

**Certificate Program Assessment Plan**

*Program :*

*Sem. Covered:*

*Date:*

*Program Head::*

*Phone:*

*Email:*

**Mission Statement:**

**Signatories:**

Class Hours:

Approximate Credit Hours:

Certificate Program Learning Goals	Assessment Procedures/Methods (Courses incorporating procedures/methods)	Criterion of Success	Data Collection Schedule
		1.1	

Other Outcomes:			

## Program Assessment Report

Program:

Year. Covered:

Date:

Program Head::

Phone:

Email:

What Are the Program Learning Goals?	How Well Was This Goal Met? _ <i>Exceeds Expectation</i> _ <i>Meets Expectation</i> _ <i>Fails To Meet Expectation</i>	What were Factors that Contributed to the Result / Reasons for Success Rate	How Will You Change the Program Based on Findings? (Closing the Loop)
1	_ <i>Exceeds Expectation</i> _ <i>Meets Expectation</i> _ <i>Fails To Meet Expectation</i>	1.1 1.2 1.3	1.1 1.2 1.3
2.	_ <i>Exceeds Expectation</i> _ <i>Meets Expectation</i> _ <i>Fails To Meet Expectation</i>	2.1 2.2 2.3	2.1 2.2 2.3
3.	_ <i>Exceeds Expectation</i> _ <i>Meets Expectation</i> _ <i>Fails To Meet Expectation</i>	3.1 3.2 3.3	3.1 3.2 3.3
4.	_ <i>Exceeds Expectation</i> _ <i>Meets Expectation</i> _ <i>Fails To Meet Expectation</i>	4.1 4.2 4.3	4.1 4.2 4.3
Other Outcomes:			