

### Program/Unit Assessment Consent Form

Program/Unit Name:

Program/Unit Contact's Name:

Email:

Phone:

| Plan Component               | Academic Year<br>(i.e. 2021-2022) | Number of<br>Components<br>Completed | Date Completed<br>(mm/dd/yyyy) |
|------------------------------|-----------------------------------|--------------------------------------|--------------------------------|
| Results                      |                                   |                                      |                                |
| Use of Results               |                                   |                                      |                                |
|                              |                                   |                                      |                                |
| Mission Statement            |                                   |                                      |                                |
| Program Outcomes             |                                   |                                      |                                |
| Student Learning Outcomes    |                                   |                                      |                                |
| Methods/Criteria for Success |                                   |                                      |                                |

Supervisor/Assessment Liaison's Name:

Email:

Phone:

I have completed, read, understood, and approve the Assessment Plan for the program/unit stated above. I confirm that the Assessment Plan complies with the UHCL Assessment Policies and Procedures as communicated to me.

Program/Unit Contact Signature:

Date:

I have completed, read, understood, and approve the Assessment Plan for the program/unit stated above. I confirm that the Assessment Plan complies with the UHCL Assessment Policies and Procedures as communicated to me.

Supervisor/Assessment Liaison's Signature:

Date:

**For questions contact: [Assessment@uhcl.edu](mailto:Assessment@uhcl.edu)**