academic/fiscal year 2016 work plan

July 1, 2015-June 30, 2016

**Department/Program/Position Name**:

**Program Purpose:**

**Strategic Plan Goal:**

**Department/Program/Position Goal:**

**Objective 1:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MCA NUMBER** | **ACTIVITIES** | **RESOURCES** | **OUTPUTS** | **EVALUATION/DATA** | **TIMELINE** |
| e.g., MCA 1.5.ALeave blank if activity is not an MCA | Name the essential activities to reach your program objective | Resources dedicated to the implementation of activities | Describe what will be achieved as a result of the activity | Evidence of objective attainment and frequency of review | This is the timeline or deadline for the activity |
|  | 1. |  |  |  |  |
|  | 2. |  |  |  |  |

**Objective 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MCA NUMBER** | **ACTIVITIES** | **RESOURCES** | **OUTPUTS** | **EVALUATION/DATA** | **TIMELINE** |
| Leave blank if activity is not an MCA | Name the essential activities to reach your program objective | Resources dedicated to the implementation of activities | Describe what will be achieved as a result of activity | Evidence of objective attainment and frequency of review | This is the timeline or deadline for the activity |
|  | 1. |  |  |  |  |
|  | 2. |  |  |  |  |

**Objective 3:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MCA NUMBER** | **ACTIVITIES** | **RESOURCES** | **OUTPUTS** | **EVALUATION/DATA** | **TIMELINE** |
| Leave blank if activity is not an MCA | Name the essential activities to reach your program objective | Resources dedicated to the implementation of activities | Describe what will be achieved as a result of activity | Evidence of objective attainment and frequency of review | This is the time line or deadline of the activity |
|  | 1. |  |  |  |  |
|  | 2. |  |  |  |  |

**Objective 4:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MCA NUMBER** | **ACTIVITIES** | **RESOURCES** | **OUTPUTS** | **EVALUATION/DATA** | **TIMELINE** |
| Leave blank if activity is not an MCA | Name the essential activities to reach your program objective | Resources dedicated to the implementation of activities | Describe what will be achieved as a result of activity | Evidence of objective attainment and frequency of review | This is the time line or deadline of the activity |
|  | 1. |  |  |  |  |
|  | 2. |  |  |  |  |

Findings and Recommendations: