SECTION I. UTRGV INFORMATION:
UTRGV Contact/Sponsor___________________________ Title___________________________
Division/College____________________________ Department____________________________
Telephone____________________________ E-mail____________________________

SECTION II. ENTITY WITH WHOM AGREEMENT HAS BEEN ESTABLISHED:
Name of Institution/Organization/Other Entity__________________
Description of the Entity ____________________________________________

SECTION III. AGREEMENT INFORMATION:
Name of Agreement:___________________________________________
Date Agreement Was Initiated:_____________________________________

SECTION IV. ANNUAL ASSESSMENT:
Date of Last Annual Assessment:______________________________
Date of Current Annual Assessment:______________________________
1. Provide a summary of the annual program outcomes assessment, including and student learning outcomes, for this agreement:

2. Provide an evaluation of whether expected outcomes are being achieving and any corrective action that will occur if outcomes are below expectations:
SECTION V: PERIODIC EVALUATION:

Date of Last Periodic Evaluation:____________________________________________________________

Date of Current Periodic Evaluation:_________________________________________________________

1. Describe whether and how the agreement continues to be aligned to the UTRGV mission.

2. Describe whether and how the agreement continues to meet its intended purpose.

3. Based on responses to questions 1 and 2 above, provide a recommendation regarding the continuance, modification or discontinuance of the agreement.
SECTION VI. DISSEMINATION OF RESULTS

If you are not the Dean for your area, have the results of the annual report or periodic evaluation been shared with him/her?

☐ Yes  ☐ No

Please explain:

Have the results of the annual report or periodic evaluation been shared with the educational partner?

☐ Yes  ☐ No

Please explain:

Sponsor’s Signature________________________________ Date________________________________
**SUMMARY OF THE STATUS OF THE AGREEMENT BY THE Associate Vice President for Academic and Institutional Excellence (AVPAIE) [to be submitted to the SAVP for Academic Affairs]:**

**RECOMMENDATION OF THE AVPAIE:**
- [ ] Continue the agreement
- [ ] Request modifications to the agreement
- [ ] Discontinue the agreement

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