**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 OF PROGRAM STENGTHS, CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

## RECOMMENDATIONS THE QUALITY ASSURANCE PLAN DOES NOT ADDRESS

The Recommendations from the Self-Study Report and External Review Report that this Plan does not address as provided below, with a a brief rationale for why these Recommendations cannot be addressed.

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| **Recommendations** | **Indicate Self-Study Report (SSR) or External Review Report (ERR) and page number** | **Rationale for Not Addressing** |
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## QUALITY ASSURANCE FIVE-YEAR ACTION PLAN

The Quality Assurance **Goals** for improving or maintaining program quality over the next five years are:

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

**GOAL 1:** Click here to enter text.

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| **Recommendation(s) this Goal Addresses** | **Indicate Report & Page Number** |
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| **Actions(s) Required to Achieve this Goal** | **Led** **by** | **Start** **on (M/YY)** | **Complete** **By (M/YY)** | **Notes** |
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| **Resource Requirements (if applicable)** |
| Resources required to achieve this Goal: Click here to enter text. |
| When resources will be required: Click here to enter text.  |
| Faculty and/or Institutional support required: Click here to enter text. |

**GOAL 2:** Click here to enter text.

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| **Action(s) Required to Achieve this Goal** | **Led** **by** | **Start** **on (M/YY)** | **Complete** **By (M/YY)** | **Notes** |
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| **Resource Requirements (if applicable)** |
| Resources required to achieve this Goal: Click here to enter text. |
| When resources will be required: Click here to enter text.  |
| Faculty and/or Institutional support required: Click here to enter text. |

**GOAL 3:** Click here to enter text.

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| **Action(s) Required to Achieve this Goal** | **Led** **by** | **Start** **on (M/YY)** | **Complete** **By (M/YY)** | **Notes** |
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| **Resource Requirements (if applicable)** |
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| When resources will be required: Click here to enter text.  |
| Faculty and/or Institutional support required: Click here to enter text. |

**GOAL 4:** Click here to enter text.

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| **Action(s) Required to Achieve this Goal** | **Led** **by** | **Start** **on (M/YY)** | **Complete** **By (M/YY)** | **Notes** |
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| **Resource Requirements (if applicable)** |
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| When resources will be required: Click here to enter text.  |
| Faculty and/or Institutional support required: Click here to enter text. |

**GOAL 5:** Click here to enter text.

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| **Action(s) Required to Achieve this Goal** | **Led** **by** | **Start** **on (M/YY)** | **Complete** **By (M/YY)** | **Notes** |
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| **Resource Requirements (if applicable)** |
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| When resources will be required: Click here to enter text.  |
| Faculty and/or Institutional support required: Click here to enter text. |

**GOAL 6:** Click here to enter text.

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| **Action(s) Required to Achieve this Goal** | **Led** **by** | **Start** **on (M/YY)** | **Complete** **By (M/YY)** | **Notes** |
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| **Resource Requirements (if applicable)** |
| Resources required to achieve this Goal: Click here to enter text. |
| When resources will be required: Click here to enter text.  |
| Faculty and/or Institutional support required: Click here to enter text. |

**GOAL 7:** Click here to enter text.

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| **Recommendation(s) this Goal Addresses** | **Indicate Report & Page Number** |
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| **Action(s) Required to Achieve this Goal** | **Led** **by** | **Start** **on (M/YY)** | **Complete** **By (M/YY)** | **Notes** |
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| **Resource Requirements (if applicable)** |
| Resources required to achieve this Goal: Click here to enter text. |
| When resources will be required: Click here to enter text.  |
| Faculty and/or Institutional support required: Click here to enter text. |

PLAN SUPPORTED BY:

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Dean’s Name Dean’s Signature Date