Annual Program Review Update Form

Program Review (PR) is an integral part of the campus planning process. As programs and areas monitor their progress on the previous comprehensive three-year program review, changes in need and scope can be expected. This PR Update Form (form) is designed to address unforeseen circumstances that may cause portions of your previous program review to become outdated during a three-year cycle.

This form provides a means to submit revision recommendations due to changes that occur between comprehensive three-year review cycles. Examples include new information such as action plans, outcomes modifications, personnel changes, technology needs, and capital expenditures requirements. As programs and areas monitor their progress on the previous comprehensive three-year program review, the form provides the basis to suggest a change in plans and processes to improve student success and institutional effectiveness.

Directions: Please read the below instructions and complete by March 25th. This form shall be completed for ALL instructional programs. If there are no additional changes or requests for the upcoming year, check the corresponding box and submit to the appropriate dean or manager. If an update is required, check the applicable box, complete additional pages of the update, and submit the entire form to the appropriate dean or manager.

- All instructional programs must submit their Annual Program Review Update by **March 25, 2019**, to their dean or manager.
- All forms shall be forwarded by the dean or manager to the Program Review Committee Chair (krobertson@fullcoll.edu) within five (5) days of the above date.

Annual Program Review Update Form

Program: _____ Division: _____ Date: _____

☐ We have reviewed our most recent self-study and are making progress on Strategic Action Plans, but **have not identified** 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 **have identified** significant changes that necessitate resource requests. Complete and submit all completed pages.

Program Signature(s): _____ Printed Name: _____

PRC Endorsement: Yes ☐   No ☐

Annual Program Review Update Form – Detailed Request

Request Justification (Note: All areas are expandable)

Briefly summarize your request, what significant changes have occurred since the last comprehensive program review that results 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? 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? Consider 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.

Resource Request Funding

Complete and submit this section ONLY if you have a NEW resource request. Complete as many resource requests as necessary. Support each request with appropriate detail.

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:		

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

Approximate annual number of students affected directly or indirectly by this request. _____

Dean: Signature/Approval:_____ Date: _____

Rank (if appropriate): Dean Priority Ranking:_____of_____