



Graduate Program Review: Departmental Response

Academic program reviews at Middle Tennessee State University are designed to improve the quality of the University's academic offerings. Graduate programs are evaluated as part of the Quality Assurance Funding procedures established by the Tennessee Higher Education Commission. Graduate programs are evaluated on six standards that are rated on a 3-point scale ranging from "poor" to "excellent." The standards are (1) learning objectives, (2) curriculum, (3) student experience, (4) faculty, (5) learning resources, and (6) support. Departments undergo a self-study evaluation in preparation for the site visit by an external reviewer. The results of the self-study report, the reviewer's report, and this follow-up report will become an integrated part of planning and budgeting activities.

Department: _____ Program: _____

Chairperson: _____ Reviewer: _____

Quality Assurance Funding Checklist Are all criteria satisfied: Yes No

A. Provide a summary of the reviewer's evaluation of overall program strengths, and include your response(s).

Program: _____ AY of Program Review: _____

B. Provide a summary of the reviewer’s evaluation of overall program weaknesses, and include your response(s).

C. List activities (in priority order) needed to implement the actions recommended. Using the table provided, please project timeframe, cost estimate and individuals responsible. This information can be used for future budget requests.

Program: _____ AY of Program Review: _____

D. Provide any additional information pertinent to the program review.

Program: _____ AY of Program Review: _____

**Middle Tennessee State University
Graduate Program Review Progress Report
Actions Planned to Address Reviewer's Recommendations**

Recommendation	Action	Timeframe	Estimated Cost	Responsible Individual(s)	2-Year Progress

Graduate Program Review Dept. Response & Progress Report

Program: _____ AY of Program Review: _____

Recommendation	Action	Timeframe	Estimated Cost	Responsible Individual(s)	2-Year Progress

Graduate Program Review Dept. Response & Progress Report

Program: _____ **AY of Program Review:** _____

Recommendation	Action	Timeframe	Estimated Cost	Responsible Individual(s)	2-Year Progress

Report Submitted By:

_____ **Departmental Response** _____ **Date**

_____ **2 -Yr. Progress Report** _____ **Date**