**Connecticut State Colleges & Universities  
Academic Program Review**

**Quality Assurance Monitoring of Credential Programs**

**End-of-Year Report: Supplemental for Low Completer**

**20\_\_-20\_\_ Academic Year**

**Institution:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Academic Program** | **Threshold Average Annual Completions over Three-Years\*** | **Program Average Annual Completions** | **Low Completer - Action Recommendations**  **See** [**Low Completer Policy**](https://www.ct.edu/files/pdfs/Academic%20Program.Low%20Completer%20Review%20Process.pdf)**\***  **Please Provide:**   * **A brief rationale for the action option chosen** * **A brief description, if applicable, of the plan for tracking the results of the action option** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Supplemental APR Form 2: 09/2021

NOTE: Adjust Expandable Microsoft Word Table as Necessary

\*See Academic Program/Low Completer Review Process, <https://www.ct.edu/academics/approval>, for thresholds and action recommendation options.