

## Format for Reports on Periodic Review of Academic Programs

### SECTION I: PROGRAM AND INSTITUTION DEMOGRAPHICS

A. Institution: BOWIE STATE UNIVERSITY

B. HEGIS Code:

C. CIP Code:

D. Degree / Certificate Level – Select all that apply and indicate the name of the degree / certificate:

Bachelor's: \_\_\_\_\_  
(BA, BS, etc.)

Master's: \_\_\_\_\_  
(MA, MS, MBA, MEd, MPH, MSN, etc.)

Combined Master's/Doctorate: \_\_\_\_\_  
(MS/Ph.D., MEd/Ed.D., MSN/DNP, etc.)

Doctorate: \_\_\_\_\_  
(Ph.D., Ed.D., DNP, PharmD., etc.)

Certificate: \_\_\_\_\_  
(LDC, UDC, PBC, PMC, CAS, etc.)

E. Title of the Program reviewed:

F. Academic Department:

G. Academic College / School:

### SECTION II: EXTERNAL REVIEW PROCESS

A. Year in which the program review process was completed:

B. Regional or Programmatic Accreditation Self-Study Review: \_\_\_\_\_ Yes      \_\_\_\_\_ No

If Yes, indicate accrediting organization:

C. Name(s) and Affiliation of External Reviewer(s):

### SECTION III: ENROLLMENTS & DEGREES AWARDED FOR EACH OF THE PAST FIVE YEARS IN THIS PROGRAM

A. Enrollment:

Undergraduate Enrollment				
2016	2017	2018	2019	2020

Graduate Enrollment				
2016	2017	2018	2019	2020

**B. Degrees Awarded:**

Undergraduate	Degrees Awarded				
	2016	2017	2018	2019	2020
Bachelor's					

Graduate	Degrees Awarded				
	2016	2017	2018	2019	2020
Master's Doctorate Certificates					

**SECTION IV: SUMMARY OF THE INTERNAL AND EXTERNAL REVIEW**

- A. Summary of internal self-study review findings.
- B. Summary of external review recommendation(s) for action. If a regional or programmatic accrediting organization provided the external review, please indicate the organization and the context in which the review occurred.

**SECTION V: DEPARTMENTAL / COLLEGE OR SCHOOL / INSTITUTIONAL ACTION PLAN**

- A. Summary of action plan to address recommendation(s):
  - 1. Mechanism for follow-up and assessing the progress of the recommendation(s).
  - 2. Low enrollment and low degree productivity programs: \*
    - a) Identify the special circumstances that impact low enrollment and/or low degree productivity in this program;
    - b) Briefly explain why this program with low enrollment and/or low degree productivity should be continued at this time (i.e. its connection or support of another program); and
    - c) State clearly the plan and progressive timelines to increase enrollment and/or degree productivity in this program such that it remains viable.

\*Please complete this information if the program has demonstrated low enrollment and/or low degree productivity during the review period.

**MHEC Definition of Low Degree Productivity:**

Bachelor's: < 5 in most recent year or a total of 15 in last three years

Master's: < 2 in most recent year or a total of 6 in last three years

Doctorate: < 1 in most recent year or a total of 3 in last three years

**SECTION VI: INSTITUTION SUBMISSION INFORMATION**

**Submitted by:**

**Date of Submission:**

**Contact Information (Name, email, office phone)**