**Comprehensive Program Review Report**

**Institution:** Clayton State University

**Academic Program Name:**

**CIP Code:**

**College or School:**

**Department:**

**Date of Last Internal Review:**

**Outcome of Previous Program Review (brief narrative statement):**

**Current Date:**

**Provost Response:** *Provide a summary related to the program productivity, viability, and quality. If this is the initial review of the program address how the program is/is not meeting the enrollment and credit hour projects contained in the original program proposal. Include a statement of plans for action based on the overall categorical summation contained in the next section.*

**Categorical Summation**

Check any of the following to categorically describe action(s) the institution will take concerning this program.

Program MEETS Institution’s Criteria

Program is critical to the institutional mission and will be retained.

Program is critical to the institutional mission and is growing or a high demand field and thus will be enhanced.

Program PARTIALLY MEETS Institution’s Criteria and will be re-evaluated in \_\_\_\_\_\_\_\_\_\_\_.

Program DOES NOT MEET Institution’s Criteria

Program will be placed on a monitoring status.

Program will undergo substantive curricular revisions.

Program will be deactivated.

Program will be voluntarily terminated.

Other (identify/add text):

Provost or VPAA Signature:

Date: