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| --- | --- |
| **Academic Department:** |  |
| **Submitted by:** |  |
| **Date Submitted:** |  |
| **General Education/CTE Competency:** |  |
| **Department Learning Outcome (LO):** |  |
| **Course Learning Outcome:** |  |
| **Method of Assessment:** |  |
| **Timeline for Assessment:** |  |
| **Expected Outcomes:** |  |
| **How results will be used:** |  |
| **Budget Requests to Facilitate Assessment:** |  |
| **Assessment Review:** |  |