

## 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

|   | 06-07 | 07-08 | 08-09 | 09-10 | 10-11 | 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><br><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)