# Academic Program Review
## Program Information

Date _________________________  
Program name ____________________________

<table>
<thead>
<tr>
<th>Program type:</th>
<th>Degree Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Undergraduate</td>
<td>___ Bachelor’s</td>
</tr>
<tr>
<td>___ Graduate</td>
<td>___ Master’s</td>
</tr>
<tr>
<td>___ Doctoral/MFA/MS in Genetic Counseling</td>
<td>___ Certificate (specify___________)</td>
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</tbody>
</table>

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

Department (School in CVPA) __________________________________________________________

School/College _____________________________________________________________________

Degree Plan of Study Required

<table>
<thead>
<tr>
<th>Total minimum credit hours (CH)</th>
<th>Number of didactic CH</th>
<th>Practicum/Clinical/Lab CH</th>
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Dissertation/Thesis/Project CH __________

External accreditation/approval required for this program?  
Yes | No

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

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? __________

<table>
<thead>
<tr>
<th>Are there additional admission requirements for the above noted program (e.g., auditions, portfolio)?</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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<td>If yes, please briefly explain (no more than 100 words): __________</td>
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<td></td>
</tr>
</tbody>
</table>

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 __________