**2016 – 2017 Divisional Assessment Process**

***Assessment Project Report***

***Part III***

**Department:**

**Title of Assessment Project:**

Is this assessment related to a Goal/Outcome on Part I? (If yes, indicate Goal, and/or Outcome)

Goal:

Outcome:

Date Assessment Completed:

Purpose: *What did you want to know and why?*

Type: *Specifics on data collection, methodology, analysis*

Significant Findings: *List the* *3 MOST significant findings*

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How Will Results Be Used:

****

****

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Recommendations based on findings: *Changes or improvements to be made?*

Submitted by:

Position:

E-mail:

Submit one Part III for each assessment completed to Department Director **within** **30 days of completion** of the assessment project. Directors should submit an electronic copy **(DO NOT ALTER FORMAT)** of Part III and raw data\* to [saemassess@oswego.edu](mailto:barbara.stmichel@oswego.edu) after reviewing the Assessment Project Report.

*\*If Institutional Research approval was required, all raw data must be submitted along with the Part III.*

Assessment Part III/2016-2017/FINAL/mmm