Note: Not all issues raised in the report will be recorded on this plan. The program faculty will choose which recommendations or issues should be prioritized and addressed in this plan.

1) **Issues or Improvement Items** (indicate source; can come from program reviewers’ report, department, assessment data, or another source)
   a) Proposed Action
      i) Responsible party
      ii) Resource Implications
      iii) Time frame
      iv) Success Metrics
   b) Proposed Action #2 (use as many as are needed – may be only one)

2) **Issues or Improvement Items** (indicate source; can come from program reviewers’ report, department, assessment data, or another source)
   a) Proposed Action
      i) Responsible party
      ii) Resource Implications
      iii) Time frame
      iv) Success Metrics
   b) Proposed Action #2 (use as many as are needed – may be only one)

3) **Issues or Improvement Items** (indicate source; can come from program reviewers’ report, department, assessment data, or another source)
   a) Proposed Action
      i) Responsible party
      ii) Resource Implications
      iii) Time frame
      iv) Success Metrics
   b) Proposed Action #2 (use as many as are needed – may be only one)

**De-prioritized Issues:** Were there any recommendations from the External Review team that you will not address? If so, why?

**Progress:** Progress on each action item will be required one year and then again two years after the action plan is approved.
Approvals:

Program / Department Chair: __________________________
Date: __________________

Associate Dean: __________________________
Date: __________________