

**Annual Program Review  
Goal, Action Plan, and Resource Request Form—2015-2016**

For descriptions and examples of all Annual Program Goal, Action Plan, and Resource Request Form items, please refer to the *Annual Program Review How To Guide—2015-2016*

**Program (Select your program from the drop down list):**

**Other Program (If your program is not on the list above, write it in here):**

**Program Lead (Your first and last name):**

**Program Goal Short Title (Provide a unique short title):**

**Program Goal Status (Indicate if this goal is ongoing from last year, new this year, or a "fast track" goal):**

Continuing from Last Year

New This Year

Fast Track

**Strategic Action Plan Recommendation Area(s) Addressed (Refer to the SAP pages 8 to 22):**

Area 1: Student Learning/Success

Area 2: Access

Area 3: Business, Industry and Community

Area 4: Facilities and Infrastructure

Area 5: Institutional Planning and Effectiveness

**First Level Strategic Objective(s) Addressed (Refer to SAP; Example 1.1, or 4.2):**

**Second Level Strategic Objective(s) Addressed (Refer to SAP; Example 1.1.4, or 4.2.3):**

**Anticipated Outcome (What do you expect this goal will achieve? Should relate back to students):****Activities (What needs to be done to achieve this goal?):****Required Resources Category (Indicate one or more categories if resources are required):**

Personnel: Faculty  
Personnel: Classified  
Personnel: Other  
Technology  
Facilities  
Equipment or Supplies  
Other

**Required Resources Description (Provide some details on required resources. Costs are in another area):**

**One Time Start Up Costs (What is the amount of start costs? Field will accept numeric values only):**

**Annual Costs (What are the annual costs? Field will accept numeric values only):**

**Total 5 Year Costs (What is the total five year cost, including the start up and annual costs?):**

**Proposed Funding Source(s) (Where do expect the money to come from?):**

**Desired Start Date (Must be in a mm/dd/yyyy format.):**

**Expected Completion Date (Put in the end date here. Leave blank if goal will be ongoing):**

**Project is Ongoing with No Expected Completion Date:**

Yes

No

**Other Divisions are Involved:**

Yes

No

**Substantive Change Report is Required (To be completed by the SPC only):**

Yes

No

**Comments (Provide any additional comments here):**

**Prioritization by Program Lead (Example: 2nd of 5):**

**Prioritization by Division Chair (Example: 4th of 10):**

**Prioritization by Vice President (Example: 5th of 24)**

**Prioritization by Governance Council (Rank will be provided by Research Office after Scoring with Rubric):**

**Funding Recommended by President:**

Yes

No