



# Welcome to Program Review

Berkeley City College - 2019

GEOL - Instruction

Annual Program Update

## Program Overview

**Please verify the mission statement for your program. If your program has not created a mission statement, provide details on how your program supports and contributes to the College mission.**

### Program Total Faculty and/or Staff

**Full Time**

**Part Time**

Don Woodrow Ph.D. (Geol)

**The Program Goals below are from your most recent Program Review or APU. If none are listed, please add your most recent program goals. Then, indicate the status of this goal, and which College and District goal your program goal aligns to. If your goal has been completed, please answer the follow up question regarding how you measured the achievement of this goal.**

**Describe your current utilization of facilities, including labs and other space**

## Program Update

### Semester End Enrollment/Usage Pattern

Review your Semester End Enrollment by setting the filter to your college and subject



**Using the dashboard, review and reflect upon the data for your program. Describe any significant changes and discuss what the changes mean to your program. Consider whether performance gaps exist for disproportionality impacted students. Focus upon the most recent year and/or the years since your last comprehensive program review. Cite data points from the dashboard to support your answer.**

**Describe the department's progress on Student Learning Outcomes (SLOs) and/or Administrative Unit Outcomes (AUOs) since the last Program Review/APU. If your discipline offers a degree or certificate, please describe the department progress on Program Learning Outcomes (PLOs).**

**Describe the outcomes and accomplishments from previous year's funded resource allocation request.**

Brief description of funded request	Source (any additional award outside your base allocation)	Total Award Amount	Outcome/Accomplishment
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**In the boxes below, please add improvement actions and resource requests that are directly related to the questions answered in this section. If there are no improvement actions or resource requested in this area, leave blank.**

Improvement Action

Improvement  
Actions

**Improvement Action**

Action Item	Description	To be completed By	Responsible Person
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**Resource Request**

Choose an Option

**Resource Request Summary**

Total Cost: \$0

Total Resource Request: 1

Program Update

Personnel

No Resources found for this  
category

Professional Development

No Resources found for this  
category

Technology and Equipment

No Resources found for this  
category

Supplies

No Resources found for this  
category

Facilities

No Resources found for this  
category

Library

No Resources found for this  
category

Other

No Resources found for this

category

## Sign and Submit

**Please provide the list of members who participated in completing this program review.**

Pieter de Haan

**Please enter the name of the person submitting this program review.**