## UNM_OfficeOfAcademicAffairs_Horizontal_RGBAPR Mid-Cycle Check-In

**Unit Name:
Previous APR Site-Visit Dates:**

**Next Scheduled APR:**

**Unit Chair: Updates to Recommendations**

*Address all APR-related recommendations incorporated in the Unit Response and Action Plan documents,* ***adding rows as necessary****. New initiatives can be included and discussed, even if they were not included in the Unit Response or Action Plan.*

|  |  |  |
| --- | --- | --- |
| **Reviewer Recommendation or Finding** | **Action Taken since Review** | **Future Action** |
| *Describe the recommendation for change that resulted from the self-study, external review, department response, and initial action plan.* | *Describe the actions taken to implement the recommendation. If none, why?* | *Describe additional actions planned to implement the recommendation, or changes in the unit affecting implementation of recommendation.* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Unit Chair: Assessment Reflection**

*Consider the unit’s assessment practices since the last APR. Please provide a small narrative reflecting on assessment impact, strengths, concerns, or obstacles that exist within the unit, focusing on those areas that would be well-served by leadership feedback and/or highlighted to reviewers at the unit’s next APR.*

**Unit Chair: Review and Confirmation**

**Comments:**

**The items provided in the Mid-Cycle Check in align with information provided in the previous Unit Response Report and Action Plan. YES NO PARTIALLY**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date (MM/DD/YYYY)

**Dean/Associate Dean: Dean’s Office Review and Approval**

**Comments/Feedback:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date (MM/DD/YYYY)

**Provost/Associate Provost: Office of the Provost Review and Approval**

**Comments/Feedback:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date (MM/DD/YYYY)