**ASSESSMENT OF NON PROFESSIONALLY ACCREDITED DEGREE PROGRAM**

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| Institution: | Choose an item. |

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| Date of implementation: | Click or tap to enter a date. |

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| Program title as it appears on Academic Program Inventory, Diploma, and Transcript: | Click or tap here to enter text. |
| Six-digit CIP code, four-digit IHL sequence code: | Click or tap here to enter text. |
| Degree(s) awarded: | Click or tap here to enter text. |
| Credit-hour requirement: | Click or tap here to enter text. |
| Responsible academic unit: | Click or tap here to enter text. |
| Institutional contact, Phone, Email: | Click or tap here to enter text. |
| Annual program budget amount: | Click or tap here to enter text. |

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| Number of students graduated in last five years: | Number of graduates expected in next five years: |
| Year one | Click or tap here to enter text. | Year one | Click or tap here to enter text. |
| Year two | Click or tap here to enter text. | Year two | Click or tap here to enter text. |
| Year three | Click or tap here to enter text. | Year three | Click or tap here to enter text. |
| Year four | Click or tap here to enter text. | Year four | Click or tap here to enter text. |
| Year five | Click or tap here to enter text. | Year five | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Total | Click or tap here to enter text. |

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| Attach a copy of the following: (Check each box indicating that document is included in packet.) |
|[ ]  Evaluation of the quality and productivity of the program |
|[ ]  Evaluation of the success of the program in fulfilling its mission as defined by its internal strategic planning process |
|[ ]  Evaluation of the program’s contribution to the University’s mission |
|[ ]  Recommendations for the program’s improvement |

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| Chief Academic Officer Signature – Date | Institutional Executive Officer Signature – Date |