Michigan Association of State Universities

101 S. Washington Square, Ste. 600

Lansing, MI 48933

# Academic Program ReviewNew Program or Major Revision

|  |  |
| --- | --- |
|  |  |
| 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 |  |
| [ ]  | Projected enrollments |  |
| [ ]  | Scheduling plans |  |
| [ ]  | Program costs |  |
| [ ]  | Description of available and/or needed equipment |  |
| [ ]  | Statement on faculty qualifications |  |
| [ ]  | Internal status of proposal |  |
| [ ]  | Library and other learning resources |  |
| [ ]  | Specialized facilities, including external sites as required |  |
| [ ]  | Accreditation requirements |  |

## Submitting Authority

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