

Pennsylvania’s State System of Higher Education

Academic Program Review Template

**Department:** Click or tap here to enter text.

**Note:** Non-accredited programs will submit a report every five years and accredited programs submit reports aligned with their [accreditation review cycles.](https://www.calu.edu/inside/faculty-staff/assessment/program-review-procedures.aspx)

**Reporting:**

1. By December 31, programs submit their program-review reports to reviewer team members and college deans.
2. January to April 15, college/school councils evaluate submitted program review reports and make action recommendations to the dean.
3. May 16 to June 1, college/school deans recommend actions to provost.
4. June/July, provost reviews report and recommends actions to president.
5. By August 15, the university president or designee submits all complete academic program review and action decisions to the State System Office of Academic and Student Affairs.

**I. Introduction:**

* Provide the names, titles, and relationship to the department for every member of the review team.

Click or tap here to enter text.

* List the name of the program (including all concentrations, minors and certificates) along with the award (e.g., A.S, B.S., BSBA, B.S.Ed., M.A., M.S, MBA, MSN, PSM, DCJ, Sub-Baccalaureate Certificate, Post-Masters Certificate, etc.) and the number of credits required for completion and the CIP code for each award.

l

* Program description from the university catalog.

Click or tap here to enter text.

* Please describe available delivery modalities for the program.

Click or tap here to enter text.

* List or copy/past all program courses (prefix, course numbers, requirements, and electives) for the program in an **Appendix A:** **Curriculum Overview and Academic Map** for program completion. (An example Cal U Baccalaureate program overview and academic map is provided in Appendix A of this template).

**Note:** If concentrations, minors and/or certificates are offered, also include each concentration separately with associated courses in **Appendix A**.

**II. Faculty & Staff:**

* Please provide a list of current *full-time* faculty and staff, with their academic credentials and areas of teaching expertise.

Click or tap here to enter text.

**III. Program Performance:**

**1. External Demand for the Program**

* Provide Commonwealth and regional demand for the program? (EMSI Labor Market Analytics, U.S. and regional Department of Labor projections). **(DATA SOURCE: Contact Career & Professional Development Office)**

Click or tap here to enter text.

* Is this program delivered in collaboration with other internal campus programs or similar programs across multiple branch campuses (or universities)? Is so, please identify the collaborative locations (and programs) and the extent to which program productivity is improved by this approach?

Click or tap here to enter text.

* Provide the most recent five-year fall *FTE* program enrollment data**. (DATA SOURCE: Contact Institutional Planning Director)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**2. Internal Demand for the Program**

* Is the program a formal *interdisciplinary* program and if so, what programs and percentages are shared?

|  |  |
| --- | --- |
| **Programs Involved** | **Shared Percentage** |
| Click or tap here to enter text. | Click or tap here to enter text. |

* Does the program contribute to the General Education program or provide core courses for other programs? If so, please describe.

Click or tap here to enter text.

* Does this program Improve productivity through internally shared courses, faculty, or other resources?

Click or tap here to enter text.

**3. Program Assessment and Outcomes**

* List all program outcomes including years each outcome was assessed (cycles) as identified in our Nuventive AMS. Identify outcomes relate to the program major and outcomes specific to concentrations and certificates (if applicable). **(DATA SOURCE: Institutional Effectiveness Director)**

Click or tap here to enter text.

* Summarize annual program assessment results since the previous program review.

Click or tap here to enter text.

* + Which program outcomes were achieved and not achieved since the previous program review?

Click or tap here to enter text.

* + Provide a list (or table) of data-based assessment changes (e.g., curriculum, methodology, facility) made to the program since the previous program review.

Click or tap here to enter text.

* + Please identify which data-based assessment changes improved student learning or student success (retention, persistence, completion).

Click or tap here to enter text.

* + If outcomes were *not* achieved, detail the challenges that prevented achievement and consider submitting an *assessment-based funding request* to the Academic Program Assessment Committee (APAC) **Appendix B: Assessment Funding Guidelines & Funding Request Application**.

Click or tap here to enter text.

* Was feedback from program-level advisory boards or accreditation agencies included in the program assessment process? If yes, please describe.

Click or tap here to enter text.

