

**MIDLANDS TECHNICAL COLLEGE
ACADEMIC PROGRAM REVIEW
SIGNATURE PAGE**

PROGRAM NAME: _____

PROGRAM DIRECTOR/COORDINATOR: _____

DEPARTMENT CHAIR: _____

I confirm that the information comprising this academic program review document accurately reflects the structure, content, and assessment of our program(s).

(Program Director/Coordinator)

(Date)

I confirm that I have reviewed with the program director/coordinator all information comprising this academic program review document and it accurately reflects the structure, content, and assessment of this program.

(Department Chair)

(Date)