## UNM_OfficeOfAcademicAffairs_Horizontal_RGBAppendix G: Unit Response & Action Plan Cover Sheet

**Unit Response Report and Initial Action Plan Cover Sheet**

**Unit Name:**

**APR Site-Visit Dates:**

**Unit Chair: Review and Confirmation**

**The action items provided in the Initial Action Plan aligns with information provided in the Unit Response Report. YES NO PARTIALLY**

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Print Name Signature Date (MM/DD/YYYY)

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

**Does the proposed Initial Action Plan include action items that are within the Unit’s budget?**

**YES NO PARTIALLY**

**What is the financial impact of the Unit’s Initial Action Plan?**

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**What additional resources are required beyond the Unit’s budget?**

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Print Name Signature Date (MM/DD/YYYY)

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

**Comments/Feedback:**

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Print Name Signature Date (MM/DD/YYYY)