Orange County Community College
Assessment of Student Learning Outcomes in the Major
External Review SIGNATURE PAGE

Program being Assessed:  ____________________________________________________

Date of External Review:  ___/___/___

External Reviewers:
Name:  __________________________________________
Affiliation:  __________________________________________
Contact Information:  __________________________________________
__________________________________
_________@________
_____________________________________________

Signature  ___/___/___
Date

Name:  __________________________________________
Affiliation:  __________________________________________
Contact Information:  __________________________________________
__________________________________
________@________
_____________________________________________

Signature  ___/___/___
Date

Attachments:
☐ Resume(s)
☐ External Review Team Report
☐ Other:  __________________________________________

___________________________________________  ___/___/___
Department Chair  Date

___________________________________________  ___/___/___
Associate Vice President  Date

___________________________________________  ___/___/___
Vice President of Academic Affairs  Date