

**UAC Assessment Plan Signature Page for Service Units
Plan for Assessing Services Provided**

Unit / Program _____

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: