

Program or Area(s) of Study under Review:



# Program Review Report





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3. Fill Rate and Productivity

Fill Rate*			
	Enrollments*	Capacity	Fill Rate
2018-2019			
2019-2020			
2020-2021			
Three-Year Program Total			

~~RTE Analysis~~ Fill rates within the machine tool technology program tend to be lower than the fill rate at the institutional level [Compare program level rate of 72.7% to institutional level rate of 82.1% over the past three years.] Between 2018-2019 and 2019-2020, both enrollment and capacity decreased, resulting in an increase in fill rate (due to a higher rate of decrease in capacity). Between 2019-2020 and 2020-2021, both enrollment and capacity increased, resulting in a decrease in fill rate (due to a higher rate of increase in capacity).

Productivity ranged from 9.4 to 13.8 over the past three years [Productivity has not been calculated at the institutional level.] The ~~three~~ year program productivity of 11.1 is lower than the target level of 17.5, which reflects 1 FTEF (full-time equivalent faculty) accounting for 17.5 FTES (full-time equivalent students) across the academic year. (This target reflects 525 weekly student contact hours for one full-time student across the academic year.)

Program Reflection:

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4. Labor Market Demand

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	Program Level	Institution Level	Program Level	Institution Level
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This section does not apply to ~~the~~ Machine Tool Technology

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2. Program-Set Standards: Job Placement and Licensure Exam Pass Rates

Measure	Program-Set Standard* (& Stretch Goal)	Recent Performance			
		Year 1	Year 2	Year 3	Three-Year Total

Degree or Certificate & Title	Implementation Date	Has Documentation	In Need of Revision+ <b>and/or</b> <b>Missing Documentation</b> & Academic Year	To Be Archived* <b>(as Obsolete, Outdated, or Irrelevant)</b> & Academic Year	No Change

III. LEARNING OUTCOMES ASSESSMENT

A. Status of Learning Outcomes Assessment


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#### IV. PROGRAM PLAN

This evaluation of the state of the program is supported by the following parts of this report:



V. PROGRAM HIGHLIGHTS

A. Recent Improvements

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B. Effective Practices



Feedback and Follow-up Form

Completed by Supervising Administrator:

Date:

Resource Type	Description of Need (Initial, Including Justification and Direct
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