

## **Educational Partnership Report**

SECTION I. UTRGV INFORMATION:			
UTI	RGV Contact/Sponsor	Title	
Div	ision/College	_ Department	
Tel	ephone	E-mail	
SECTION II. ENTITY WITH WHOM AGREEMENT HAS BEEN ESTABLISHED:			
Name of Institution/Organization/Other Entity			
Description of the Entity			
SECTION III. AGREEEMENT 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 outcoutcomes, for this agreement:	omes assessment, including and student learning	

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\_\_\_\_\_ Date\_\_\_\_\_

SUMMARY OF THE STATUS OF THE AGREEMENT BY THE Associate Vice Institutional Excellence (AVPAIE) [to be submitted to the SAVP for Aca RECOMMENDATION OF THE AVPAIE: Continue the agreement Request modifications to the agree Discontinue the agreement	ademic Affairs]: ement
AVPAIE Signature	Date
	Click here to enter date.