Program Review Planning Form

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

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

Division Name: -- Division Name --

This form serves as formal acknowledgment that the above-named area is undergoing a Program Review in accordance with institutional policies and timelines. Program Review is a collaborative process aimed at continuous improvement, accountability, and strategic development.

Program Review Writing Committee Members

The Writing Committee is responsible for working collaboratively to compile and analyze data, and prepare the self-study report. The committee is composed of the following:

- Manager of the department or program under review (Chair)
- Full-time staff in the department or program
- Part-time staff in the department or program
- Dean of the division in which the department or program is housed

Program Review Writing Committee Members:
Please list the names and titles of all individuals actively participating in the Program Review Writing Committee.

Name	Title/Role	Email Address

Key Deadlines:
July 2nd - Program Review Planning Form
July 31st - Program Review Committee Form
October 31st - Program Review Self-Study Draft
December 1st - Reviewer Feedback
January 10th - Program Review Self-Study Finalized
January 31st - Approval

Acknowledgement
By signing below, I acknowledge the following:

- I am aware that the program/department/division is currently undergoing Program Review.
- I understand the expectations and responsibilities of the program/department/division throughout the review process, including submission of the self-study and timely communication with the program review committee and IERPG.
- I have received and reviewed the guidelines, timelines, and required documentation for the Program Review process as provided by Office of Institutional Effectiveness, Research, Planning, and Grants.
- I agree to work collaboratively with faculty, staff, and administrators to ensure a thorough and reflective review process.

Program/Department Director/Manager:

Signature: ______________________________ Date: ____________

Division Dean/Area P/VP:

Signature: ______________________________ Date: ____________