Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Program Review Confirmation Form**

**College**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Program Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Program Review Semester**: Fall / Spring 20\_\_

**Scheduled Program Review is to proceed as planned**: Yes  / No

If **Yes**, please designate a contact person for the program:

* Contact person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **No**, please provide the following details:

* Proposed alternative program review date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_
* Please explain in the following the reason(s) for requesting delaying the scheduled review:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Head of Department Dean of College***

***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Signature*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_