Three-year Follow-up Report on OAA Program Review Action Plan

Department of _____________________________ Date ____________
Department Chair: __________________________

A. Low-Cost Recommendations by Program Review Committee

1. Recommendation # 1 (Copy verbatim):

(Year) Progress Update:

Actions Completed? (If Yes, go to next recommendation)

If No to the above:

1. Actions still to be taken:

2. Responsible person(s):

3. Timeline to completion:

[Continue for all other Low-Cost Committee Recommendations; B. High-Cost Committee Recommendations; C. Low-Cost Consultant Recommendations; and finally, D. High-Cost Consultant Recommendations]