Comprehensive Program Review Provost's Report

Institution: Savannah State University
Academic Program Name:
CIP Code:
College or School:
Department:

Date of Last Internal Review:

Outcome of Previous Program Review (brief narrative statement):

Current Date:

Provost Response: *Provide a summary related to the program productivity, viability, and quality. If this is the initial review of the program address how the program is/is not meeting the enrollment and credit hour projects contained in the original program proposal. Include a statement of plans for action based on the overall categorical summation contained in the next section.*

Categorical Summation

Check any of the following to categorically describe action(s) the institution will take concerning this program.

☐ Program MEETS Institution's Criteria

> ☐ Program is critical to the institutional mission and will be retained.
> ☐ Program is critical to the institutional mission and is growing or a high demand field and thus will be enhanced.

☐ Program PARTIALLY MEETS Institution's Criteria and will be re-evaluated in _____.

☐ Program DOES NOT MEET Institution's Criteria

> ☐ Program will be placed on a monitoring status.
> ☐ Program will undergo substantive curricular revisions.
> ☐ Program will be deactivated.
> ☐ Program will be voluntarily terminated.
> ☐ Other (identify/add text):

Provost or VPAA Signature:

Date: