

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**

**Program Review  
Cover Page**

**Academic Unit/Department:**

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**Undergraduate or Graduate:**

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**Department Chair:**

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**Program Director:**

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**Person(s) Responsible for Preparing the Self Study:**

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**Response Date:**

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Please attach your self-study that includes your responses to the items on the template. When appended material is necessary and/or appropriate, please label the appended material with the letter of the item. Please provide an appendix to your Self-Study that contains

- 1) **Faculty Survey Data,**
- 2) **Graduate or Undergraduate Student Survey Data,**
- 3) **Faculty Vitae and**
- 4) **Program Assessment Plan.**

TRANSMIT: Send an electronic copy to Elza Ibroscheva @ eibrosc@siue.edu.

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