

Board of Governors Program Review – WVU and Regional Campuses

Current Academic Year: _____

Program _____
(Degree and Title)

Person Preparing the Self-Study _____
Name _____ **Signature** _____

Dean's Recommendation:

- ___ 1. Continuation of the program at the current level of activity, with or without specific action
- ___ 2. Continuation of program at a reduced level of activity (e.g., reducing the range of optional tracks) or other corrective action
- ___ 3. Identification of the program for further development
- ___ 4. Development of a cooperative program with another institution, or sharing courses, facilities, faculty, and the like
- ___ 5. Discontinuation of the Program
- ___ 6. Check if this program is being nominated for the designation, "Board of Governors Program of Excellence"

Dean's Signature _____

Date _____