* Describe innovative teaching methods used with this program and provide evidence (data) indicating if methods are improving student learning and/or student success.

Click or tap here to enter text.

* Provide supporting evidence (annual reports, department minutes, advisory board meeting minutes, etc.) documenting discussions of assessment data and data-based decisions. **(Appendix C: Closing the Assessment Loop)**
* Provide the most recent program *retention* *rates* (baccalaureate programs only). **(DATA SOURCE: Institutional Planning Director)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Provide the most recent program *persistence* rates (graduate programs only). **(DATA SOURCE: Institutional Planning Director)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Provide the most recent four-year program *completion* rates (UG programs).

**(DATA SOURCE: Institutional Planning Director)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* If the program has concentrations, provide concentration titles and a completion data for each concentration. **(DATA SOURCE: Institutional Planning Director)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Concentration Title** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Provide “First Destination Survey” results for this program.

**(DATA SOURCE: Career & Professional Development Office)**

Click or tap here to enter text.

* Provide three-years of Initial licensing exam pass rates (if applicable).

Click or tap here to enter text.

**4. Size, Scope, Costs and Productivity of the Program**

**(DATA SOURCE for all 5 tables: Cal U Budget Director or College Dean)**

* Four-Year “Net Impact” data trend **(PASSHE Financial Cost Tool)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Four-Year “Cost per FTE Student” data trend **(PASSHE Financial Cost Tool)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Four-year “Student FTE” data trend **(PASSHE Financial Cost Tool)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Four-Year “Faculty FTE data” trend **(PASSHE Financial Cost Tool)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Four-Year Student/Faculty Ratio data trend **(PASSHE Financial Cost Tool)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4**  **(Most recent)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* Provide a summary list of program *faculty* achievements (professional service, publications, presentations, awards, grants, contracts, partnerships, etc.) since the previous program review**.** **(DATA SOURCE: Annual Department Reports)**

Click or tap here to enter text.

**5. Strategic Alignment of the Program**

* Is the program aligned with the current university, college, and department missions? **(Please list each mission statement)**

|  |
| --- |
| **University Mission Statement** |

Click or tap here to enter text.

|  |
| --- |
| **Department Mission Statement** |

Click or tap here to enter text.

|  |
| --- |
| **Program Mission Statement** |

Click or tap here to enter text.

* Is the program:

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  | * Aligned with the historic mission “teacher education” or “special mission” (e.g., Science and Technology) of the university? |
|  |  | * A legacy (signature) program with a reputation that draws students? |
|  |  | * Positioned to obtain national recognition or eminence? |
|  |  | * Addressing a critical shortage, high demand area, or critical field of research in the Commonwealth? |
|  |  | * Successfully graduating a high level of adult or under-represented minority (URM) students? |

* If “yes”, please provide a rationale for the above selection(s):

Click or tap here to enter text.

**6. Opportunity Analysis of the Program**

* Are there opportunities for improving program enrollment, productivity & sustainability by?
  + Program *modification* to better align with business/industry needs (e.g., imbedding stackable industry certificates, credentials or technical innovations, other)?

Click or tap here to enter text.

* + Program *collaboration* with other programs or institutions to share program resources or delivery?

Click or tap here to enter text.

* + Implementation of *alternative teaching modalities* (such as online, evening/weekend) or other teaching methods (e.g., inquiry-design, studio-style, POGIL) to improve program productivity, retention, persistence, or completion?

Click or tap here to enter text.

* + Other Possible Opportunities?

Click or tap here to enter text.

* Please summarize examples of how program faculty could directly collaborate with enrollment management efforts to recruit and onboard new students for the program.

**(DATA SOURCE: Office of Enrollment Management)**

Click or tap here to enter text.

* Is the program nationally accredited? If yes, by which accrediting agency?

|  |
| --- |
| **Accrediting Agency** |
| Click or tap here to enter text. |

* If not currently accredited, is there a national accreditation associated with this program (please identify accrediting agency) and if so, please explain barriers to accreditation.

|  |
| --- |
| **Accrediting Agency and Barriers to Accreditation** |
| Click or tap here to enter text. |

**IV. Provide Outside Evaluation Report(s) in Appendix D. Include:**

* An External Reviewer’s Report (every other 5-year program review) for ***non-accredited*** programs OR
* Program Accreditation Commission visiting team report, due-process response report, and reaffirmation of accreditation letter for ***accredited*** programs.

