

**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.  |
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|  | 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.  |
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|  | 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 |  |

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| --- | --- |
|  | 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. |
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| 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. |
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|  | Year: |
| Enrollment |  |
| Degrees Conferred |  |

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**Cost and Funding**

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| 1. Note the program’s student credit hour per instructional faculty FTE for the past year.

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|  | Year: |
| Student credit hour per instructional faculty FTE |  |

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| Total Resources Available from Federal Sources New Existing |  |
| Total Resources Available from Other Non-State Sources New Existing |  |
| State Resources New Existing |  |
| Internal AllocationInternal Reallocation |  |
| Student Tuition New Existing |  |
| **Provide descriptions of non-state or tuition sources of funding.** |
| **TOTAL** |  |

**A. Funding Sources**

1. Provide descriptions of funding sources that are not from state or tuition sources.

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| **B. Breakdown of Budget Expenses** |
| Executive, administrative, and managerial staff NewExisting |  |
| Other Professional staff NewExisting |  |
| Faculty NewExisting |  |
| Graduate Assistants NewExisting |  |
| Student Employees New Existing |  |
| Equipment and Instructional Materials New Existing |  |
| Library New Existing |  |
| Contractual Services New Existing |  |
| Academic and/or Student Support Services New Existing |  |
| Other Support Services New Existing |  |
| Faculty Development New Existing |  |
| Assessment New Existing |  |
| Student Space and Equipment New Existing |  |
| Faculty Space and Equipment New Existing |  |
| Other New Existing |  |
| TOTAL New Existing |  |