Mid-Cycle Check-in Form

Name of Program:	
Coordinator:	

Section I – General Information

☐ Reviewed.

    A. Information updated per feedback forms and action plan, if applicable.

Section II – Mission/Vision Statements

☐ Reviewed.

    A. Information updated per feedback forms and action plan, if applicable.

Section III - Data Analysis Report – Student, Faculty, and Industry Outlook

☐ Reviewed.

    A. Are there any updates to the data analysis since the self-study report (SSR) and action plan submissions? If so, please provide a summary of the updates.

Section IV - Financial Data Analysis Report

☐ Reviewed.

    A. Are there any updates to since the self-study report (SSR) and action plan submissions? If so, please provide a summary of the updates.

Section V - Curriculum

☐ Reviewed.

    A. Are there any updates since the self-study report (SSR) and action plan submissions? If so, please provide a summary of the updates.

Section VI – Assessment

☐ Reviewed.

    A. Are there any updates since the self-study report (SSR) and action plan submissions? If so, please provide a summary of the updates.

Section VII – Summary

☐ Review Self-study, feedback forms, and action plan to update the following information:

    a. Document progress of action plan items.
    b. Identify steps/measures/activities implemented.
    c. Describe challenges and any barriers to overcoming the challenges. Also include possible solutions to overcoming the challenges.
    d. Describe successes that have come from the action plan implementation.
    e. Optional - Provide any other information and/or updates regarding your action plan you would like noted.

Dean's Summary of Mid-Cycle Program Progress

Mid-Cycle Check-in Form

Directions: Include any new recommendations and/or initiatives in your summary and overall assessment of the program at this point in the program review process.

Dean printed name:	
Dean signature:	
Date reviewed:	
Date sent to Faculty and PRC (PRC will forward to the VPAA for review)	

Program Review Committee

Date received from Dean	
Committee member(s) reviewing Mid-cycle form	
Comments/Feedback from PRC:	

VPAA Review

VPAA printed name:	
VPAA signature:	
Date reviewed:	
Comments:	