

## Educational Partnership Report

### **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 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

**AVPAIE Signature**

**Date**

[Click here to enter date.](#)