

**Academic Program Review Form**

**Part II: Academic Program**

**Department/School**

**Academic Program**

**Program Level**

Undergraduate

Master’s

Doctoral

**Lead External Reviewer**

*Please include name, affiliation, and contact information*

**External Reviewer**

*Please include name, affiliation, and contact information*

**Internal Reviewer**

*Please include name, affiliation, and contact information*

***Instructions:***

*Please indicate your assessment of each item below, considering when appropriate your knowledge of other public research institutions. You are asked to rate specific characteristics of the academic department/school and program as exemplary, very good, appropriate, or needs improvement. At the end of each section, please provide general comments and recommendations. You may also offer overall discussion for improving the program in the summative conclusions and summative recommendations section at the end of this form.*

**B. PROGRAM CURRICULUM**

*Please evaluate the following*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Exemplary | Very Good | Appropriate | Needs  Improvement | NA |
| B.1. Rigorous and Coherent Course of Study Compatible with Program and Institutional Mission and Goals |  |  |  |  |  |
| B.2. Program Curriculum Development, Coordination, and Delivery |  |  |  |  |  |
| B.3. Required/Recommended Courses from Other Academic Units |  |  |  |  |  |
| B.4. Program Curriculum and Duration in Comparison to Peer Programs |  |  |  |  |  |
| B.5. Co-Curricular Opportunities |  |  |  |  |  |
| B.6. Student Learning Outcomes Assessment |  |  |  |  |  |
| B.7. Market Demand |  |  |  |  |  |
| B.8. Marketable Skills |  |  |  |  |  |

Please provide *general comments* in the area of **Program Curriculum**.

Please elaborate *recommendations* for the program in the area of **Program Curriculum**.

**C. STUDENTS AND GRADUATES**

*Please evaluate the following*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Exemplary | Very Good | Appropriate | Needs  Improvement | NA |
| C.1. Student Demographics |  |  |  |  |  |
| C.2. Student Time-to-Degree |  |  |  |  |  |
| C.3. Student Publications and Awards |  |  |  |  |  |
| C.4. Student Retention |  |  |  |  |  |
| C.5. Student Graduation Rates |  |  |  |  |  |
| C.6. Student Enrollment including Number of Students and SCHs |  |  |  |  |  |
| C.7. Graduate Licensure Rates |  |  |  |  |  |
| C.8. Graduate Placement |  |  |  |  |  |
| C.9. Number of Degrees Conferred Annually |  |  |  |  |  |
| C.10. Admissions |  |  |  |  |  |
| C.11. Student Support Services |  |  |  |  |  |
| C.12. Alumni Relations |  |  |  |  |  |

Please provide *general comments* in the area of **Students and Graduates**.

Please elaborate *recommendations* for the program in the area of **Students and Graduates**.

**D. SUMMATIVE COMMENTS ON ACADEMIC PROGRAM**

*Please address the following*

Please provide *summative conclusions* for the academic program based on the overall review.

Please provide *summative recommendations* for the academic program based on the overall review.