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Academic Program Review Self-Study for Programs with Professional/Specialized Accreditors

\*Complete and return in digital format to the Office of Accreditation, Assessment, and Learning by April 30, 2019. Also, include a copy of the latest specialized accreditation report with appendices in digital format.

**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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**Endorsements**

*To the best of our knowledge, the information contained in this report is accurate and complete and represents the best efforts of the program faculty, students and staff to provide a detailed description of forward looking plans for the program(s) listed above.*

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Program Coordinator/Director Date

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

Program Coordinator/Director Date

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Chair Date

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College Dean Date

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| Name of Specialized Accreditor:  |  |

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| --- | --- |
| Date of Most Recent Accreditation Event: |  |

|  |  |
| --- | --- |
| Program’s Current Status with Accreditor: |  |

***Provide responses to the following questions/prompts below. Include supplementary materials (i.e., appendices), as needed/appropriate to support your responses.***

1. Briefly description of the most recent accreditation event (Ex: site visit, self-study report, monitoring report)

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| Click here to enter text. |

1. Include your program’s most recent (KSU) annual assessment report from Taskstream. Also, below, provide a summary of how the program’s annual assessment reporting is both reviewed and used for program improvement. Include information regarding faculty and/or assessment committee involvement in this process.

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**Summary**

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

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**Action Items**

Please enter specific action items that resulted from the program’s accreditation event in the table below. Action items should be based on suggestions and recommendations from the accreditor’s 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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| *Add lines as necessary* |  |  |  |

**This Self-Study has been reviewed and accepted by:**

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

Susan Perry, Assistant Provost Date
Accreditation Assessment, and Learning

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**Melody Tankersley Date
Senior Associate Provost and Dean of Graduate Studies

**This document is accompanied by:**

* **The program’s specialized accreditation report and appendices**