# Cover/Signature Page – Program Review Template

**Institution Submitting Review:** *Name of Institution*

**Program Title:** *Name of Program*

**School or Division or Location:** *Name of School/Division Location* **Department(s) or Area(s) Location:** *Name of Department/Area Location* **Institutional Board of Trustees’ Approval Date:** *MM/DD/YEAR*

# Review Type (check one):

|  |  |  |
| --- | --- | --- |
| **Regents’ General Consent Calendar Items** | | |
| *R411 Cyclical Institutional Program Reviews* | | |
| **SECTION NO.** | | **ITEM** |
| **4.4** |  | Programs with Specialized Accreditation |
| **5.1** |  | Seven-Year Program Review |
| **5.2** |  | Five-Year Program Review |

**Chief Academic Officer (or Designee) Signature**:

I certify that all required institutional approvals have been obtained prior to submitting this review to the Office of the Commissioner.

**Signature Date:** *MM/DD/YEAR*

**Printed Name:** *Name of CAO or Designee*

# Five- or Seven-Year Program Review Higher Education Institution Program

**MM/DD/YEAR**

**Reviewers**: (*Add bullets as needed. Remove italics when using template)*

* + *External Reviewer(s), Affiliation*
  + *Internal Reviewer(s), Affiliation*

**Program Description**: *One- to three-paragraph description of the program. (Remove italics when using template).*

**Data Form**: *Faculty, student, and financial data for the past five years.*

*The following table in R 411 is designed to gather data about the institutional unit being reviewed. The table has been designed to present consistent data to Trustees and Regents who will receive the report.*

*Institutions decide on the configuration of the unit to be reviewed, and in most cases, the review is at the department level. However, in some instances, the unit being reviewed provides services that are different from those provided by traditional academic departments. When providing data on such units, please offer an explanation that clarifies the purpose of the unit, preparation of faculty or staff who provide the service, attendance data on participants, cost of providing services, and any credential that may be offered to completers if this applies. With sufficient explanation, the data table can be adjusted for that purpose. Use this template and make appropriate changes to present a full picture of the unit that was reviewed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| R411 Data Table | | | | | |
|  |  |  |  |  |  |
| Department or Unit-- |  | | | | |
|  | Year | Year | Year | Year | Year |
|  | 2XXX | 2XXX | 2XXX | 2XXX | 2XXX |
|  |  |  |  |  |  |
| Faculty |  |  |  |  |  |
| Headcount |  |  |  |  |  |
| With Doctoral Degrees (Including MFA and other terminal degrees, as specified by the institution) |  |  |  |  |  |
| Full-time Tenured |  |  |  |  |  |
| Full-time Non-Tenured |  |  |  |  |  |
| Part-time |  |  |  |  |  |
|  |  |  |  |  |  |
| With Master’s Degrees |  |  |  |  |  |
| Full-time Tenured |  |  |  |  |  |
| Full-time Non-Tenured |  |  |  |  |  |
| Part-time |  |  |  |  |  |
|  |  |  |  |  |  |
| With Bachelor’s Degrees |  |  |  |  |  |
| Full-time Tenured |  |  |  |  |  |
| Full-time Non-Tenured |  |  |  |  |  |
| Part-time |  |  |  |  |  |
|  |  |  |  |  |  |
| Other |  |  |  |  |  |
| Full-time Tenured |  |  |  |  |  |
| Full-time Non-Tenured |  |  |  |  |  |
| Part-time |  |  |  |  |  |
| Total Headcount Faculty |  |  |  |  |  |
| Full-time Tenured |  |  |  |  |  |
| Full-time Non-Tenured |  |  |  |  |  |
| Part-time |  |  |  |  |  |
|  |  |  |  |  |  |
| FTE (A-1/S-11/Cost Study Definition) |  |  |  |  |  |
| Full-time (Salaried) |  |  |  |  |  |
| Teaching Assistants |  |  |  |  |  |
| Part-time (May include TAs) |  |  |  |  |  |
| Total Faculty FTE |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of Graduates |  |  |  |  |  |
| Certificates |  |  |  |  |  |
| Associate Degrees |  |  |  |  |  |
| Bachelor’s Degrees |  |  |  |  |  |
| Master’s Degrees |  |  |  |  |  |
| Doctoral Degrees |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of Students—(Data Based on Fall Third Week) |  |  |  |  |  |
| Total # of Declared Majors |  |  |  |  |  |
| Total Department FTE\* |  |  |  |  |  |
| Total Department SCH\* |  |  |  |  |  |
| \*Per Department Designator Prefix |  |  |  |  |  |
|  |  |  |  |  |  |
| Student FTE per Total Faculty FTE |  |  |  |  |  |
|  |  |  |  |  |  |
| Cost (Cost Study Definitions) |  |  |  |  |  |
| Direct Instructional Expenditures |  |  |  |  |  |
| Cost Per Student FTE |  |  |  |  |  |
|  |  |  |  |  |  |
| Funding |  |  |  |  |  |
| Appropriated Fund |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Special Legislative Appropriation |  |  |  |  |  |
| Grants of Contracts |  |  |  |  |  |
| Special Fees/Differential Tuition |  |  |  |  |  |
| Total |  |  |  |  |  |

**Program Assessment**: *Strengths, weaknesses, and recommendations from the reviewers. (Remove italics when using template.)*

**Institution’s Response** : *Responses to review committee findings and recommendations. (Remove italics when using template.)*