

University of Houston Clear Lake

Planning and Assessment

Program/Unit Assessment Consent Form

Program/Unit Name: Outcomes Assessment BA

Program/Unit Contact's Name: Jane Doe

Email: doe@uhcl.edu

Phone: 123-456-7890

Plan Component	Academic Year (i.e. 2021-2022)	Number of Components Completed	Date Completed (mm/dd/yyyy)
Results	2021-2022	6	10/5/2022
Use of Results	2021-2022	6	10/6/2022
Mission Statement	2022-2023	1	10/8/2022
Program Outcomes	2022-2023	3	10/8/2022
Student Learning Outcomes	2022-2023	3	10/8/2022
Methods/Criteria for Success	2022-2023	3	10/8/2022

Supervisor/Assessment Liaison's Name: John Doe

Email: doe@uhcl.edu

Phone: 234-567-8901

☒ 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: *Jane Doe*

Date: 10/8/2022

☒ 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: *John Doe*

Date: 10/12/2022

For questions contact: Assessment@uhcl.edu

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