

**The University of West Florida
Academic Program Review**

Confirmation of Processes

I hereby confirm that the enclosed program review for the following programs has included all processes outlined in Board of Governors requirements.

| | CIP Code | Level | Program Name |
|--------------------|----------|-------|--------------|
| Degree Program(s): | | | |

Requirements:

1. The CIP/degree combinations for the program(s) included in the review.
2. An electronic copy of the current Academic Learning Compact for each reviewed baccalaureate degree program.
3. Indication of whether or not the program review was conducted in conjunction with any external reviews.
4. The date of the last review of this program.
5. A brief description of major changes made since the previous program review.
6. A summary of the current strengths of the program.
7. A summary of the current weaknesses of the program.
8. A summary of the recommendations and/or proposed action plans made as a result of the review.

With the exception of the Academic Learning Compacts which are included in the Program Review Self-Study, these items are included in the Executive Summary.

Further, each program review was conducted according to University of West Florida approved policy.

Department or Program Head

Date

Dean

Date

Vice Provost

Date