**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: