Vernon College

Changes to Assessment Calendar/Report Calendar

2010-2011

Department/Division_____Continuing Education_____

Requested Change: Please indicate addition, update or deletion to 2010-2011

_____ **New assessment activity** Title: _____

_____ **New report** Title: _____

_____ **Replacement/Update of previous assessment activity**

Title: _____

_____ **Replacement/Update of previous report**

Title: _____

__X___ **Deletion of assessment activity** Title: ___TNA Annual Report_____

_____ **Deletion of report** Title: _____

_____ **Same assessment/different date for activity**

Title: _____

_____ **Same report/different date** Title: _____

Rationale for requested change: __Continuing Education is no longer offering CNE's as a provider. The process for these credits has become very expensive and very hard to achieve. The focus of these credits are new hospital procedures which is not the focus of the CE department at Vernon College.

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Estimated month of completion: _____

Submitted by: ____Michelle Wood_____ Date: 3.28.11_____

Approved by: _____Date: _____
(President)

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Received by Office of Institutional Effectiveness: 3.28.11

Presented to Planning and Assessment Committee: 3.29.11