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| **Review Date:** |  |

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| --- | --- |
| Name of the Program |  |
| Abbreviation of the Program |  |
| Name of the Department |  |
| Name of the University |  |
| Name of the Faculty |  |
| Address |  |

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| **Does the program fulfill all eligible criteria? Yes / No** |
| Recommendations for the program: |

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| --- |
| **Does the SAR fulfill formatting conditions? Yes / No** |
| Recommendations for the program: |

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| **Comments on Safety Plan, Curriculum, Program Educational Objectives, Program Outcome Attainment and Continuous Quality Improvement Process. (if any)** |
| Is there any Safety Plan in place? Yes/No  Is there evidence of implementing the Safety Plan? Yes/No  Does the curriculum fulfill Program Specific Criteria? Yes/No  Is there evidence of PO culmination in the curriculum? Yes/No  Is there any process for PEO measurement? Yes/No  Is there any process for PO measurement? Yes/No  Do the CQI loops exist and are operational? Yes/No |
| Recommendations for the program: |

**Recommendation for Approval: Recommended / Not Recommended**

**Name and Signature of the Reviewer with date:**