

**UAC Assessment Plan Signature Page for Academic Units  
Student Learning Outcomes**

Unit / Program \_\_\_\_\_

Division/College \_\_\_\_\_

Print Name of Person(s) writing the plan: \_\_\_\_\_

Signature of Person(s) writing the plan: \_\_\_\_\_

Signature of Unit Head: \_\_\_\_\_

**Dean/Appointing Officer Evaluation**

Comments to the University Assessment Committee:

\_\_\_\_\_

Signature of Dean/Appointing Officer indicating plan meets requirements:

Date: \_\_\_\_\_

**For UAC use:**

Date Received: \_\_\_\_\_ Review Date: \_\_\_\_\_

Action: \_\_\_\_\_

Comments: