Program Review Planning Form

Program Review Cycle: -- Review Cycle -- **Review Period**: -- Review Period --

Program/Department Name: -- Program/Department Name --

Division Name: -- Division Name --

Department/Program Manager: _____

Division Dean: _____

Final Decision:

☐ Approved ☐ Approved with revisions ☐ Not Approved

Recommendations/Explanation if not approved:

_____

_____

_____

Program Review Committee:

Signature: _____ Date: _____

Name: _____ Title/Role: _____

Signature: _____ Date: _____

Name: _____ Title/Role: _____

Signature: _____ Date: _____

Name: _____ Title/Role: _____

Vice-President/President Approval:

Signature: _____ Date: _____