**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 | |