Michigan Association of State Universities

101 S. Washington Square, Ste. 600

Lansing, MI 48933

# Academic Program ReviewProgram 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 |