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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:** |  |