

Systematic Program Review

Name of Unit: Undergraduate Studies Reporting Official: Ana Maria Rodriguez																		
Item 1 Is your program (undergraduate, master's or doctoral program, academic support unit, service unit, center, administrative/staff department/unit) currently reviewed on a regular basis (e.g., annually, biennially, every 5 years)? Examples of systematic review include, but are not limited to: academic program review, internal audits, external accreditation, external review by a consultant, peer review, etc. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Program review is included in the FY07 action plan. <i>If "YES", go to Item 2. If "NO", check that box and return form to OIRE.</i>																		
Item 2 Type an "X" next to the type(s) of program review that applies to your unit, the date of your last review and the date of the next expected review: <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> academic program review</td> <td style="width: 20%; border: none; text-align: center;">Date of _____ last review</td> <td style="width: 30%; border: none; text-align: center;">Date of _____ next review</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> internal audit</td> <td style="border: none; text-align: center;">_____ last review</td> <td style="border: none; text-align: center;">_____ next review</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> external accrediting agency</td> <td style="border: none; text-align: center;">_____ last review</td> <td style="border: none; text-align: center;">_____ next review</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> external consultant</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> peer review</td> <td style="border: none; text-align: center;">_____ last review</td> <td style="border: none; text-align: center;">_____ next review</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other: _____</td> <td style="border: none; text-align: center;">_____ last review</td> <td style="border: none; text-align: center;">_____ next review</td> </tr> </table>	<input type="checkbox"/> academic program review	Date of _____ last review	Date of _____ next review	<input type="checkbox"/> internal audit	_____ last review	_____ next review	<input type="checkbox"/> external accrediting agency	_____ last review	_____ next review	<input type="checkbox"/> external consultant			<input type="checkbox"/> peer review	_____ last review	_____ next review	<input type="checkbox"/> other: _____	_____ last review	_____ next review
<input type="checkbox"/> academic program review	Date of _____ last review	Date of _____ next review																
<input type="checkbox"/> internal audit	_____ last review	_____ next review																
<input type="checkbox"/> external accrediting agency	_____ last review	_____ next review																
<input type="checkbox"/> external consultant																		
<input type="checkbox"/> peer review	_____ last review	_____ next review																
<input type="checkbox"/> other: _____	_____ last review	_____ next review																
Item 3 Describe how your unit has used/is using the findings/recommendations <u>from its last review</u> to improve the effectiveness of the unit. Include references to goals or objectives listed in recent planning documents, and examples of the use of assessment to improve your programs/services.																		