Initial Assessment Review for New Programs/Program Concentrations

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| Department/program/concentration: | Click here to enter text. | Date: | Date |

Section 1

Select one or more of these descriptions after consultation with the Assistant Provost, AAGE.

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| 1 |  | The proposed program is a new program, will not be accredited, and so will require a new assessment plan. |
| 2 |  | The program/program concentration is embedded in an existing program with an approved assessment plan. The existing assessment plan will cover the new program/program concentration. |
| 3 |  | The proposed program is new and will be accredited. It does not come under the purview of the Academic Assessment Committee. |
| 4 |  | The proposed concentration will be embedded in an accredited program. It does not come under the purview of the Academic Assessment Committee. |

Section 2

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| Provide required information here based on your selection(s) in Section 1. (Text fields will expand as needed.) |
| **Section 1, selection 1**: List the objectives/student learning outcomes that will be assessed for the new program, and specify the timeline after implementation of the new program for completing and submitting an assessment plan for review. |
| Click here to enter text. |
| **Section 1, selection 2**: Identify the program under which the proposed program/program concentration will be assessed. |
| Click here to enter text. |
| **Section 1, selection 3**: Identify the accreditor for the new program and briefly describe the process and timeline for achieving the proposed program’s accreditation. |
| Click here to enter text. |
| **Section 1, selection 4**: Identify the program in which the new concentration will be embedded and the existing program’s accreditor. |
| Click here to enter text. |

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| Email the completed form to the Assistant Provost for Academic Assessment and General Education (AAGE)—jmheld@uca.edu—for review and signature. |

Section 3

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| Review by the Assistant Provost, AAGE. **Comments** (text field will expand as needed): |
| Click here to enter text. |

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|  |  |  |  | By signing, the Assistant Provost for AAGE verifies the appropriateness of the assessment planning described above and agrees to any timelines provided. |
|  | Signature | Date |  |
| The Assistant Provost AAGE prints and signs this form and sends it to the originating department. The department attaches the signed form to the proposal before submitting the proposal for curriculum review. | | | | |