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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 StepsDescribe each step required for implementation and evaluation | When | Who | Necessary resources | Notes: |
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| 2. |  |  |  |  |
| 3. |  |  |  |  |
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