Program Review Request
Instruction

Program Review Purpose

"Program review is the process through which constituencies (not only faculty) on campus take stock of their successes and shortcomings and seek to identify ways in which they can meet their goals more effectively. It is important to note here that the task of identifying evidence-based successful practices, and sharing these practices college-wide, is far more important than the negative perspective of trying to ferret out ineffective practices" –Academic Senate for California Community Colleges, 2009

SUBMITTER INFORMATION

First Name:	Click or tap here to enter text.
Last Name:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
ID:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.
Who is your Dean/Supervisor?	Click or tap here to enter text.
Are you the Department Chair?	Choose an item.

GENERAL PROGRAM QUESTIONS

Name of Program (Academic Programs should be listed per discipline):
Click or tap here to enter text.

Please provide a brief description and any significant change in your program since the last Program Review cycle.
Click or tap here to enter text.

What are your program's strengths? (Answers could include but not limited to KPI data)
Click or tap here to enter text.

What are the challenges for your program? (If there are regulations or requirements for your program that require additional support, please note those here)
Click or tap here to enter text.

Describe any trends and contributing factors related to enrollment, retention, and success for this past cycle.
Click or tap here to enter text.

How does your department/program support the goals of diversity, equity, inclusion, and accessibility? (Answers could include but not limited to gaps in success data, modality of course offerings, part/length of term (full-term, non full-term, etc.)

Click or tap here to enter text.

How does your department/program collaborate with other areas on campus to advance student success?

Click or tap here to enter text.

How does your department/program utilize technology to support student success?

Click or tap here to enter text.

Do any of the courses in your program have a CTE TOP code?

Choose an item.

AWARDS

What type of awards does your program offer?

☐ Certificates

☐ Associate Degree

☐ Associate Dress for Transfer

Please provide the information for the number of awards for Associate Degrees (CCI-approved), Associate Degrees for Transfer (State-approved), and Certificates of Achievement for this program. Please put N/A if an area is not applicable for your program.

	3 years ago	2 years ago	1 year ago
Certificates	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Associate Degrees	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Associate Degrees for Transfer	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Please comment on the trends for the number of awards. You may then comment on any other relevant information provided by the Office of Research and Planning, and Institutional Effectiveness (ORPIE).

Click or tap here to enter text.

FTES and FTEF

For the below questions, please provide your FTES (full-time-equivalent students, resident) divided by your FTEF (full-time-equivalent faculty). Please submit your rates from three years ago, two years ago, and this past year.

Please note: *For programs with earned credit please use FTES (Res)/FTEF. For non-credit, please use FTES (Total)/FTEF.*

	3 years ago	**2 years ago**	**1 year ago** (this past year)
FTES/FTEF Ratio:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Outside of hiring new faculty or staff, please discuss the data trends above, and your plans for serving more students.
Click or tap here to enter text.

CURRICULUM

After a thorough review of your courses in CurricUnet, with the assistance of your CCI representative, answer the following questions.
If you do not currently have a representative on CCI, you may contact either:
Gary Kirby: gkirbyjr@gwc.cccd.edu
Monica Jovanovich: mjovanovich@gwc.cccd.edu

Do you have any courses that have not been updated to CCI, within the required timeframe (6 or more years for a transfer-level course, 3 years or more for a CTE course)?
☐ Yes
☐ No

Are there courses in your Program (Degree/Certificate) that have not been successfully offered since the last Program Review? Please note, classes that were cancelled, they were not successfully offered)
☐ Yes
☐ No

Do you have active courses that are not part of a degree or certificate?
☐ Yes
☐ No

Please indicate the name of the course(s) and the name(s) of the certificate(s) or degree(s) you intend to connect it to when you submit your revision to CCI.
Click or tap here to enter text.

STUDENT LEARNING OUTCOMES

Do any of your SLOs use the exact wording as the course objectives?
(SLOs should be written to reflect the course objectives while not using the exact same language as the course objectives).

☐ Yes
☐ No

How has your department/program utilized SLO (Student Learning Outcome) results to make changes or improvements to your Program?

Click or tap here to enter text.

GOALS AND REQUESTS FOR FUNDING

Requests – If you are requesting any of the following, they MUST be addressed within your Department goals. These forms must be submitted separately from the Program Review.

- Faculty
- Facilities, Equipment, Technology & Other
- Classified Personnel

GWC Strategic Plan Goals Legend

1. **Enrollment:** GWC will increase credit and noncredit enrollment while providing efficient academic programs and student services.
2. **Equity and Success:** GWC will support, enhance, and develop equity-minded services and academic programs that lead to student success.
3. **Completion:** GWC will ensure students' timely completion of degrees and certificates by providing high quality academic programs and student services.
4. **Workforce Preparation:** GWC will support student success by developing and offering academic programs and student services that maximize career opportunities.
5. **Facilities:** GWC will provide flexible, accessible, and sustainable learning environments that support the success of students, faculty, staff, and communities.
6. **Professional Development:** GWC will support the success of all employees by providing professional development opportunities that focus on the achievement of the College Goals.
7. **Communication:** GWC will effectively communicate and collaborate within the College and its communities.

GOALS FROM PREVIOUS PROGRAM REVIEW CYCLE

Please refer to your previous Program Review cycle and summarize all outcomes for each goal.

Summary and Outcomes of Previous Goals (from the last Program Review) including resource requests and if they were funded or not.
Click or tap here to enter text.

GOALS FOR CURRENT PROGRAM REVIEW CYCLE

Current goals should be connected to GWC's Strategic Plan Goals.

GOAL 1 (Required)

Description of goal:
Click or tap here to enter text.

What actions will be taken to accomplish the goal?
Click or tap here to enter text.

What metric will you use to measure your goal?
Click or tap here to enter text.

Which of the College's missions and goals does this goal support? (check all that apply)
☐ Enrollment
☐ Equity and Success
☐ Completion
☐ Workforce Preparation
☐ Facilities
☐ Professional Development
☐ Communication

GOAL 2 (Required)

Description of goal:
Click or tap here to enter text.

What actions will be taken to accomplish the goal?
Click or tap here to enter text.

What metric will you use to measure your goal?
Click or tap here to enter text.

Which of the College's missions and goals does this goal support? (check all that apply)

☐ Enrollment

☐ Equity and Success

☐ Completion

☐ Workforce Preparation

☐ Facilities

☐ Professional Development

☐ Communication

GOAL 3 (Required)

Description of goal:
Click or tap here to enter text.

What actions will be taken to accomplish the goal?
Click or tap here to enter text.

What metric will you use to measure your goal?
Click or tap here to enter text.

Which of the College's missions and goals does this goal support? (check all that apply)

☐ Enrollment

☐ Equity and Success

☐ Completion

☐ Workforce Preparation

☐ Facilities

☐ Professional Development

☐ Communication

OTHER INFORMATION

What additional information would you like to share about your program?
Click or tap here to enter text.

Submitter's Signature: Click or tap here to enter text.   **Date:** Click or tap to enter a date.

Supervisor's Review
As the supervisor of this program, I have reviewed this request.
☐ No concerns
☐ I have concerns
Comments: Click or tap here to enter text.

Supervisor's Signature: Click or tap here to enter text.   **Date:** Click or tap to enter a date.

Vice President's Signature: Click or tap here to enter text.   **Date:** Click or tap to enter a date.