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# Appendix C

## Program Review Validation Form and Signature Page

**College:**

**Discipline, Department or Program:**

### Part I. Overall Assessment of the Program Review Report

Review Criteria	Comments: Explanation if the box is not checked
<input type="checkbox"/> 1. The narrative information is complete and all elements of the program review are addressed.	
<input type="checkbox"/> 2. The analysis of data is thorough.	
<input type="checkbox"/> 3. Conclusions and recommendations are well-substantiated and relate to the analysis of the data.	
<input type="checkbox"/> 4. Discipline, department or program planning goals are articulated in the report. The goals address noted areas of concern.	
<input type="checkbox"/> 5. The resource requests are connected to the discipline, department or program planning goals and are aligned to the college goals.	

**Part II. Choose one of the Ratings Below and Follow the Instructions.**

Rating	Instructions
<input type="checkbox"/> 1. Accepted.	1. Complete the signatures below and submit to the Vice President of Instruction.
<input type="checkbox"/> 2. Conditionally Accepted.	2. Provide commentary that indicates areas in the report that require improvement and return the report to the discipline, department or program chair with a timeline for resubmission to the validation chair.
<input type="checkbox"/> 3. Not Accepted.	3. Provide commentary that indicates areas in the report that require improvement and return the report to the discipline, department or program chair with instructions to revise. Notify the Dean and Vice President of Instruction of the non-accepted status.

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**Part III. Signatures**

**Validation Team Chair**

Print Name	Signature	Date

**Discipline, Department or Program Chair**

Print Name	Signature	Date

**Received by Vice President of Instruction**

Print Name	Signature	Date