorganization |
| <input type="checkbox"/> Pursue Accreditation | <input type="checkbox"/> Other (Please explain below) |

X. Signatures

Program Director (if applicable)

Date

College Dean

Date

Provost

Date