This form is to be completed every two (2) years in the Fall – even numbered years.

Department________________________ Division__________________

Department Coordinator/Director___________________ Date_________

1. State your department’s mission and/or goals and briefly explain how it supports the mission of the college.

2. Are there significant changes that have occurred?

3. Are there future trends and/or external factors that influence planning within your department? If yes, what are they?

3. How is income compared to expenses:

4. What are the costs of the program not covered by FTES or WSCH/FTEF?

5. Explain the quality of the program.

Reviewed by Division Dean:

_____________________________       ________________________________
Print                     Signature
_________________
Date
