**Format Annual Progress Review of Action Plans – Institutional Reviews & Program Reviews**

**Name of the University………………………………………………… Name of the Faculty (only for PRs)………………………………..**

**Period of the Action Plan ………………………………………………. Name of the PR (only for PRs)……………………………………..**

**Year of concern……………………………………………………………..**

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| **Goal 1 of University Corporate Plan: …………………………………….** | | | | | | | | **Remarks** |
| **Proposed activity / Sub-activity** | **Activity number in Corporate Plan** | **Relevant key performance indicator (according to action plan)** | **Responsible officer** | **% Quarterly achievement of the annual target for key performance indicator** | | | |  |
| **Q1** | **Q2** | **Q3** | **Q4** |  |
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| **Goal 2 of University Corporate Plan: …………………………………….** | | | | | | | |  |
| **Proposed activity / Sub-activity** | **Activity number in Corporate Plan** | **Relevant key performance indicator (according to action plan)** | **Responsible officer** | **% Quarterly achievement of the annual target for key performance indicator** | | | |  |
| **Q1** | **Q2** | **Q3** | **Q4** |  |
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| **Goal 3 of University Corporate Plan: …………………………………….** | | | | | | | |  |
| **Proposed activity / Sub-activity** | **Activity number in Corporate Plan** | **Relevant key performance indicator (according to action plan)** | **Responsible officer** | **% Quarterly achievement of the annual target for key performance indicator** | | | |  |
| **Q1** | **Q2** | **Q3** | **Q4** |  |
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