

Academic Program Review Program Information

Date _____ Program name _____

Program type:	Degree Type:
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> Graduate	<input type="checkbox"/> Master's
	<input type="checkbox"/> Doctoral/MFA/MS in Genetic Counseling
	<input type="checkbox"/> Certificate (specify _____)

Is your program a discovery major (i.e., most students did not declare this program their major upon entry to UNCG)?	Yes	No
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Department (School in CVPA) _____

School/College _____

Degree Plan of Study Required

Total minimum credit hours (CH) _____

Number of didactic CH _____ Practicum/Clinical/Lab CH _____

Dissertation/Thesis/Project CH _____

External accreditation/approval required for this program?	Yes	No
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If yes:

- Indicate the agency of accreditation and review cycle years _____
- Other factors (e.g., faculty-to-student ratio) that may affect aspects on the rubric (limit of 100 words)

Special certification/licensed required for program or faculty?	Yes	No
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Is this program

1. A collaborative interdepartmental or interagency program?	Yes	No
2. An inter-institutional program?	Yes	No
3. Reliant on external programs' courses, minors, or certifications for students seeking this degree?	Yes	No
4. A program that other programs depend on for courses, minors, or certifications?	Yes	No

If yes to any of the 4 questions above, please provide a brief explanation (no more than 100 words). This response should include names of institutions or other programs, tiered or pre-requisite course information. This response should be brief and be no more than basic information. If needed, additional information can be provided in the contextual data that can accompany your program evaluation.

Does this program provide MAC courses?	Yes	No
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If yes, please indicate the number of courses or sections offered per semester? per year?

Are there additional admission requirements for the above noted program (e.g., auditions, portfolio)?	Yes	No
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If yes, please briefly explain (no more than 100 words): _____

Program director name: _____

Program director contact email and phone: _____

Signatures

Program Director _____ Date _____

Department Chair/School Director _____ Date _____

Dean _____ Date _____

Signatures for Interdepartmental Program (if applicable)

Program Director _____ Date _____

Department Chair/School Director _____ Date _____

Dean _____ Date _____