**V. Planning**

**1. Five-Year Strategic / Action Plan**

* Based on the results of this program review, what actions will be taken to improve outcomes by the next program review to close the program review assessment loop?

Click or tap here to enter text.

* List all program outcomes for the next program review cycle designed to improve student learning outcomes, program productivity, student success, and/or to achieve strategic outcomes of the institution. At a minimum, include the following:
  + Action plan on how the outcomes will be achieved.
  + Milestones and expected dates.
  + Anticipated resources needed.

Click or tap here to enter text.

**2. Funding Request Based on PASSHE Program Review Strategic Action Plans. Appendix B.**

* Describe budgetary challenges that have hindered achievement of outcomes as described in annual assessment “Results Reports”, accreditation visiting team evaluation reports, or this program review report.

Click or tap here to enter text.

* Funding will be considered by the USAC and the University Planning and Budget Committee for activities clearly related to the action plans directly related to improvement of program outcomes. Please review the Appendix B “Assessment Funding Guidelines” prior to the completion and submission of a funding request.

**VI. PASSHE Recommendation and Planned Actions**

**1. Primary & Secondary Reviewer Recommendation (College Council Review)**

|  |  |
| --- | --- |
|  | No changes. Program meeting mission & goals of university and State System as currently offered. |
|  | Modifications/Recommendations that may enhance program sustainability or excellence. |
|  | Collaborative approach with similar programs across multiple universities. |
|  | Program has indicated growth potential. Consider for increased funding. |
|  | Program should be placed in moratorium. |

**Rationale/Comments:**

Click or tap here to enter text.

**Primary Reviewer Date Secondary Reviewer Date**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

**2. Dean’s Recommendation**

|  |  |
| --- | --- |
|  | No changes. Program meeting mission & goals of university and State System as currently offered. |
|  | Modifications/Recommendations that may enhance program sustainability or excellence. |
|  | Collaborative approach with similar programs across multiple universities. |
|  | Program has indicated growth potential. Consider for increased funding. |
|  | Program should be placed in moratorium. |

**Rationale/Comments:**

Click or tap here to enter text.

**Dean’s Name Date**

|  |
| --- |
| Click or tap here to enter text. |

**3. President or Designee Decision:**

|  |  |
| --- | --- |
|  | No changes. Program meeting mission & goals of university and State System as currently offered. |
|  | Modifications/Recommendations that may enhance program sustainability or excellence. |
|  | Collaborative approach with similar programs across multiple universities. |
|  | Program has indicated growth potential. Consider for increased funding. |
|  | Program should be placed in moratorium. |

**Rationale/Comments:**

Click or tap here to enter text.

**President or Designee’s Name Date**

|  |
| --- |
| Click or tap here to enter text. |

**Appendices Begin on Next Page**

**Appendix A**

**Example Curriculum Overview and Academic Map**

**SAMPLE CURRICULUM OVERVIEW**

**BS Degree**

Major and minor-related courses

100/200 level prerequisites and requirements 35 cr.

300/400 level requirements 33 cr. Approved Related Electives 11 cr.

Total 79 cr.

General education courses ( credits)

Building a Sense of Community 1 cr.

Composition 3 cr.

Public Speaking 3 cr.

Mathematics & Quantitative Literacy 3 cr.

Technological Literacy 3 cr.

Natural Sciences 4 cr.

Health & Wellness 3 cr.

Humanities 3 cr.

Fine Arts 3 cr.

Social Sciences 3 cr.

General Education Electives 12 cr.

Special Experience Course 3 cr.\*

Writing Intensive Course 6 cr.\*

Laboratory Course 4 cr.\*

\*Counted elsewhere in program, not included in total.

Total 41cr.

Grand Total 120 cr.

Include all major and major-related courses. If concentrations are offered, please list all courses associated with each concentration.

