Complete a separate form for each objective.

Name: _________________________   Administrative Unit/School: ____________________________________
Department: _________________________________________________

Review Period (Check):  _____December   _____March

Strategic Priority Category (Check):
__1.0  Enhancing the Teaching and Learning Environment
__2.0  Accepting Responsibility, Demonstrating Accountability
__3.0  Strengthening the Management Infrastructure
__4.0  Increasing the University’s Financial Resources

Assigned Priority (Check)
__1.0  Enhancing the Teaching and Learning Environment
    __Development and Implementation of Comprehensive and Holistic Enrollment Management Plan
    __Comprehensive Integration of Technology into teaching across all disciplines
    __Comprehensive Integration of CAU Cultural Creed into all aspects of University operations

__2.0  Accepting Responsibility, Demonstrating Accountability
    __2.1  Implementation of Institutional Effectiveness System
    __2.2  Implementation of the Faculty and Staff Performance Evaluation System
    __2.3  Completion/Updating of the Five-Year Strategic Plans

__3.0  Strengthening the Management Infrastructure
    __3.1  Development and Implementation of a multiyear Comprehensive Financial Planning and Resource Allocation Model
    __3.2  Revision and Implementation of consistent Fiscal and Administrative Policies and Procedures
    __3.3  Provision of technology access and availability to all faculty, staff and students at the University

__4.0  Increasing the University’s Financial Resources
    __4.1  Engaging the Board of Trustees more effectively
    __4.2  Enhancing the University’s capacity to attract increased private/public sector and alumni support for scholarships, endowment, facilities and academic program
    __4.3  Maximizing the use of technology with distance learning and new teaching strategies to reach new student markets

Related Administrative Unit Objective (Administrative Officer’s/Dean’s Operational Plan, Form A, Column 3):
_______________________________________________________________________________________ ______
_______________________________________________________________________________________ ______

Departmental Objective (Departmental Operational Plan, Form B, Column 1):
____________________________________________________________________________________________
_______________________________________________________________________________________ ______

Indicate the status of the objective. If the objective is “complete” or “on-schedule,” what documentation supports the status? If the objective is “behind-schedule,” give a brief explanation and indicate the revised timeframe. Other significant changes should be noted.

___Complete   ___On-Schedule   ___Behind-Schedule

Explanation: _________________________________________________________________________________
_______________________________________________________________________________________ ______

Recommended Revisions/Corrections: ______________________________________________________________