



## 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature *(Use fill and sign)*

\_\_\_\_\_  
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?

What additional resources are required beyond the Unit's budget?

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature *(Use fill and sign)*

\_\_\_\_\_  
Date (MM/DD/YYYY)

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

Comments/Feedback:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature *(Use fill and sign)*

\_\_\_\_\_  
Date (MM/DD/YYYY)