

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

**Program Review
Cover Page**

Academic Unit/Department:

Undergraduate or Graduate:

Department Chair:

Program Director:

Person(s) Responsible for Preparing the Self Study:

Response Date:

Please attach your self-study that includes your responses to the items on the template. When appended material is necessary and/or appropriate, please label the appended material with the letter of the item. Please provide an appendix to your Self-Study that contains

- 1) **Faculty Survey Data,**
- 2) **Graduate or Undergraduate Student Survey Data,**
- 3) **Faculty Vitae and**
- 4) **Program Assessment Plan.**

TRANSMIT: Send an electronic copy to Elza Ibroscheva @ eibrosc@siue.edu.
