

## **NECHE Indicators of Educational Effectiveness**

If you have any questions or concerns about the form, please contact Brittany Brown at bbrown3@framingham.edu or 508-626-4742.

626-4742.				
rogram Asses	ssment			
First Name:	*Sarah	La	st Name:	* Pilkenton
Banner ID:	*100394572	Er	mail:	*spilkenton@framingham.edu
Please selec	et the reporting period this asses	sment/accreditation	work was	completed:
* 2021-2022	, , , , , , , , , , , , , , , , , , ,	~		
	et the type of program you compl ging your initial selection, please refi			
			naking a ne	w Selection.
* Graduate Pr	ogram	~		
Please selec	et the program you completed as	sessment for during	this repor	ting period:
				g poou.
Master of Sc	cience - Food and Nutrition - Food S	cience and Nutrition		
			of prograr	n learning objectives) completed during thi
	n assessment plan that had reached		original five-	year cycle.
	h the related documents produc or this work):	ed as a result of the	activities l	isted in above (mandatory if funding is
*Revised - MS	S Food Science Assessment Plan_F	eb2022_submitted.doc		
rogram Inforr	mation			
Enter the ye	. •	eview. If the program	ı is new, er	nter the upcoming program review year or e
*Program Rev	view was submitted in December 20	19.		
	RL of the web page where Progra	• •	es for this	s program are published:
* https://www.	framingham edu/academics/graduate	a-studios/araduato-doa	ree_nrogram	ns/master-of-science-food-and-nutrition/learning

arah Pilkenton	02/11/2022	
ubmitter Signature	Date	
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stitutional Assessment Signature	Date	