

## **Intensive, Instructional Program Review**

Hello!

Thank you for taking the time to complete the Intensive, Instructional Program Review. This form is a way for you to document your department

**Program:**

**Date:**

**Coordinator:**

**Department Chair:**

## **Section I Faculty Information**

### **Purpose:**

Section I details department faculty information and demonstrates faculty members are qualified to teach in their academic areas.

**How to Complete Section I:** Complete the columns in the two charts below.

#### *Name*

List the first and last name of each faculty member who teaches **core** courses for your department.

\*\*For applied science programs, you do **not** need to list general education faculty who teach required gen ed courses in your program.

\*\*For general education programs, only list faculty who teach courses that fall under your department(s).

#### *FT/PT/CO*

Full-time List FT if the faculty member teaches courses exclusively for your department.

Part-time List PT if the faculty member teaches exclusively as an adjunct instructor for your department.

Crossover List CO if the faculty member is considered an adjunct for your department but is a full-time faculty or staff member in another area/division.

#### *Degrees, Training, or Academic Credential*

List any academic degrees, trainings, or academic credentials that relate to the faculty member's current position.

**IMPORTANT: You will need to verify with Human Resources that each faculty member has recently earned a new degree, make sure that the staff member sends an updated, official transcript to HR. is on file. If a staff member has recently earned a new degree, make sure that the staff member sends an updated, official transcript to HR.**

#### *Date Received*

List the date the faculty member received the degree/training/academic credential.

#### *Institution Awarding Credential*

List the name of the institution from which the degree, training, credential was awarded.

***Courses Taught***

List each course the faculty member teaches. If a full-time faculty member also teaches courses for other areas/departments, make sure also to note those additional courses.

***Professional Affiliations***

List any professional organizational memberships related to each faculty member's current teaching responsibilities.

**Coordinator:**

Name	FT or PT	Degrees, Training, or Academic Credential	Date Received	Institution Awarding Credential	Courses Taught	Professional Affiliations

**Instructors:**

Name	FT, PT, or CO	Degrees, Training, or Academic Credential	Date Received	Institution Awarding Credential	Courses Taught	Professional Affiliations

## Section II Planning Matrix and Budget Needs Projection

### **Purpose:**

Section II provides the opportunity to recognize the strengths and weaknesses of your department, plan for the future by listing new actionable items, and detail the costs of the new actionable items.

**How to Complete Section II:** Complete the chart's columns below.

### *Current Status:*

Think about your department holistically. What areas of instruction and/or support have your team mastered and now run smoothly? What areas need attention? List your department's current strengths (what works well) and weaknesses (areas for



<p><b>Enrollment</b> (e.g. current total enrollment, student demographics, graduates, etc.)</p>					
<p><b>Recruiting/ Marketing</b> (e.g. faculty attend job fairs, post brochures to encourage students to enroll in low enrolled gen ed electives, etc.)</p>					
<p><b>Retention Efforts</b> (e.g. advisors make personal contact with upcoming 2<sup>nd</sup> year students between spring and fall semesters, etc.)</p>					

### **Section III Accrediting or Licensing Agencies**

**Purpose:**

Section III details **program-specific** licensure or accreditation agency information. (This section is **not** related to SACSCOC accreditation.)

**Leave Section III blank if your program is not accredited by an outside agency specifically related to your discipline.**

**How to Complete Section II:** Answer each question below.

1. Provide the full name of accrediting or licensing agency
2. List the date of last reaffirmation or renewal.
3. Is your program in good standing with the accrediting or licensing agency?
4. What annual expenses are required? (Include required professional development, conference participation, annual fees, etc.)
5. Does the accreditation, reaffirmation, or licensing require site visits?
6. If site visits are required, how often? What are the projected expenses related to a site visit? (Include expenses for visiting accrediting