

Program Review Report 3.7 Academic Program Review

A thorough internal or external program review addressing all criteria in policy should be possible within a comprehensive report of ten or fewer pages. This template is provided to assist institutions in compiling the program review information, which is to be presented to the institutional governing board prior to submission to the State Regents.

Institution Name: [Click here to select your institution](#)

Program Name and State Regents Code: [Click here to enter text](#)

List Program Options: [Click here to enter text](#)
 [Click here to enter text](#)
 [Click here to enter text](#)
 [Click here to enter text](#)

List Embedded Certificates included in this review: [Click here to enter text](#)
 [Click here to enter text](#)
 [Click here to enter text](#)
 [Click here to enter text](#)

Previous Review

Date (Year) of Last Review [Click here to enter text](#)

1. Summarize key findings from previous internal and/or external reviews of this program.

[Click here to enter text](#)

2. What developments and actions have taken place since the last review?

[Click here to enter text](#)

Current Review

Date (Year) of Current Review [Click here to enter text](#)

Review Criteria (*Institutions should address each criterion of OSRHE policy 3.7.5 as directed below*).

A. Vitality of the Program:

A.1. Program Objectives and Goals:

[Click here to enter text](#)

A.2. Quality Indicators (including Higher Learning Commission criteria and requirements):

[Click here to enter text](#)

A.3. Minimum Productivity Indicators:

Time Frame (e.g.: 5-year span)	Enrollment	Graduates
Click here to enter text	<input type="text"/>	<input type="text"/>
Click here to enter text	<input type="text"/>	<input type="text"/>
Click here to enter text	<input type="text"/>	<input type="text"/>
Click here to enter text	<input type="text"/>	<input type="text"/>
Click here to enter text	<input type="text"/>	<input type="text"/>

A.4. Other Quantitative Measures:

a.4.a. Number and enrollment of courses taught exclusively for the major for each of the last five years:

List or attach list of courses

Click here to enter text

a.4.b. Student credit hours by course level (i.e. 1000, 2000) generated in all major courses in the degree program for five years:

Click here to enter text

a.4.c. Direct instructional costs for the program during the review period:

Click here to enter text

a.4.d. The number of credits and credit hours generated in the program that support the general education component and other degree programs including certificates:

Click here to enter text

a.4.e. If available, information about employment or advanced studies of graduates of the program over the past five years:

Click here to enter text

a.4.f. If available, information about the success of students from this program who transferred to other institutions:

Click here to enter text

Recommendation(s)

A. Recommendation for the Program (3.7.7.A.4):

- Maintain the program at the current level.
- Continue the program with modifications as noted below and detailed in the comment section below.
 - Expand the program
 - Reduce program in size or scope
 - Merge or consolidate program
 - Reorganize program/curricular modifications*
- Suspend program to allow an opportunity to consider recommendations detailed in the section below*
- Delete program*

**Requires a Request for Degree Program Modification and governing board approval.*

B. Specific comments regarding recommendations:

(Provide detailed recommendations for the program as a result of this thorough review and how these recommendations will be implemented, as well as the timeline for key elements. Recommendations to suspend or modify the program should include measurable goals and a timeline for monitoring the program in one-, two-, three-, or four-year increments)

Recommendations	Implementation Plan	Target Date
Click here to enter text	Click here to enter text	Click to enter a date
Click here to enter text	Click here to enter text	Click to enter a date
Click here to enter text	Click here to enter text	Click to enter a date

Add additional rows as necessary

Department/
Program Head _____ Date: [Click here to enter a date](#)
(Signature)

Dean _____ Date: [Click here to enter a date](#)
(Signature)

Chief
Academic
Officer _____ Date: [Click here to enter a date](#)
(Signature)

President _____ Date: [Click here to enter a date](#)
(Signature)