PROGRAM REVIEW REPORT

Reporting Institution: Western Illinois University

**Program Reviewed:** [ ENTER NAME OF PROGRAM HERE ] (00.0000)

Date: August, 2014

**Contact Person:** Dr. Nancy Parsons, Associate Provost for Undergraduate and Graduate Studies

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**1. Description of the original degree program/certificate proposal, including original approval date, goals and objectives of the program, projected enrollments, desired student learning outcomes, special requests for equipment/faculty/library resources, etc.**

**2. Description of actions taken since the creation of the program, including instructional resources and practices, and curricular changes.**

**3. Description of major findings (strengths and weaknesses) and recommendations, including evidence of learning outcomes and identification of opportunities for program improvement.**

* **Strengths:**
* **Weaknesses:**
* **Recommendations:**

**4. Description of actions to be taken as a result of this review, including instructional resource and practices, and curricular changes.**

**Outcome**

* Outcome will be determined by the Provost’s Office.