

Program Name:	Completed by:	Plan Effective Date:
Outcome	Methods	
<p>Outcome Name: Competency Category:</p> <p>(Formula: Who/What + Action Verb + competency/task/area of mastery)</p>	<p>Instrument: Method:</p> <p>Course(s) Assessed:</p> <p>Minimum Criteria for Success:</p> <p>Sample (Min 10 or 10%, type N/A if not applicable):</p>	
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***Badges have minimum requirement of three Student Learning Outcomes.**