Crafton Hills College Planning and Program Review Committee Participation in Annual Planning or Program Review

Unit Name:

Please mark the applicable process and enter year:

___Program Review ___Annual Planning Year:

Please list all people invited by the unit to participate in the process, indicate whether they participated, and if so, whether each was a full participant (FP) or a reviewer (R).

Name	Position	Division/Organization	Participated?		Capacity?	
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R
			Yes	No	FP	R