

Professional SLO Revision Form

College and Department

CIP Code

Degree Name

Effective Term and Year Revisions Will Take Place (Term/Year)

Revisions Requested in: (select all that apply)

Student Learning Outcomes (SLO)

Assessment of SLOs

Briefly Describe the Revision and Include the Revised Language:

Rational/Justification for the Revision:

If SLO is checked, please complete the following:

What type of assessment is used?

Oral and/or Written Examinations

Capstone

Final Paper/Project/Presentation

Standardized Examination

Describe the individual student assessments that will be used to measure the revised SLO:

If Assessment is checked, please complete the following:

What assessment method is used?

Rubric

Faculty Committee

Exam

Other:

Which SLO(s) does this new assessment measure?

How is this new assessment method used to address the SLO(s)?

If both SLO and Assessment are checked, describe how the assessment method(s) relate to the SLO(s)?

Department Contact

Name:

Phone:

Email:

College Contact

Name:

Phone:

Email: