

**INTERIM REVIEW FOR NEW DOCTORATE PROGRAMS**

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| Institution: | Degree Designation as on Diploma: |
| Program Name: | CIP Code: |
| Program Implementation Date: | Report Submission Date: |

**A. Program Quality and Student Success**

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| 1. Briefly describe assessment results from the past three years and explain how these results have been used to make improvements to the program. |
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| 2. Describe any external awards or other recognition of the students, faculty, and/or program from the past year. |
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| 3. Compare the student and employer demand over the past three years to the demand outlined in your program proposal posted to KPPPS. |
| |  |  |  |  | | --- | --- | --- | --- | |  | Year 1 | Year 2 | Year 3 | | Original estimate of enrollment |  |  |  | | Actual enrollment |  |  |  | |  |  |  |  | | Original estimate of job openings |  |  |  | | Actual number of students employed one year after graduation |  |  |  | |

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| 4. Include the job placement data for program graduates. |
| |  |  | | --- | --- | |  | Year: | | Number of graduating students who sought employment |  | | Percentage of students who sought employment |  | | Number of graduating students who gained employment |  | | Percentage of graduating students who gained employment |  | | Percentage of students finding employment in area of geographic responsibility |  | | Percentage of students finding employment in Kentucky |  | | Percentage of students finding employment outside of Kentucky |  |  |  |  | | --- | --- | |  | Year: | | Type of Job: | Percentage of students employed in that type | | Type of Job: |  | | Type of Job: |  | |

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| 5. Does this program lead to licensure or certification? If yes, then include students’ pass rates on licensure/certification exams. |
| |  |  | | --- | --- | | Name of exam: | Year: | | Pass rate |  | |

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| 6. Provide the number of students enrolled and the number of graduates for the past academic year. |
| |  |  | | --- | --- | |  | Year: | | Enrollment |  | | Degrees Conferred |  | |

**Cost and Funding**

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| 1. Note the program’s student credit hour per instructional faculty FTE for the past year.   |  |  | | --- | --- | |  | Year: | | Student credit hour per instructional faculty FTE |  |   2. Please provide brief descriptions of all funding sources that are not from state or tuition sources.  3. Complete the attached budget spreadsheets (Breakdown of Budget Expenses and Funding Sources). |