

University of Houston Clear Lake

Institutional Effectiveness

Program/Unit Assessment Consent Form

Program/Unit Name:

Program/Unit Contact's Name:

Email:

Phone:

Plan Component	Academic Year (i.e. 2020-2021)	Number of Components Completed	Date Completed (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 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:

For questions contact: Assessment@uhcl.edu