

Program Review Approval Form

Program Review Cycle: _____ **Review Period:** _____

Program/Department 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: _____

