**Executive Summary of Program Assessment**

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

**College/School:** Click or tap here to enter text.

**Academic Unit:** Click or tap here to enter text.

**Date Submitted:** Click or tap here to enter text.

**Person Responsible for Success of Program:** Click or tap here to enter text.

**Person Submitted Executive Summary:**

Click or tap here to enter text.

**Degree Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree (e.g., BS, MA, PhD)** | **Degree Program** | **Enrollment** | **Number of Degrees Awarded** |
| **Most Recent Fall Semester****(####)** | **5-Year Fall Semester Average** | **Most Recent Academic Year****(####)** | **5-Year Average** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Changes Since Last Review**

* Insert changes here.

**Strategies or Plans for Improving Program**

* Insert strategies and/or plans here.