



Guidance Committee Candidate Program Mentor Activity Report

Institution	
Program	
Degree Name	
Degree Level	Date

Mentor Name		
Mentor Email		Mentor Phone
Program Leader Name		
Program Leader Email		Leader Phone

In Person	Phone	Email
-----------	-------	-------

[illegible]

Describe the facilities where the Program is located. Are they adequate for the size and level of the Program?

After your review of the Program's Self-Study and SLO documents, do the course syllabi include the aligned learning outcomes?

How does the Program assess their stated learning outcomes on an annual basis?



How does the Program utilize the assessment information?

Does the Program have an Industry Advisory Board? If so, provide details about the IAB makeup, meeting schedules, meeting minutes.

Describe the faculty for the Program. Is there sufficient and qualified faculty based on the number of students?



Describe the Program's curriculum. Does it meet or exceed ACCE standards? If not, describe the deficiencies.

How is the Program's information disclosed to the public? Is it easily identifiable?

Does the Program Leader and the faculty have authority to improve and make changes to the Program? Describe how they are able to make the changes.

Based on your research interaction with the Program, how do you feel about them being prepared for an ACCE on site visit?