Include an **Academic Map (Cohort Sheet)** that outlines the course sequence as appropriate for FT students over an eight-semester period and if applicable a course sequence if designed as degree completion for non-traditional students. An example Academic Map is included below:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Eberly College of Science and Technology** | | | | | | | | |
| **Computer Engineering Technology** | | | | | | | | |
| **Bachelor of Science (120 credits)** | | | | | | | | |
| Eight Semester Course Sequence | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **FRESHMAN** | | ***Semester 1*** |  |  |  |  | ***Semester 2*** |  |
| **Prefix** | **Number** | **Course** | **Cr.** |  | **Prefix** | **Number** | **Course** | **Cr.** |
| CSC | 120 | Prob. Solv./Prog. Constructs | 3 |  | CSC | 124 | Computer Programming | 3 |
| GET | 130 | Intro. To Engineering Technology | 3 |  | ECO | 100 | Elements of Economics | 3 |
| ENG | 101 | English Composition I | 3 |  | EET | 110 | Electrical Circuits I | 4 |
| MAT | 199 | Pre-Calculus | 3 |  | MAT | 195 | Discrete Mathematical Structures | 3 |
| UNI | 100 | First Year Seminar | 1 |  |  |  | General Education | 3 |
|  |  | Total | 13 |  |  |  | Total | 16 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **SOPHOMORE** | | ***Semester 3*** |  |  |  |  | ***Semester 4*** |  |
| **Prefix** | **Number** | **Course** | **Cr.** |  | **Prefix** | **Number** | **Course** | **Cr.** |
| CET | 235 | Digital Electronic Design | 4 |  | CET | 270 | Intro Microprocessor Design | 4 |
| CSC | 265 | Object-Oriented Programming | 3 |  | CSC | 328 | Data Structures | 3 |
| EET | 215 | Electric Circuits II | 4 |  | EET | 215 | Introduction to Instrumentation | 3 |
| MAT | 281 | Calculus I | 3 |  | MAT | 282 | Calculus II | 3 |
|  |  |  |  |  | PHY | 101 | College Physics I | 4 |
|  |  |  |  |  |  |  |  |  |
|  |  | Total | 14 | ` |  |  | Total | 17 |
|  |  |  |  |  |  |  |  |  |
| **JUNIOR** | | ***Semester 5*** |  |  |  |  | ***Semester 6*** |  |
| **Prefix** | **Number** | **Course** | **Cr.** |  | **Prefix** | **Number** | **Course** | **Cr.** |
| CET | 335 | Microprocessor Interfacing | 4 |  | CET | 360 | Microprocessor Engineering | 4 |
| ENG | 217 | Scientific & Technical Writing | 3 |  | CSC | 400 | Operating Systems | 3 |
| PHY | 202 | College Physics II | 4 |  | MAT | 341 | Linear Algebra | 3 |
|  |  | Approved Related Elective | 4 |  |  |  | General Education | 3 |
|  |  |  |  |  |  |  | Approved Related Elective | 3 |
|  |  |  |  |  |  |  |  |  |
|  |  | Total | 15 |  |  |  | Total | 16 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **SENIOR** | | ***Semester 7*** |  |  |  |  | ***Semester 8*** |  |
| **Prefix** | **Number** | **Course** | **Cr.** |  | **Prefix** | **Number** | **Course** | **Cr.** |
| CET | 440 | Computer Networking | 4 |  | CET | 492 | Senior Project II | 3 |
| CET | 490 | Senior Project I | 3 |  | CET | 378 | Computer Architecture | 3 |
|  |  | Approved Related Elective | 4 |  |  |  | Approved Related Elective | 3 |
|  |  | General Education | 3 |  |  |  | General Education | 6 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Total | 14 |  |  |  | Total | 15 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total:** | **120** | **Credit Hours (BS Degree)** |  |  |  |  |  |  |

Appendix A

**Your Program Curriculum Overview and Academic Map**

Click or tap here to enter text.

Appendix B

**Assessment Funding Guidelines and Funding Request Application**

The MSCHE Requirement of Affiliation #10 compliance process includes the opportunity to submit funding requests to improve action plan assessment outcomes at the completion of all institutional assessment cycles.

