



Department of \*\*\*

Action Plan  
Date of Action Plan

This Action Plan brings closure to the program review process. This plan identifies recommendations for action that were noted by the most recent program review panel for your unit. Please respond to each item below. Your responses should provide additional information to clarify the situation and/or propose specific actions that the unit will take to address the recommendation. When proposing a specific action, please indicate a timeline for implementation and completion of the proposed action. Once finalized, the unit should incorporate the recommendations into its strategic planning and provide summary progress each year in the unit’s annual report.

**Recommendation 1.**

**Action Item:**

**Timeline for Completion:**

**Recommendation 2:**

**Action Item:**

**Timeline for Completion:**

***(Continues until all Action Plan recommendations are included.)***

We, the undersigned, have read and agree with this Plan of Action.

\_\_\_\_\_  
Executive Vice President & Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, College of \*\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Director, Department/School of \*\*\*

\_\_\_\_\_  
Date