ANNUAL PROGRAM UPDATE (APU) VALIDATION FORM

Discipline, Department, Unit, Program Name: Click or tap here to enter text.

| **PART I.** | Review of discipline/department/unit/program performance and improvement action plans are to be completed by validation leads. |

Berkeley City College 2018-20 Strategic Goals

GOAL I: Strengthen Resilience: Strengthen BCC students' abilities to become self-directed, focused and engaged in the pursuit of transformative, life-long learning experiences that result in personal and academic success.

GOAL II: Raise College Competence: Raise student skills and competencies, and expand their learning experiences, so that they can successfully complete their college program.

GOAL III: Enhance Career-Technical Education Certificates and Degrees: Enhance BCC's 1- and 2-year career and technical education programs so that they provide current and transferable skills and competencies to earn a living wage in our area, and to maintain competency for advancement in one's career.

GOAL IV: Increase Transfer and Transfer Degrees: Ensure that all of BCC's programs of study and transfer pathways for degrees prepare students, in a timely manner, for multiple transfer options.

GOAL V: Ensure Institutional Sustainability: Increase BCC's impact in education through innovation, internal and external collaboration and partnerships, and sufficient resources, both short-term and long-term.

APU Categories	Validation Criteria	Comments (commendations/recommendations)
Program Overview	☐ Program mission & goals are completed ☐ Program goals support & aligned to BCC strategic goals	Click or tap here to enter text.
Program Outcome Update	☐ Program data prompts were analyzed & reported ☐ Significant changes were discussed ☐ Performance gaps for disproportionally impacted students addressed ☐ Improvement Action Items are supported with evidence	Click or tap here to enter text.
Assessment *(Review link to Assessment calendar)*	☐ Program assessments (SLOs/PLOs/AUOs) are completed on time ☐ Improvement Action Items are supported with evidence	Click or tap here to enter text.
Funded Resource	☐ Outcomes and accomplishments were documented ☐ Not applicable	Click or tap here to enter text.

| **PART II. Validation Lead Signatures** |

Validation Committee Member

Name_____ Signature_____ Date_____

Curriculum & Assessment Specialist

Name_____ Signature_____ Date_____

Division Dean

Name_____ Signature_____ Date_____

Discipline, Department, or Program Chair's Acknowledgement of Annual Program Update Feedback

Name_____ Signature_____ Date_____

Received by President/Vice President of Instruction/Vice President of Student Services

Name_____ Signature_____ Date_____