

University of Houston Clear Lake

Planning and Assessment

Program and Unit Assessment Consent Form

Program/Unit Name: _____

Program/Unit Contact's Full Name: _____

Email: _____

Phone: _____

Plan Component	Academic Year (i.e. 2021-2022)	Number of Components Completed	Date Completed (mm/dd/yyyy)
Results	2021-2022		
Use of Results	2021-2022		
Mission Statement	2022-2023		
Program Outcomes	2022-2023		
Student Learning Outcomes	2022-2023		
Methods/Criteria for Success	2022-2023		

Supervisor/Assessment Liaison's Full Name: _____

Email: _____

Phone: _____

I have completed, read, understood, and approve the Assessment Plan for the unit/program 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 read, understood, and approve the Assessment Plan for the 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: _____