

No. _____

Dated: _____

IMPLEMENTATION PLAN

(Based on Findings of the Assessment Team)

Department/Institute: _____

Program Undergoing Self-Assessment: _____ Discipline: _____
(Example: BS/ M Phil/ PhD) (Example: Biochemistry)

Campus: _____

	Assessment Team's Findings	Proposed Corrective Action	Implementation Date	Responsible Body	Resources Needed
1.					
2.					
3.					

Comments & Signature of the Head of the Department/Institute:

Comments & Signature of the Dean of the Faculty:

Comments & Signature of the Director QEC: