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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 |
| **Series S Submitted:**  YesNo | | | | |
| State licensure passage rates | | | | Yes  N/A |
| National licensure passage rates | | | | Yes  N/A |
| Job placement rates | | | | Yes  N/A |
| Institutional notes of explanation | | | | Yes  N/A |
| **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** | |
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