**West Chester University**

**Program Action Review Rubric**

**Name of Program: Date: Reviewer:**

**Nature of Change:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Add Program | 🞏 | New Concentration | 🞏 | New Certificate | 🞏 | Delete Program\* |
| 🞏 | Increased Requirements | 🞏 | New Minor | 🞏 | Title Change | 🞏 | Program Moratorium\* |
| 🞏 | Other (specify)  |  |  |  | \* These changes require only items 5, 6, and 12. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Requirements / Documentation** | **Yes** | **No** | **N/A** | **Comment(s)** |
|  | A summary description of the proposed program, program change, concentration and/or minor |  |  |  |  |
|  | A copy of the current program (including electives as well as major requirements and cognates) |  |  |  |  |
|  | A copy of the advising/information sheet for the **current** program (highlighting the changes desired) |  |  |  |  |
|  | A copy of the advising/information sheet for the **proposed** program (reflecting the changes desired) |  |  |  |  |
|  | Written statement that clearly explains and outlines the proposed change or new program1. Proposal includes student learning outcomes

 b) Proposal includes description of how these outcomes will be assessed. |  |  |  |  |
|  | Written statement that clearly explains the rationale for change (e.g. reflecting program review recommendations, accreditation requirements, assessment results, changes in the discipline) |  |  |  |  |
|  | Evidence that supports rationale for change1. Evidence of the need for the proposed change in terms of improving existing programs and/or student demand and placement data.
2. If proposing a new concentration, show why it should not be submitted instead as a new degree program.
 |  |  |  |  |
|  | If the proposal seeks to modify, add, or delete courses, a Course Approval or Modification Form❄ and syllabus are included  |  |  |  |  |
|  | Resources: available faculty or need for new faculty |  |  |  |  |
|  | Resources: additional facilities, equipment, or library materials needed |  |  |  |  |
|  | Resources: How will the change be implemented if no additional resources are available? |  |  |  |  |
|  | If other departments are impacted by this change, impact statements are required from all affected departments |  |  |  |  |
|  | Compliance with PASSHE policy re: maximum number of credits. |  |  |  |  |

**Recommendation:**

\_\_\_\_ Recommend approval

\_\_\_\_ Recommend further Clarification of the following items:

\_\_\_\_ Not recommended

❄ Review of this item reflected on separate template. Revised October 2010