**School: Program Head: Dean:**

# General Information

**What is the purpose of this program?** Source: College Catalog

IEO

**Are there other pathways for completion (i.e. from Workforce, Dual Enrollment, etc.)?**

*To be completed by program head*

**The following are Dual Enrollment Courses in your area that were taught in 2017-18. *These are in addition to general education courses.***

|  |  |  |
| --- | --- | --- |
| **Course** | **Location (s)** | **Students** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\**These courses are not included in academic programs at Virginia Western*

**Do you feel that Virginia Western offers the appropriate courses in your program through dual enrollment?**

*To be completed by program head*

**If your program has restricted admission, please complete the following table:**

*To be completed by program head*

|  |  |  |
| --- | --- | --- |
| Year | #of applicants | #of student accepted |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**If your program requires external examination(s), please provide the pass rates for the past three years.**

 *To be completed by program head*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2015-16** | **2016-17** | **2017-18** |
| Name of Exam  | Pass rate | Pass rate | Pass rate |
| Name of Exam | Pass rate | Pass rate | Pass rate |
| Name of Exam  | Pass rate | Pass rate | Pass rate |

**Please explain any strategies/plans that are in place to increase student success rates on external exams.**

*To be completed by program head*

## Accreditation

**Is there an outside accreditation for your program?**

*To be completed by program head*

**Please identify the accrediting body and list the date of the last accreditation review.** *An area to indicate budget accreditation related expenses will be asked later in this document.*

*To be completed by program head*

**What recommendations were made as a result of the last review and how have these been addressed?**

*To be completed by program head*

**When is your next accreditation?**

*To be completed by program head*

**When is your report due?**

*To be completed by program head*

**When is the next site visit?**

*To be completed by program head*

## Transfer

**Popular transfer institutions for program placed students within the past 3 years.** *Source:**National Student Clearinghouse*

IEO

**Please list any program specific articulation agreements.**

*To be completed by program head*

## Industry & Employment

**Students in your program earned the following industry credentials.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2015-16** | **2016-17** | **2017-18** |
|  | IEO | IEO | IEO |
|  | IEO | IEO | IEO |

**Are there any other credentials that should be added to this list?**

*To be completed by program head*

**The market forecast and median salary range for graduates from your program are provided below.***Source: LMI /EMSI*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Occupation** | **2016 Jobs** | **2026 Jobs** | **2016-2026 change** | **2016-2026 % change** | **Average hourly earing** | **Median hourly earning** |
|  | IEO | IEO | IEO | IEO | IEO | IEO |
|  | IEO | IEO | IEO | IEO | IEO | IEO |
|  | IEO | IEO | IEO | IEO | IEO | IEO |
|  | IEO | IEO | IEO | IEO | IEO | IEO |
|  | IEO | IEO | IEO | IEO | IEO | IEO |

**Job data for your most recent program graduates is provided below.** *Source: VEC Data*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Employment data Year*** | ***# Graduates in prior year*** | ***# Grads with employment data*** | ***# making at least full-time minimum wage (FTWE)*** | ***Average (Mean) FTWE*** | ***Highest FTWE*** |
| **2017** | IEO | IEO | IEO | IEO | IEO |
| **2016** | IEO | IEO | IEO | IEO | IEO |
| **2015** | IEO | IEO | IEO | IEO | IEO |

*Full-time employment is estimated based on the State Council of Higher Education in Virginia (SCHEV) definition for full-time wage equivalents (currently $13,195), defined as the minimum wage times 35 hrs/wk times 52 weeks.*

**Major employers of your graduates over the past three years:**

IEO

**Please list additional employers of your graduates:**

*To be completed by program head*

**How have discussions from recent Curriculum Advisory Committee (CAC) meetings impacted your program? Please list examples (i.e. content revisions, internship opportunities, etc.)**

*To be completed by program head*

 **What was the date of your last CAC meeting?**

*To be completed by program head*

 **What is the date of your next CAC meeting?**

*To be completed by program head*

## Enrollment & Success Data

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2015-16** | **2016-17** | **2017-18** |
| **Annual Headcount\****Includes “pre” plans* | IEO | IEO | IEO |
| **Full-time Equivalent\*** | IEO | IEO | IEO |
| *SCHEV FTE Standard* | *16* | *16* | *16* |
| ***Status as of the following Fall\*\*:*** |
| **Graduates within program** | IEO | IEO | IEO |
| *SCHEV graduate standard* | *11* | *11* | *11* |
| **Graduates with plan change** | IEO | IEO | IEO |
| **Retention within program**  | IEO | IEO | IEO |
| **Retention with plan change**  | IEO | IEO | IEO |
| **Transfers\*\*\*** | IEO | IEO | IEO |
| **% Success** *(graduated, transferred, or continued enrollment the next fall)\*\*\** | IEO | IEO | IEO |

*\*Headcount and FTES are for students enrolled in plan Plan Code XXX
\*\*Students are counted in only one category. Graduates are counted first, then continued enrollments, then transfers.
\*\*\*Transfer data for 2017-18 is incomplete at this time
\*\*\*\*Goal for % Success is at least 65% for each program*

IEO – Insert Program Placed Fall Enrollment Trend Chart

## Assessment

**Discussion of Student Learning Outcomes and Program-Specific Assessment Data.**

***Current IE Plan and Detailed Trend Analysis will be discussed during the SWOT Analysis Meeting***

|  |  |  |  |
| --- | --- | --- | --- |
|   |   |   | Results |
| Student Learning Outcome | When/Where Assessed? | Standard of Success | 2015-16 | 2016-17 | 2017-18 |
| IEO | IEO | IEO | IEO | IEO | IEO |
| IEO | IEO | IEO | IEO | IEO | IEO |
| IEO | IEO | IEO | IEO | IEO | IEO |

**What changes are planned in response to enrollment data and SLO data?**

*To be completed by program head*

## College Resources

**How do you currently market your program?**

*To be completed by program head*

 **What other ways would you like to see information about your program shared?**

*To be completed by program head*

**How does your program support student success (How do you use SAILS/Navigate, advising, support services, etc.)?**

*To be completed by program head*

**What resources would help your students be more successful?**

*To be completed by program head*

**How does your program use the Career Center?**

*To be completed by program head*

##### Budget and Program Needs

#### Faculty Trends

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Annualized FTE** | **14-15** | **15-16** | **16-17** | **17-18** | **# FT Faculty 17-18** | **FT/FTE Ratio 17-18** |
| IEO | IEO | IEO | IEO | IEO | IEO | IEO |

#### \*FTE are based on course enrollments, not program placed studentsOperating Budget

|  |  |  |
| --- | --- | --- |
| **2016-17** | **2017-18** | **2018-19** |
| IEO | IEO | IEO |

*Budget Codes*

***Program Cost and Revenue***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fall 17 – Summer 18** | **Salary Cost – Classes** | **Salary Cost – Special Asgnmt.** | **Operational Costs** | **Tuition Revenue** | **Difference** |
| IEO | IEO | IEO | IEO | IEO | IEO |

*\*Salary cost includes the cost to run any class that a student in plan Plan Code XXX takes, including programmatic and general education courses*

**What personnel changes do you anticipate in the next three years?**

*To be completed by program head*

 **Please list any equipment (including instructional technology) or facility needs you feel are important to your program over the next three years.**

*To be completed by program head*

 **With the next three years in mind, please identify any accreditation-related costs that may be required for your program (travel, site visit charges, accreditation needs, etc.) and identify year of need.**

*To be completed by program head*

**What professional development is needed for the faculty that teach in your program?**

*To be completed by program head*