Student Success and Equity Committee – Enrollment prioritization

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| --- | --- | --- | --- | --- | --- |
| Group Name: |  |  | Date: |  |  |

Please review proposals and answer this form for each group applying and be ready to turn in form on Friday, November 6th in the SSEC/SSC meeting. Presentations of groups who passed the technical review will be on Friday, December 4th during SSEC/SSC meeting.

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| --- | --- | --- | --- | --- |
| 1. wOULD sTUDENT sUCCESS BE INHIBITED, IF THIS GROUP dOESn’t RECEIVE SECOND LEVEL PRIORITY?
 | y |  | n |  |
|  |  |  |  |  |
| **Overall Strengths or Concerns:** |  |  |  |  |
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| --- | --- | --- | --- | --- |
| 1. Does the proposal support our overall instituttional goals in terms of students success and equity?
 | Y  |  | N |  |
|  |  |  |  |  |
| **Overall Strengths or Concerns:** |  |  |  |  |
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| 1. Pass for Presentation
 | Y |  | N |
|  |  |  |  |

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| --- |
| 4) Presentation: |
| **Strengths:** |
|  |
| **Weaknesses:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Final Recommendation | Y |  | N |  |
|  |  |  |  |  |

Rater’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 And Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_