Program Review Quality Assurance Plan

Quality Assurance Plan for: Click here to enter text.

Date submitted to SSCPR: Click here to enter text.

Date Self-Study Report approved by SSCPR: Click here to enter text.

Date of External Review: Click here to enter text.

SUMMARY

Summarize what the program has determined - through evidence - about program quality (e.g. strengths, challenges, opportunities for improvement, potential threats, etc.)

QUALITY ASSURANCE GOALS

*List the program's Quality Assurance Goals (broad statements about what the program intends to accomplish to ensure program quality). Identify the Recommendation(s) – drawn from the **Self-Study Report and External Review Report** - each Goal addresses. Provide a brief Rationale for each Goal (see the Quality Assurance Plan Guidelines for instructions). Add or remove rows as necessary.*

GOAL 1:

RATIONALE FOR THIS GOAL:

Recommendation(s) this Goal Addresses	Report (page number)

GOAL 2:

RATIONALE FOR THIS GOAL:

Recommendation(s) this Goal Addresses	Report (page number)

GOAL 3:

RATIONALE FOR THIS GOAL:

Recommendation(s) this Goal Addresses	Report (page number)

GOAL 4:

RATIONALE FOR THIS GOAL:

Recommendation(s) this Goal Addresses	Report (page number)

GOAL 5:

RATIONALE FOR THIS GOAL:

Recommendation(s) this Goal Addresses	Report (page number)

RECOMMENDATIONS THE QUALITY ASSURANCE PLAN <u>DOES NOT</u> ADDRESS

List the Recommendations from the Self-Study and External Review this Plan <u>does not</u> address. Provide a brief rationale for why these Recommendations cannot be addressed. Add or remove rows as necessary.

Recommendations	Report (page number)	Rationale

QUALITY ASSURANCE FIVE-YEAR ACTION PLAN

*Describe the Quality Assurance Strategies (specific plans of action) the program must achieve to attain its Goal over the next five year. Detail the **steps** the program will take to achieve each Strategy. Add or remove Strategies and tables as necessary.*

MONTH/YEAR WHEN THE FIVE-YEAR ACTION PLAN BEGINS: Click here to enter text.

STRATEGY 1:

GOAL(S) THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? *Click here to enter text.*
When are these resources required? *Click here to enter text.*
What Faculty and/or Institutional support is required? *Click here to enter text.*

STRATEGY 2:

GOAL(S) THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? *Click here to enter text.*
When are these resources required? *Click here to enter text.*
What Faculty and/or Institutional support is required? *Click here to enter text.*

STRATEGY 3:

GOAL(S) THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? *Click here to enter text.*
When are these resources required? *Click here to enter text.*
What Faculty and/or Institutional support is required? *Click here to enter text.*

STRATEGY 4:

GOAL(S) THIS STRATEGY SUPPORTS:

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? *Click here to enter text.*
When are these resources required? *Click here to enter text.*
What Faculty and/or Institutional support is required? *Click here to enter text.*

PLAN SUPPORTED BY:

_____   _____   _____

Provost's Name   Provost's Signature   Date

_____   _____   _____

Dean's Name   Dean's Signature   Date