LAMAR INSTITUTE OF TECHNOLOGY

Academic Program Review of:

_____

For Academic Years _____ - _____

PART ONE: PROGRAM OVERVIEW

I.   **Program Mission statement:**

II. **Program Learning Outcomes** (Upon completion of this program, the student will be able to):

Examples: 1.) Explain environmental terminology and identify EPA regulations and guidelines. 2.) Demonstrate proficiency in the preparation of basic financial statements for an entity operating as a sole proprietorship. 3.) Demonstrate emergency communication procedures for public safety agencies. 4.) Demonstrate the ability to troubleshoot electrical and mechanical components.

III. **Student Learning Outcomes (SLOs)** (Upon completion of the courses within the program, the student will be able to):

Examples: 1.) Students will demonstrate and apply a working knowledge of Standardized Field Sobriety Testing (SFST) techniques. 2.) Complete Form 1040 (Individual Income Tax Return) accurately. 3.) Calculate body mass index (BMI) using English measurements. Perform energy efficiency assessment of residential HVAC unit.

IV. **Describe the need and/or demand for this program.**

V.   **Provide programmatic accreditation information, if applicable.** (Attach documentation, if applicable.)

PART TWO: PROGRAM CURRICULUM

I. **Degree Plans.** Attach degree plans for all award levels of the program. (Identify the capstone experience in each award where applicable.)

II. **Program Course Requirements and Descriptions.** Attach a copy of program course requirements and descriptions.

III. **Course Syllabi**

Course Syllabi		
1. Are the program's syllabi/addendums on file and online?	Yes ☐	No ☐
2. Are the program's faculty members following the syllabus template?	Yes ☐	No ☐
3. Are the student learning outcomes (SLOs) correct on the syllabi? See Academic Course Guide Manual (ACGM).	Yes ☐	No ☐
4. Are associated course activities for each (SLO) included on the syllabi?	Yes ☐	No ☐
5. Are syllabi current and updated regularly?	Yes ☐	No ☐
6. Are syllabi comprehensive?	Yes ☐	No ☐
7. Are course objectives listed on syllabi?	Yes ☐	No ☐
8. Are course objectives stated in behavioral terms?	Yes ☐	No ☐
9. Are course objectives from ACGM listed?	Yes ☐	No ☐
10. Do CORE course syllabi include the CORE objectives?	Yes ☐	No ☐

IV. **Transfer, Articulation, and Dual Enrollment Agreements** (Attach documentation, if applicable.)

Program Linkages and External Agreement Information			
Advanced articulated credit	AAS ☐	Cert ☐	N/A ☐
University transfer	AAS ☐	Cert ☐	N/A ☐
Inverted degree plans	AAS ☐	Cert ☐	N/A ☐
Dual enrollment	AAS ☐	Cert ☐	N/A ☐
Is this program transferable to a four-year institution?	Yes ☐	No ☐	
Does program have other transfer, articulation, or dual enrollment agreements? (List additional agreements, if any, in space below.)	Yes ☐	No ☐	

PART THREE: PROGRAM ACCESSIBILITY

I. **Recruitment.** List efforts to recruit students into the program, including efforts to recruit diverse populations and underrepresented groups in non-traditional programs.

II. **TSI Restrictions.** Of the concentration courses in this degree plan's requirements, list the courses that have Texas Success Initiative (TSI) restriction(s) and identify the restriction(s).

III. **Placement.** What assessments are used to ensure students are placed in the proper courses?

IV. **Performance Requirements.** What requirements does the program have in terms of physical or mental ability, performance assessments, safety standards, and insurability-risk management?

PART FOUR: PROGRAM RESOURCES

I. EQUIPMENT

1) What is the status of the supplemental learning materials and/or learning aids for this program?

      ☐ Satisfactory   ☐ Needs Improvement

      Comments:

2) What is the status of the equipment in the program?

      ☐ Satisfactory   ☐ Needs Improvement

      Comments:

3) What is the status of the computers/software in the program?

      ☐ Satisfactory   ☐ Needs Improvement

      Comments:

II. FACILITIES

1) What is the status of the space allotted to this program?

      ☐ Satisfactory   ☐ Needs Improvement

      Comments:

III. LIBRARY SERVICES

1) Analyze the library's collection in support of the program's curriculum.

      ☐   Extra funding is required to sufficiently meet the information needs of the program.

           Recommendations for additions to the library collection:

           Estimated budget impact: $

      ☐   This program requires no new library resources.

IV. FACULTY

1) Faculty Demographics

FACULTY DEMOGRAPHICS				
Demographic	**Academic Year ----**	**Academic Year ----**	**Academic Year ----**	**Academic Year ----**
Gender				
Male				
Female				
Ethnicity				
White				
Black				
Hispanic				
American Indian/Alaskan				
Asian				
Highest Degree Earned				
Doctorate				
Master				
Bachelor				
Associate				
Certificate				
Tenure Status				
Tenured				
Tenure Track				
Non-Tenure Track				
Faculty Full-Time Equivalent (FTE)				
Full-Time				
Part-Time				
Total Faculty				

2) Faculty Credentials, Experience, and Professional Development

Note. Use the following table to provide information for each faculty member in the program. Include full-time and part-time faculty members, along with dual credit instructors of record. Xitracs. Download a Faculty Roster from Xitracs and attach.

