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| **Action Plan**  Department:  Program:  Chair/program coordinator:  Date of approval by Provost: | | | | |
| Goal: | | How will you evaluate the efficacy of the changes? | | |
|  | | What criteria will be used to measure success? | | |
| Action Steps  Describe each step required for implementation and evaluation | When | Who | Necessary resources | Notes: |
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| 2. |  |  |  |  |
| 3. |  |  |  |  |
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