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| **Program/Degree** |  | **Academic Year of Submission** |  |
| **Department/College** |  | **Date Review Submitted** |  |

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| --- | --- | --- |
|  **Reporting Form** | **Criteria** | Score |
| **E1-B Submitted:** [ ]  Yes [ ]  No |
| Listed professional, specialized, state or programmatic accreditations currently held by the institution (by agency or program name) | [ ]  Yes [ ]  No |
| Listed date of most recent accreditation action by each listed agency | [ ]  Yes [ ]  No |
| Identified key issues for continuing accreditation identified in accreditation action letter or report | [ ]  Yes [ ]  No |
| Listed key performance indicators as required by agency or selected by program (licensure, board, or bar pass rates, employment rates, etc.) | [ ]  Yes [ ]  No |
| Listed date and nature of next schedule review for each accrediting body | [ ]  Yes [ ]  No |
| **Assessment** |
| Provided additional updates, highlights or comments on recent assessment efforts | [ ]  Yes [ ]  No |
| **Comments about highlights on assessment efforts as appropriate:** |
| **Rank-level Designation** |
| **Meets expectations** | **Information Missing** | **No report submitted** |
| [ ]  | [ ]  | [ ]  |