**Dean:** Choose an item.

|  |  |
| --- | --- |
| **Program** | **Associate Dean/CE Program Manager** |
| CAMPUS. | AD or CE PROGRAM MANAGER |
|  | PRIORITY (Describe the need or initiative that the department wants to address)Priority/Program Need |
|  | **TARGET AUDIENCE (Describe the intended audience)**Target Audience. |
|  | **NUMBER OF EXPECTED PARTICIPANTS**Number of participants. |
|  | **TIMELINE (Define the timelines being proposed for completion of activity). If you have a specific date, please indicate on document.** Click here to enter a date. |
| TO BE COMPLETED BY CTL |
|  | PLAN OF ACTION  |
|  | RESOURCES |
|  | RESPONSIBILITY  |
|  | SIGNED (MANAGER OF CTL) DATE:  |
| STATUS OF PROJECT |
|  | COMPLETED |
|  | NOT COMPLETED |
|  | REMARKS |