Academic Program Review
Program Action Recommendation

Unit

Academic Program Name:

CIP Code:

School or College:

Department:

Last Review Year:

Current Review Year:

Recommendation

Check one of the following two options and a subsequent rationale to recommend categorical action(s) the institution should take concerning this academic program.

☐ Program MEETS Institution's Criteria

    ☐ Program is critical to the institutional mission and will be retained.

    ☐ Program is critical to the institutional mission and is growing or a high demand field and thus will be enhanced, as described in the self-study report.

☐ Program DOES NOT MEET Institution's Criteria

    ☐ Program will be retained, as described in the self-study report.

    ☐ Program will undergo substantive curricular revisions.

    ☐ Program will be deactivated.

    ☐ Program will be voluntarily terminated.

    ☐ Other (identify/add text):