FACULTY CREDENTIALS, EXPERIENCE, AND PROFESSIONAL DEVELOPMENT							
Faculty Name	**Discipline**	**FT or PT?**	**Highest Degree**	**Date Degree Received**	**Current CV on file?**	**Years Exp in Field: Teaching**	**Years Exp in Field: Industry**
License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):							
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License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):							
License/Certification(s): Prof. Membership(s): Prof. Dev. Activities (past 3 years):							

PART FIVE: STATISTICAL DATA

I. STUDENT HEADCOUNT

STUDENT HEADCOUNT				
STUDENT DEMOGRAPHIC	**Academic Year ----**	**Academic Year ----**	**Academic Year ----**	**Academic Year ----**
By Major				
Enter award name				
Enter award name				
Enter award name				
Enter award name				
By Gender				
Male				
Female				
By Ethnicity				
White				
Black				
Hispanic				
American Indian/Alaskan				
Asian				
By Status				
Full-Time				
Part-Time				
TOTAL				

II.   STUDENT RETENTION RATES

STUDENT RETENTION (Number of students who enroll in a fall semester and return the following semester.)			
Academic Year (AY)	**Number in Cohort***	**Number of Students Retained**	**Retention Rate**
AY ----	0	0	0%
AY ----	0	0	0%
AY ----	0	0	0%
AY ----	0	0	0%
Three Year Average	**0**	**0**	**0%**

III.   **Program Withdrawals**. Based on the past three years of student withdrawal feedback, what are the main reasons students are not completing the program?

IV.   **COURSE CANCELLATIONS.** List any scheduled course(s) that was/were cancelled over the past three years and why.

COURSE CANCELLATIONS				
Semester	**Course(s)**			**Reason for Cancellation** (If other than low enrollment)
	Prefix, No., Section	**Course Name**	**Day & Time**	
Fall ----				
Spring ----				
Summer ----				
Fall ----				
Spring ----				
Summer ----				
Fall ----				
Spring ----				
Summer ----				
Fall ----				

Spring ----				
Summer ----				

V.   NUMBER OF GRADUATES. Provide the number of graduates for each award for comparison of the last three academic years.

NUMBER OF GRADUATES BY DEGREE AND CERTIFICATION					
AWARD	**ACADEMIC YEAR (AY)**				**TOTAL**
	AY ----	**AY ----**	**AY ----**	**AY ----**	
AAS Degree	0	0	0	0	0
Certificate (level 1)	0	0	0	0	0
Certificate (level 1)	0	0	0	0	0
Certificate (level 2)	0	0	0	0	0
TOTAL GRADUATES (Source: CBM009)	**0**	**0**	**0**	**0**	**0**

VI.   TRANSFER RATES. Provide the graduate transfer rates for the last three years of available data.

GRADUATE TRANSFER RATE			
Academic Year (AY)	**Total Number of Graduates***	**Number of Graduates Continuing their Education****	**Transfer Rate**
AY ----	0	0	0%
AY ----	0	0	0%
AY ----	0	0	0%
AY ----	0	0	0%
Three Year Average	**0**	**0**	**0%**
*Unduplicated, may not match CBM009 data **THECB Automated Student and Adult Learner Follow-Up System Report and CB116			

VII.   SUCCESS RATES

GRADUATE SUCCESS (PLACEMENT) RATE

YEAR	Total Number of Graduates*	Number Employed and/or Continuing Education**	Success Rate
AY ----	0	0	0%
AY ----	0	0	0%
AY ----	0	0	0%
AY ----	0	0	0%
Three Year Average	**0**	**0**	**0%**
*Unduplicated, may not match CBM009 data **THECB Automated Student and Adult Learner Follow-Up System Report and CB116			

VIII. **EXTERNAL TESTING & LICENSURE.** List all licensure or certification tests and results, if applicable. Give data for the past three years.

☐ Applicable (List below) ☐ Not Applicable

PROGRAM LICENSURE AND CERTIFICATION PASS RATES (Program-Level Data)												
TYPE OF EXAM	**AY ----**			**AY ----**			**AY ----**			**AY ----**		
	Total # Tested	Total # Passed	Pass Rate	Total # Tested	Total # Passed	Pass Rate	Total # Tested	Total # Passed	Pass Rate	Total # Tested	Total # Passed	Pass Rate
Enter exam name.												
Enter exam name.												
Enter exam name.												
Enter exam name.												

PART SIX: PROGRAM REVIEW FINDINGS

Based on the review of this program, concisely identify program strengths and program improvement needs, and develop an action plan with associated dates to address the identified program improvement needs.

Program strengths:

Program improvement needs:

ACTION PLAN	
Improvement Plan Action Items	**Dates**