Review Date:

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

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

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

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: