

ACADEMIC PROGRAM REVIEW ROUTING SHEET*
(To track time spent at each level of review)

***Each level of review is expected to act in a timely fashion**

LEVEL OF REVIEW:

FORWARDED:

Department Chair: _____ Date: _____

College Committee: _____ Date: _____

Dean/College: _____ Date: _____

Graduate Council (if applicable): _____ Date: _____

Academic Policies Committee: _____ Date: _____

Faculty Senate: _____ Date: _____

NOTE: Please include this Routing Sheet in the beginning of each Program Review