Queen’s University Quality Assurance Processes

Cyclical Program Review Progress Report

**This form is for use by academic units and Deans to report on the progress made on Cyclical Program Review Implementation Plans.** Progress Reports are important steps in the overall cycle of continuous improvement as they provide opportunity for reflection as well as for planning ahead to the next stage of the Cyclical Program Review (QUQAP 6.9.3.1).

Please complete the table below to report on progress made in the past Choose an item. against the implementation plan. Add further explanation, if necessary, in the *additional notes* section.

Once the unit completes their section of the form, please return a signed copy to quqap@queensu.ca. The form will then be sent to the Faculty Dean and the Dean, SGSPA (if applicable) for their comments and signatures, then to the Vice-Provost, Teaching and Learning for review and signature. It will then be submitted to the Senate Cyclical Program Review Committee (SCPRC) for review and approval, then to Senate for information. **All monitoring reports will be posted on the Provost’s Quality Assurance website**, and academic units are strongly encouraged to post the reports on their own websites.

|  |
| --- |
| **Name of Program(s) under Review** |
|  |

|  |
| --- |
| **Program Contacts** |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Department:** |  | **Department:** |  |
| **Email:** |  | **Email:** |  |

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# Academic Unit Report

## Recommendation 1: [Insert text from Final Assessment Report, Recommendation 1, here.]

|  |  |
| --- | --- |
| **Proposed follow-up:** | [verbatim from implementation plan] |
| **Responsibility for leading follow-up:** | [verbatim from implementation plan] |
| **Timeline for addressing recommendation:** | [verbatim from implementation plan] |
| **What is the current status of the follow-up?****Include a completion percentage:** | Choose an item. Choose an item. |
| **Please provide a brief description of the current, completed or planned work:** |  |
| **If the recommendation has not been fully addressed within the proposed timeline, please provide a rationale as well as a plan for moving forward:** |  |

## Recommendation 2: [Insert text from Final Assessment Report, Recommendation 2, here.]

|  |  |
| --- | --- |
| **Proposed follow-up:** | [verbatim from implementation plan] |
| **Responsibility for leading follow-up:** | [verbatim from implementation plan] |
| **Timeline for addressing recommendation:** | [verbatim from implementation plan] |
| **What is the current status of the follow-up?****Include a completion percentage:** | Choose an item. Choose an item. |
| **Please provide a brief description of the current, completed or planned work:** |  |
| **If the recommendation has not been fully addressed within the proposed timeline, please provide a rationale as well as a plan for moving forward:** |  |

## Add more as required.

# Decanal Response

## Include any general comments on the Progress Report:

[Delete and Insert Text Here]

## Comment on any recommendations that have not been addressed within the proposed timeline:

[Delete and Insert Text Here]

## Comment on any recommendations that require the Dean’s action, such as recommendations that involve budgetary considerations.

[Delete and Insert Text Here]

# Decanal (School of Graduate Studies and Postdoctoral Affairs) Response (if applicable)

## Include any general comments on the Progress Report:

[Delete and Insert Text Here]

## Comment on any recommendations that have not been addressed within the proposed timeline:

[Delete and Insert Text Here]

Authorizations

*Signature of Unit Head Date*

*Signature of Faculty Dean Date*

*Signature of Vice Provost and Dean, SGSPA Date*

*Signature of Vice-Provost, Teaching and Learning Date*

 *Date of Review and Approval by the Senate Cyclical Program Review Committee*