



COMPREHENSIVE ACADEMIC PROGRAM REVIEW

Note: Enter "NA" wherever data are not applicable or not available for the program under review.

Program Characteristics

Academic Program Name:

Degree:

Program CIP Code:

School and Department:

Time frame for this review:

Date of last internal review:

Current date program reviewed for this report:

Program Goal Statement and Student Learning Outcomes

Program goal statement:

Program outcomes:

Student learning outcomes



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Brief Assessment of Previous Program Review

Outcome of previous program review (brief narrative statement).

What improvements have occurred since the last program review or assessment?

What changes or revisions have been made to the program, its curriculum, or its program/student learning outcomes since the last program review? Please include a follow-up discussion of the previous review's action plan?



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Student Demographics

Enrollment	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
Headcount						
FTE						
Enrolled Full-time						
Enrolled Part-time						
Female						
Male						
Alaskan Native/Native American/American Indian						
Asian, Hawaiian, Other Pacific Islander						
Black/African-American						
Hispanic						
Multi-racial						
Undeclared						
White						

Analysis and comments on student demographics.



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Faculty Indicators of Program Quality	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
School (not Department) faculty teaching in program (excluding Areas A through E)						
Full-time program faculty						
Part-time program faculty						
Total program faculty						
Percent of program classes taught by full-time program faculty						
Gender (full-time and part-time faculty)	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
Male						
Female						
Race/Ethnicity (full-time and part-time faculty)	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
Alaskan Native/Native American/American Indian						
Asian, Hawaiian, Other Pacific Islander						
Black/African-American						
Hispanic						
Multi-racial						
Undeclared						
White						
Tenure Status (full-time faculty)	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
Tenured						
On-tenure track						
Non-tenure track						
Rank (full-time faculty)	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
Professor						
Associate Professor						
Assistant Professor						
Instructor/Senior Lecturer/Lecturer						



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Faculty Indicators of Program Quality

Highest degree (full-time faculty)	2013-14	2014-15	2015-16	2016-17	2017-18	% Change
Doctorate						
Specialist						
Master's						
Bachelor's						
Associate's/Other						

Provide additional details, analysis, and comments regarding faculty indicators of program quality.



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Indicators of Measures of Quality

Student Input	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
Mean ACT score						
Mean SAT score						

If applicable to your degree program, provide any additional external quality assurance data/information or results (e.g., professional accreditation results, National Survey of Student Engagement [NSSE], market rankings, etc.).



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Indicators of Measures of Quality

Student Output	2013-14	2014-15	2015-16	2016-17	2017-18	% Change
Exit scores on national/state licensure (If applicable)						
Graduating majors' mean GPA						
Employment rate of graduates (if available)						
Number of students entering graduate/professional programs						

Describe the extent to which students have achieved current program outcomes during this program review cycle (most recent year).

Describe the extent to which students have achieved current student learning outcomes during this program review cycle (most recent year).



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Indicators of Measures of Quality

If available, provide additional information and/or results of other indicators of quality related to student output such as completer satisfaction surveys, employer satisfaction surveys, stakeholder satisfaction surveys, completion and continuation rates, attrition rates, starting salaries of graduates, etc.

Describe efforts undertaken to achieve and maintain curricular alignment within the program and currency to the discipline.



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Indicators of Measures of Viability

Internal Demand for the Program	Fall 2013	Fall 2014	Fall 2015	Fall 2016	Fall 2017	% Change
Number of students enrolled in the degree program						
Number of students who applied to the program (if applicable)						
Number of students admitted to the program (if applicable)						
Percent of classes taught by full-time faculty						

Describe additional details as deemed appropriate.



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Indicators of Measures of Productivity

Graduation	2013-14	2014-15	2015-16	2016-17	2017-18	% Change
Number of degrees conferred						
Total student credit hours earned						

Describe any institutional-specific factors impacting time to degree.



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Evidence of Program Viability

Based on evidence from **ALL** of the above information, data, and analysis, discuss whether continued resources should be devoted to this program. This discussion must be evidence-based. Your comments should consider external factors and address questions such as the following: Are your students getting jobs? What is the job outlook for graduates? Are students prepared for the jobs they get? How is the field changing? Are program faculty members in contact with employers and getting back feedback on graduates' job performance? Do employers state or suggest a need for changes in the program?



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Program Strengths and Weaknesses

Based upon this review, what are the strengths and weaknesses of the program?

Strengths:

Weaknesses and concerns:



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Recommendations for Follow-Up and/or Action Plans (if needed)

Issue/Concern:

Specific action(s):

Expected outcomes:

Time frame for achievement:

Person(s) responsible:

Resources needed:



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Prepared by:

Signature _____ **Date:** _____

Dean's Approval:

Signature: _____ **Date:** _____

Approval of the Chair of the DSC Comprehensive Program Review Committee:

Signature: _____ **Date:** _____

Vice President of Academic Affairs (VPAA) Categorical Summation:

Check any of the following to categorically describe action(s) the institution will take concerning this program.

- Program **MEETS** Institution's Criteria
 - Program is critical to the institutional mission and will be retained.
 - Program is critical to the institutional mission and is growing, or a high demand field, and thus will be enhanced.

- Program **DOES NOT MEET** Institution's Criteria for continuation.
 - Program will be placed on monitoring status.
 - Program will undergo substantive curricular revisions.
 - Program will be deactivated.
 - Program will be voluntarily terminated.
 - Other (Please elaborate):

VPAA Signature: _____ **Date:** _____

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