UNIT OBJECTIVE

Objective Title: ___________________________  Planning Unit: ___________________________

Original Planning Year: ____________________  Multi-Year Objective:

  □ YES  □ NO

Type of Service:
  □ Administrative Support Service
  □ Community/Public Service
  □ Educational
  □ Educational Support Service

Objective Status:
  □ Completed  □ Discontinued
  □ In Progress  □ Pending

Objective Description: ______________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Institutional Outcomes:
  □ Select from list

Strategic Planning Priorities:
  □ Select from list

Annual Developmental Objective:
  □ Select from list

TASKS

Number: ______  Task: ________________________________
Due Date: ______  ________________________________

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**INTENDED RESULTS**

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**ASSESSMENT MEASURES**

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**UNITS IMPACTED**

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**ACREDITATION STANDARDS**

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**OUTCOMES**

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