

## 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 and a copy of the procedure has been provided to the Commission
- such review took place on or about \_\_\_\_\_
- such review was presented to the institution's governing board on \_\_\_\_\_
- the governing board's action was: \_\_\_\_\_

Signed: \_\_\_\_\_ (Date)  
(Chief Academic Officer or designated representative)

### Evidence of Demand and Efficiency

	04-05	05-06	06-07	07-08	08-09	5 yr avg
<b>Student Credit Hours (SCH)</b>						
<b>Faculty Full-time Equivalency (FTE)</b>						
<b>SCH/Faculty FTE</b>						
<b>Number of Degrees and Awards</b> <i>(list degrees/awards separately)</i>						

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

**Justification if the program is below CCPE thresholds** (provide a statement below or attach documentation)