Funding requests are initially forwarded to related assessment committee chairs (APAC, GEAC, or AESAC) with copies to unit deans or directors for input, review, and initial prioritization. Once prioritized, each assessment committee chair will forward priority ranked funding requests to the USAC chair. The USAC chair will schedule a summer USAC meeting to review, discuss, and rank the funding requests in order of funding priority. The prioritized requests are then forwarded from the USAC to the Cal U shared governance Planning & Budget Committee for funding consideration.

Diagram

Description automatically generated

The following Planning and Budget Committee guidelines are intended to assist the preparation, prioritization, and approval of budget requests for the appropriate use of approved funds. USAC may recommend exceptions to the guidelines for requests that could provide significant improvements for assessment action plans designed to achieve or exceed university strategic success measures.

**Funding may be provided for:**

1. Any item or activity clearly and directly related to the improvement of strategic (plan) success measures, academic student learning outcomes, or administrative service areas supporting student experiences, particularly those directly linked to improvement of student success (e.g., retention, persistence, completion, first destination outcomes). *Funding may NOT be used for program development, operating costs, new full-time FTE faculty/staff, or travel expenses.*

1. External reviewers providing specific assessment data related to unit outcomes assessment plans may be paid an honorarium for reviewing student work. *However, funding may NOT be requested for PASSHE external program reviews of non-accredited programs.*
2. The purchase of testing instruments, supplies, printing, duplicating, binding, postage, and communications if these items will be used to improve assessment of student learning or other program/unit outcomes.
3. Student salaries if students are hired to assist with assessment activities. (e.g., non-GA work study students involved in assessment of student learning or other program/unit outcome assessments of student artifacts including those of the General Education program). *Faculty or other professional salaries or benefits may NOT be funded or supplemented from this process.*
4. Student exam fees, proctoring, or student incentives to improve response rates (including nationally normed assessment surveys/exams).
5. Equipment or software with a thorough explanation of how it will be used to improve assessment outcomes.

**Notes:**

* Ensure this request follows the above guidelines and confirm with your dean/provost/unit director/division VP that your intended funding request does not fall within other funding categories that could be addressed by discretionary internal one-year funding requests to the Dean/Provost/Division Vice President, lab fee requests, tech fee requests, or FPDC requests.
* Funding is contingent upon submission of periodic strategic, academic, administrative, General Education, and program review reports. Academic programs and administrative/student support units must have both a current *Assessment Plan Report* and *Assessment Results Report* in Nuventive.
* Units awarded funds that fail to submit an “annual funding report” to the USAC Chair by the end of the fiscal year following funding will be required to reimburse funds spent during the year for which report was not received and will be ineligible for assessment funds for the next academic year.
* Programs receiving assessment funds must have a current and complete *Assessment Plan Report* and *Assessment Results Report* in Nuventive at the time the funding request is made. Units or programs without both current assessment reports in Nuventive are not eligible to request or receive funding.
* Funding must be used for its approved purpose. Any portion of the funding not used will *NOT be carried over to the next fiscal year* (exceptions may be made for assessment activities occurring over the summer).
* Any amount spent above a USAC/Planning and Budget Committee award will be charged to the department or unit budget prior to consideration of future funding requests. No funds should be spent until award notifications are distributed. Any exceptions to this procedure must be requested in writing to the IRPE office.

***Funding Request Based on Program Review Strategic Action Plan***

|  |
| --- |
| **Contact Name and Email Address:**  Click or tap here to enter text. |
| **Academic Program & Program Code:**  Click or tap here to enter text. |
| **Program Dean:**  Click or tap here to enter text. |
| **Relevant Outcomes:**  Click or tap here to enter text. |
| **Action Plan for Program Reorganization or Collaboration:**  Click or tap here to enter text. |
| **Brief Description of What is Needed:**  Click or tap here to enter text. |
| **Best Estimate of Dollar Amount:**  Click or tap here to enter text. |

Appendix C

**Program “Closing-the-Assessment-Loop” Documents**

Click or tap here to enter text.

Appendix D

**Your External Evaluation Reports**

**Non-accredited “External Review Report” (every other 5-year review cycle) or**

**Accreditation Commission “Visiting Team Report”, “Due Process Response Report” and Action Letter”**

Click or tap here to enter text.