Michigan Association of State Universities

101 S. Washington Square, Ste. 600

Lansing, MI 48933

# Academic Program Review Program Modification

|  |  |
| --- | --- |
|  |  |
| Institution | Program Title |
|  |  |
| Effective Term & Year | Degree |

## Program Review Status

Submitted for review with Institutional Governing Body approval

Submitted for review prior to Institutional Governing Body approval (est. approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Previously reviewed (Ref. #\_\_\_\_\_\_\_\_\_\_\_\_\_) – resubmitted with changes

Previously reviewed (Ref. #\_\_\_\_\_\_\_\_\_\_\_\_\_) – resubmitted without changes

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Locations

Main campus

Existing outreach / extension sites

Hybrid / online

New locations: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal clinical sites will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_

## Resources

Reallocation of existing resources

New resources required

Grant funding

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Students

New target population

Current enrollment shift

Local community demand

Other: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Checklist for Submittal

|  | Required Elements to be Addressed | Summary statement or page number |
| --- | --- | --- |
|  | Related programs |  |
|  | Rationale |  |
|  | Curriculum design |  |
|  | New course descriptions |  |
|  | Accreditation requirements |  |

## Submitting Authority

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name, AAO or Designee | Institution | Date |