



Annual Program Review Update Form

Purpose of Form:

Because Program Review is an integral part of the campus planning process, it is recognized that unforeseen circumstances arise that may cause portions of your program review to become outdated in a three-year cycle. The Program Review Update form provides a means for programs and areas to submit new information such as action plans, outcomes modifications, personnel changes, technology needs, and capital expenditure needs that occur between comprehensive three-year reviews. The use of the form assumes programs and areas monitor their progress on the previous comprehensive three-year program review and utilize the form to plan and implement any additional changes that improves student success and institutional effectiveness. If there are no additional changes or requests for the upcoming year, simply complete **only this page** and submit to the appropriate Dean or Manager. If an update is needed, please complete **all pages** of the update and submit the entire form to the appropriate Dean or Manager.

All instructional and non-instructional programs must submit their Annual Program Review Update by **November 1** each year to their Dean or Manager. All forms should be forwarded by the Dean or Manager to the Program Review Committee Chair within five (5) days.

Annual Program Review Update Form

Program: _____ Date: _____

Division: _____

- We have reviewed our most recent self-study and are making progress on Strategic Action Plans, but **do not** have any significant changes that necessitate resource requests for the upcoming academic year. (Complete and submit only this page)
- We have reviewed our most recent self-study and are making progress on Strategic Action Plans, and **do** have identified significant changes that necessitate resource requests. (Complete and submit all pages)

Program Signature(s): _____

PRC Endorsement: Yes No

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Request Justification (Note: All areas are expandable)

Briefly summarize your request, what significant changes have occurred since the last comprehensive program review that result in this request, and why it cannot wait until the next comprehensive program review.

What data supports these requests? Provide details.

What SLO Assessment or SAO findings, if any, support and guide the resource request?

If personnel related, are changes due to growth, resignations, and/or retirements? If no, provide details.

How will the resource allocation specifically enhance your program's services, activities, processes, etc. to continue or improve student learning and achievement?

How will the resource enhance your area or program with respect to the College mission or Strategic initiatives, physical/organizational restructuring, and/or your program's goals for improvement as stated in your last program review?

Provide any other information that supports your request in the space below.

Append any data to support the request after this page.

Use this section ONLY if you have a NEW resource request

Requested by: _____ Email: _____ Phone _____

Division _____ Department _____ Total Requested \$ _____

This request is intended as an update to a previously submitted program review. List and provide the cost to implement this request.

Type of Resource	Requested Dollar Amount	Potential Funding Source
Personnel		
Facilities		
Equipment		
Supplies		
Computer Hardware		
Computer Software		
Training		
Other		
Total Requested Amount:		N/A

Describe the location of the equipment and include a description of additional space and/or maintenance needed.

Annually what is the approximate number of students impacted directly or indirectly by this request? _____

Dean: Signature/approval _____

Date _____

Rank (if appropriate):

Dean Priority Ranking: _____ of _____