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Academic Program Review   
Action Plan

**Program(s) included in this report:**

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| **Degree Name** | **Degree Title** |
| e.g., B.S. | Chemistry |
| e.g., Ph.D. | Chemistry |
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(Please complete and return to the Office of Accreditation, Assessment and Learning one week prior to this date)

Date of Action Plan meeting:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Meeting Attendees:

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**Academic Program Review**

**Action Plan**

The Action Plan should be submitted to Assistant Provost for Accreditation, Assessment and Learning and the Senior Associate Provost & Dean of Graduate Studies by the date agreed upon by the department and the Assistant Provost of Accreditation, Assessment and Learning.

**Summary**

The summary should include the overall status and trajectory of the department, issues and opportunities raised in the program’s self-study and in the review committee’s final report and strategies and ideas to address issues moving forward.

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| Click here to enter text. |

**Action Items**

Please enter specific action items in the table below. Action items should be based on suggestions and recommendations from the Review Committee Final Report and should align with the department/school and college strategic plans. For each action item, specify the metrics for completion, the person(s) or area responsible and the timeline for completion.

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| **RECOMMENDATION:** |  | | |
| **Action Item** | **Metrics** | **Person(s)/Area Responsible** | **Timeline** |
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| **RECOMMENDATION:** |  | | |
| **Action Item** | **Metrics** | **Person(s)/Area Responsible** | **Timeline** |
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| **RECOMMENDATION:** |  | | |
| **Action Item** | **Metrics** | **Person(s)/Area Responsible** | **Timeline** |
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| **RECOMMENDATION:** |  | | |
| **Action Item** | **Metrics** | **Person(s)/Area Responsible** | **Timeline** |
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| **RECOMMENDATION:** |  | | |
| **Action Item** | **Metrics** | **Person(s)/Area Responsible** | **Timeline** |
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| **RECOMMENDATION:** |  | | |
| **Action Item** | **Metrics** | **Person(s)/Area Responsible** | **Timeline** |
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| *Add lines as necessary* |  |  |  |

**This Action Plan has been reviewed and accepted by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

Chair/Program Coordinator/DirectorDate

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

College Dean Date

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Susan Perry, Assistant Provost Date  
Accreditation Assessment, and Learning

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Melody Tankersley Date  
Senior Associate Provost and Dean of Graduate Studies