PROGRAM REVIEW REPORT

Reporting Institution: Western Illinois University

**Program Reviewed:** [ ENTER NAME OF PROGRAM HERE ] (00.0000)

(Temporarily Suspended on [ Month DD, YYYY ])

Date: August, 2021

**Contact Person:** Dr. Mark Mossman, Associate Provost for Undergraduate and Graduate Studies

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**1. Description of the degree program/certificate, including original approval date and history of the temporary suspension.**

**2. Description of actions taken since the temporary suspension of the program or since the last progress report.**

**3. Description of major findings (strengths and weaknesses) and recommendations for program improvement.**

* **Strengths:**
* **Weaknesses:**
* **Recommendations:**

**4. Description of actions to be taken as a result of this review, including instructional resources and practices, and curricular changes.**

**Outcome**

* **Department/School/College recommendation for this program.**

Continue temporary suspension status

Permanently eliminate this program after [ SP/SU/FL YY ] term

Reactivate this program

* **Final Outcome**
* Final outcome will be determined by the Provost’s Office.