Degree-Granting Programs

**Name of Department:**

Please complete a separate template for every degree & certificate.

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| In this box, describe the PSLO(s) that your plan will focus on, and explain what you hope to learn from the results. During which year and semester do you plan to analyze and discuss the results with your department? | | | | | | |
|  | **Year 1 (2023-24)** | | **Year 2 (2024-25)** | | **Year 3 (2025-26)** | |
| [Insert Degree] | **Fall** | **Spring** | **Fall** | **Spring** | **Fall** | **Spring** |
| **Course** | [insert PSLO] | PSLO | PSLO | PSLO | PSLO | PSLO |
| [Insert Course] | [Insert CSLOs] |  |  |  |  |  |
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