 **York County Community College Assessment Committee Action Form**

**Assessment Committee**

**Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agenda**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action**:

Approved Yes No

Returned Yes No

**Resubmission**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Yes No

Returned Yes No

1. Approved Assessment Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. Approved Vice President/Academic Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. Approval Date: Fall Spring Summer

Year

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**Please give a brief description of the proposed action:**

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**Program Name:** Click here to enter text.

**Department Chair:** Click here to enter text. **Submitted by:** Click here to enter text.

Program Learning Outcomes

Assessment Project Proposal

Other

Check this box if this proposal was previously submitted to the Assessment Committee

**Assessment Committee Recommendations (To be completed by Assessment Committee Chair):**



**Please describe, in detail, the new submission or proposed changes:**

