



ACADEMIC PROGRAM REVIEW RECOMMENDATIONS REPORT_18

Evaluation of Program/Discipline:

Date:

Recommendations	Rationale and (Responsible Party)	S*	Budget Cost	Indicate Institutional Goal Alignment	Dean's Comments	VP Provost's Comments	CARC's Comments	SVP's Comments
1.								
2.								
3.								
4.								
5.								
6.								

*Indicate source of recommendation: (F) Faculty, (S) Staff, (D) Dean, (P) VP Provost, (C) CAR Committee, and (E) Executive Team.

** Provide a brief explanation/justification for the recommendation. Recommendation can align with one or more of the College's five themes. List names of faculty members on review team below. Please identify all faculty and staff who participated in the workgroup. Report should be signed and e-signature is acceptable.

Name (Printed)

Signature

Date

Campus

- A.
- B.
- C.
- D.

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> G | <input type="checkbox"/> R | <input type="checkbox"/> T |
| <input type="checkbox"/> G | <input type="checkbox"/> R | <input type="checkbox"/> T |
| <input type="checkbox"/> G | <input type="checkbox"/> R | <input type="checkbox"/> T |
| <input type="checkbox"/> G | <input type="checkbox"/> R | <input type="checkbox"/> T |

Faculty Workgroup Leader's Signature:

Dean's Signature:

VP Provost's Signature:

SVP's Signature:
