**NWIC Program Review Form**

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Program Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date review submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Program:

BS: ❑ BA: ❑ AAS: ❑AST: ❑AAS-T: ❑ATA: ❑Certificate: ❑Award of Completion

Person Presenting Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Yes ❑ No Should this program remain active? If no, attach program deactivation form.

Note: You do not need to complete the remainder of this form if you are deactivating the program.

**Which sites offer this entire program? Check all that apply:**

❑ Lummi ❑ Muckleshoot ❑ Nisqually ❑ Nez Perce ❑ Port Gamble/S’Klallam ❑ Swinomish

❑ Tulalip ❑ Independent Learning

**Core courses in this program have been offered using the following modalities within the past year:**

Check all that apply.

Face-to-Face locations: ❑ LU ❑ MS ❑ NI ❑ NP ❑ PG ❑ SW ❑ TU

❑ Individualized Learning (IL or LC) ❑ Online ❑ ITV Telecourse ❑ Hybrid

❑ Other, describe \_\_\_\_\_\_\_\_\_\_\_\_ ❑ Not taught at all

If program has not been offered during the past year, attach explanation of why it should remain active.

**Program Outcomes and Assessment Information**

❑ Does the program have a current set of Curriculum Committee approved program outcomes?

❑ Do the program outcomes need to be revised? If so, prepare a revised set of program outcomes and contact the chair of the Curriculum Committee about the intent to update the program outcomes.

❑ Does the program have current program outcomes rubrics? If not, they will need to be developed.

❑ Does the program have a current curriculum map that clearly indicates the alignment of program and institutional outcomes? If not, it will need to be developed.

**Next Steps and the Future of the Program**

1. Respond to each point raised in the program prioritization recommendations for this program.
2. Update criterion 10 of the program prioritization for this program. The program prioritization documents can be found on the G drive in the Program Prioritization folder.

**The area below is for Curriculum Committee use only.**

Summary of Curriculum Committee deliberations:

Recommendations:

Curriculum Committee action taken:

❑ Approved ❑ Returned to presenter for corrections

Approval of Program Review:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Curriculum Committee Chair signature Date

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Dean of Academics and Distance Learning signature Date:

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Vice President of Instruction and Student Services signature Date: