



## Annual Unit Plan Objectives 2009-2010

**DEPARTMENT/DIVISION:**

**UNIT PLANNER:**

**Institutional Priorities:** This objective is related to the following Edison State College priority/priorities. Please put an "X" in the box to choose the priority/priorities that are appropriate for your objective.

- |  |   |
|--|---|
| <input type="checkbox"/> Learning-Centered Culture | <input type="checkbox"/> Financial, Facility & Technology |
| <input type="checkbox"/> Under-Prepared Students   | <input type="checkbox"/> Professional Development         |
| <input type="checkbox"/> Vibrant Relevant Programs | <input type="checkbox"/> Collaborative Partnerships       |
| <input type="checkbox"/> Student Support Services  | <input type="checkbox"/> Regional Image                   |

**Institutional Goals:** This objective is related to the following Edison State College goal/goals. Please enter the number(s) from the corresponding Goals worksheet.

**Objective:**

**Assessment Strategy:** How will the outcomes of this objective be measured?



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**Facilities:** Does this objective require a change to facilities?

Yes  No

**Technology:** Does this objective require a change to technology?

Yes  No

**Funding:** Does this objective require new funding?

Yes  No

If yes, please attach the budget request to this form, prior to approval.

**Approval:** This objective requires the signature of the Executive Vice President **or** the Vice President, Student & Academic Services prior to data entry in SPOL.

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Dr. Noreen Thomas

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Dr. Steve Atkins

**Research and Planning Use Only**

Received Date: \_\_\_\_\_ Date in SPOL: \_\_\_\_\_