

ACADEMIC PROGRAM REVIEW ATTESTATION FORM

Select Report Type:

Self-Study Report

Program Response Report

By signing below, I attest to the following:

1. That _____ (*name of program*) full-time tenured, full-time tenure track, and full-time Administration and Professional track faculty have had the opportunity and time (minimum suggested time of one week) to review the self-study draft/program response draft and provide input/feedback that has been integrated in the final self-study report/program response report.
2. That academic dean for the _____ (*name of college/school*) has had the opportunity and time (minimum suggested time of one week) to review the self-study draft/program response draft and provide input/feedback that has been integrated in the final self-study report/program response report.

Name of Department Chair or Designee Assigned Responsibility for Coordinating the Self-Study Report

Print Name: _____

Signature: _____

Date (if not signed electronically): _____