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|  | **Academic Program Review**  **BOG Summary Report** |

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| **Program under review:**  **(Name, CIP & Level)** |  |
| **Current Date:** |  |
| **External reviewer(s):**  **(Name and Institution)** |  |
| **Date of Site Visit: (If applicable)** |  |

**Please provide a brief response to the following items.**

1. **BACHELOR’S DEGREES ONLY**: An Academic Learning Compact is available for each reviewed baccalaureate program. (C*urrent ALC’s available at http://usfweb.usf.edu/DSS/SAM/Public/ALCs.aspx*)

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ Not Applicable \_\_\_\_\_\_\_\_

1. Was the program review conducted in conjunction with any specialized or programmatic accreditation reviews? (*If yes, provide a description of the reviewer*)

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

1. Date of the last Academic Program Review for this program:
2. Briefly describe major changes made since the previous program review.
3. Summarize current strengths of the program.
4. Summarize current weaknesses of the program.
5. Summarize recommendations made by the external evaluator.
6. Describe improvement plans made as a result of the review.

Sign-offs:

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Program Director (if applicable)

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Chair

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Associate Dean

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