**Department:** **Date:**

**Person Submitting Action Plan:**

**Team Leader, if different from above, and other members participating in initiative:**

**Choose the strategic planning goal(s) that this action plan will be supporting:**

 Excellence in Teaching and Learning

 Supportive and Inclusive Community

 Responsive and Intentional Stewardship One year plan

 Public Purpose and Engagement Multi-year plan

**Strategy Title/Name:**

Please note that as you move forward with the development of your action plans, it is recommended that any suggested ideas/requests should address the following:

* Alignment with shared strategic planning goals;
* Enhancement of student recruitment and retention;
* Providing opportunities for collaboration within and/or across division(s);
* Able to provide evidence of results/success; and
* Fiscal feasibility.

|  |  |
| --- | --- |
| **Define Initiative** |  |
| **Description of action plan and activities supported**  |  |
| **Interdependence/collaboration with other organizational departments** |  |
| **Estimated Timeline for action plan.**  **Start date:** **End date:**  |   |
| **Briefly explain financial and other resources needed to implement initiative** |  |
| **List the anticipated outcomes**  |  |
| **Anticipated date of outcome** |  |

**Signature of Submitter:**

**Division Head Approval:**

**Comments from Division Head:**