**Coordinating Commission for Postsecondary Education**

**Review of Existing Instructional Programs**

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify the following:

- the information provided regarding this program is accurate

- the above named institution has in place a procedure for reviewing instructional programs

- such review took place and was presented to the institution’s governing board on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

- the governing board’s action was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chief Academic Officer or designated representative) (Date)

**Evidence of Demand and Efficiency**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **16-17** | **17-18** | **18-19** | **19-20** | **20-21** | **5 yr avg** |
| **Student Credit Hours (SCH)** | |  |  |  |  |  |  |
| **Faculty Full-time Equivalency (FTE)** | |  |  |  |  |  |  |
| **SCH/Faculty FTE** | |  |  |  |  |  |  |
| **Number of Degrees and Awards**  ***(list degrees/ awards separately)*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Evidence of Need** (provide a detailed explanation below or attach documentation)

**Justification if the program is below either of the CCPE minimum performance standards—complete page 2**

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

For CCPE use: reviewer/date

**Justification: check one or more statements and for each selected, provide a detailed explanation directly beneath each statement**

\_\_\_\_\_ Program is critical to the role and mission of the institution (detailed explanation).

\_\_\_\_\_ Program contains courses supporting general education or other programs (detailed explanation).

\_\_\_\_\_ Interdisciplinary program (providing the program meets the requirements set in the existing policy for interdisciplinary programs) (explain).

\_\_\_\_\_ Student or employer demand, or demand for intellectual property is high and external funding would be jeopardized by discontinuing the program (explain).

\_\_\_\_\_ Program provides unique access to an underserved population or geographical area (explain).

\_\_\_\_\_ Program meets a unique need in the region, state, or nation (explain).

\_\_\_\_\_ Program is newly approved within the last five years (no additional justification needed).

\_\_\_\_\_ Other (detailed explanation).