|  |
| --- |
| Institution: *Institution Name.* |
| **College**: *Enter College Name.* |
| **Program**: *Enter Program Name.* |
| **Accreditation Date**: : Click to enter a date.**To**: Click to enter a date. |
| **Improvement Plan** **Date**: : Click to enter a date. |
| **Contact** **Information**:  Name: *Click to enter text.*  Title:  *Click to enter text.*  Email:  *Click to enter text.*  Mobile:  *Click to enter text.* |

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# **A. Improvement Plan for Review Report Recommendations**

## **Recommendation (…... )**

| **N** | **Recommendation** | **Improvement Actions** | **Timelines** | | **Person(s)/units Responsible** |
| --- | --- | --- | --- | --- | --- |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* This table should be repeated for each recommendation.

# **B. Approval**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |