



May 2, 2018

OFFICE OF THE PRESIDENT

MAY 8 2018

ACTION INFORMATION

Dr. Postel
Dr. Billingsley
Comie Shumake

Dr. Gregory C. Postel
Interim President
University of Louisville
Grawemeyer Hall, Room 102
Louisville, KY 40292

Dear Dr. Postel:

Thank you again for the hospitality and helpfulness extended to the Committee during its visit to University of Louisville on March 20-22 and March 27-29, 2018. Enclosed is the final report prepared by the Committee.

The report represents the professional judgment of the Reaffirmation Committee made in accordance with the *Principles of Accreditation: Foundations for Quality Enhancement* and subject to review by SACSCOC and its standing review committees—the Committees on Compliance and Reports. Some parts of the report are directly related to the requirements of the *Principles*, while others may represent advisory comments offered by the visiting committee in a spirit of helpfulness. A formal recommendation is included when a visiting committee judges that the institution does not comply with a particular standard of the *Principles*. All recommendations included in a visiting committee report have been adopted by the total committee and require an institutional response.

The SACSCOC Board of Trustees meets officially in June and in December. Final decisions on accreditation are made public on the SACSCOC website following each meeting. The report of the committee which visited your institution will be reviewed in **December 2018**. For that meeting, you should prepare a written statement of your response to the recommendations contained in the Committee's report. **Guidelines for the response are enclosed, and it is critical that they be followed when developing your institutional response.**

Please submit six copies of your written response to my attention at the office of SACSCOC on or before **Wednesday, August 29, 2018**. Also, please submit six copies of the University's QEP. If the visiting Committee did not write a recommendation related to the QEP, please submit copies of the QEP that was provided to the Committee. If the visiting Committee wrote a recommendation related to the QEP, please submit five copies of the revised QEP. The Compliance and Reports Committees are reviewing these documents as they work to ensure consistency in the evaluation decisions of On-Site Committees.

SACSCOC endeavors to maintain a cooperative and constructive relationship with officials in system and state offices. However, because of the institutional nature of the accreditation process, it is preferable that visiting committee reports be furnished to the system or state offices by the institution rather than directly by the Commission office. Therefore, you will also find enclosed a second copy of the report.



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An institution may publicly release its visiting committee report; however, release of this report in its entirety or in part must be accompanied by the following statement: "The findings of this visiting committee represent a preliminary assessment of the institution at this time; final action on the report rests with the Commission on Colleges." If the institution releases part of its report, that part must contain a note stating: "A copy of the entire report can be obtained from the institution."

Please express my sincere appreciation to all members of your faculty and staff for their cooperation and assistance during the review process.

Sincerely,

A handwritten signature in cursive script that reads "Patricia L. Donat". To the right of the signature is a circular stamp containing the word "Exec" in a stylized font.

Patricia L. Donat, Ph.D.
Vice President

PLD:ecr

Enclosures



Southern Association of Colleges and Schools
Commission on Colleges
1866 Southern Lane
Decatur, Georgia 30033-4097

REPORTS SUBMITTED FOR SACSCOC REVIEW

Policy Statement

Institutions accredited by SACSCOC are requested to submit various reports to an evaluation committee or to the SACSCOC Board of Trustees for review. Those reports include:

Response Report to the Visiting Committee
Monitoring Report or Referral Report

When submitting a report, an institution should follow the directions below, keeping in mind that the report will be reviewed by a number of readers, most of whom will be unfamiliar with the institution.

Information Pertaining to the Preparation of All Reports

Preparation of a Title Page

For any report requested, an institution should prepare a title page that includes the following:

1. Name of the institution
2. Address of the institution
3. Dates of the committee visit (*not applicable for the Referral Report*)
4. The kind of report submitted
5. Name, title, and contact numbers of person(s) preparing the report

Presentation of Reports

For any report requested, an institution should

1. **For print copies**, copy all documents front and back, double-space the copy, and use no less than an 11 point font. If the report requires binding beyond stapling, do not submit the report in a three-ring binder. Ring binders are bulky and must be removed before mailing to the readers.
2. **For electronic copies**, please comply with all steps outlined below:
 - (1) Copy the report and all attachments onto the appropriate number of flash drives, in accordance with the number of requested copies of the report. **Each** flash drive should be labeled with the name of the institution and the title of the report.
 - (2) **Each** flash drive should be submitted in a separate paper or plastic envelope not smaller than 4 x 4 inches and **each** envelope should be labeled with the name of the institution, the title of the report, and the list of document contents.
 - (3) Provide the name, title, email address, and phone number of the person who can be contacted if the readers have problems accessing the information.
 - (4) Provide **one print copy** of the response **without** the attachments.

3. Provide a clear, complete, and concise report. If documentation is required, ensure that it is appropriate to demonstrating fulfillment of the requirement. Specify actions that have been taken and document their completion. Avoid vague responses indicating that the institution *plans to address* a problem in the future. If any actions remain to be accomplished, the institution should present an action plan, a schedule for accomplishing the plan, and evidence of commitment of resources for accomplishing the plan.
4. When possible, excerpt passages from text and incorporate the narrative into the report. Provide definitive evidence, not documents that only address the process (e.g., do not include copies of letters or memos with directives).
5. When possible and appropriate, provide samples of evidence of compliance rather than all documents pertaining to all activities associated with compliance.
6. Reread the report before submission and eliminate all narrative that is not relevant to the focus of the report. If sending electronic copies, ensure that all devices are virus free and have been reviewed for easy access by reviewers external to your institution.

Information Specific for the Response to the Visiting Committee Report

Definition:	A Response Report addresses the findings of a visiting committee. It provides updated or additional documentation regarding the institution's compliance with the <i>Principles of Accreditation</i> .
Audience:	The Response Report, along with the Committee Report and other documents, is reviewed by SACSCOC Board of Trustees and is subject to the review procedures of the Commission's standing committees, including the continuation of a monitoring period, the imposition of a sanction, or a change of accreditation status.
Report Presentation:	Structure the response so that it addresses committee recommendations in the order that they appear in the report. Tabs should separate each response to a recommendation. For each recommendation, provide the number of the Core Requirement, Comprehensive Standard, or Federal Requirement and state the recommendation exactly as it appears in the visiting committee report. Describe the committee's concerns that led to the recommendation by either summarizing the concerns or inserting verbatim the complete narrative in the report pertaining to the recommendation. Provide a response with documentation.
Due Date:	The Response-Report is due on the day indicated in the transmittal letter from Commission staff accompanying the visiting committee report.
Number of Copies:	See the transmittal letter from Commission staff accompanying the visiting committee report.

Information Specific to the Preparation of a Monitoring Report or a Referral Report

Definition:	These reports address recommendations and continued concerns of compliance usually identified by the Committee on Compliance and Reports (C & R) or by the Executive Council (or, for a Referral Report, identified by the Committee on Fifth-Year Interim Reports) and referred to the SACSCOC Board of Trustees. It follows the C & R Committee's review of an institution's response to a visiting committee report.
Audience:	The Monitoring Report and the Referral Report are reviewed by SACSCOC Board of Trustees and are subject to the review procedures of the Commission's standing committees, including the continuation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

Report Presentation: For a Monitoring Report, structure the response so that it addresses committee recommendations in the order that they appeared in the report. Tabs should separate each response to a recommendation.

For each recommendation, (1) restate the number of the Core Requirement, Comprehensive Standard, or Federal Requirement, the number of the recommendation, and the recommendation exactly as it appeared in the visiting committee report; (2) provide a brief history of responses to the recommendation if more than a first response (to include an accurate summary of the original concerns of the visiting committee, a summary of each previous institutional response and an explanation of what had been requested by the Commission); (3) cite verbatim the current request of the Commission that is related to the recommendation (reference notification letter from the President of SACSCOC); and (4) prepare a response to the recommendation.

For a Referral Report, structure the response so that it addresses the concerns described in the letter from the SACSCOC President in the order that they appeared. Tabs should separate each response to each standard cited.

For each standard cited, (1) restate the number of the Core Requirement, Comprehensive Standard, or Federal Requirement exactly as it appeared in the letter; (2) cite verbatim the current request of the Commission that is related to the standard cited (reference notification letter from the President of SACSCOC); and (3) prepare a response to the recommendation.

Due Date: The Monitoring Report and the Referral Report are due on the date specified in the notification letter sent by the SACSCOC President. Requests for extensions to the date must be made to the President at least two weeks in advance of the original due date. (See SACSCOC policy "Deadlines for Submitting Reports.")

Number of Copies: See the letter from the President of SACSCOC requesting the Report.

Document History

Edited and Revised for the Principles of Accreditation: December 2003

Updated: January 2007, January 2010, May 2010, January 2012

Edited: June 2015, December 2017



**Southern Association of Colleges and Schools
Commission on Colleges**

REPORT OF THE REAFFIRMATION COMMITTEE

Statement Regarding the Report

The Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is responsible for making the final determination on reaffirmation of accreditation based on the findings contained in this committee report, the institution's response to issues contained in the report, other assessments relevant to the review, and application of the Commission's policies and procedures. Final interpretation of the Principles of Accreditation and final action on the accreditation status of the institution rest with SACSCOC Board of Trustees.

Name of the Institution: **The University of Louisville**

Date of the Review: **March 27-29, 2018**

SACSCOC Staff Member: **Dr. Patricia L. Donat**

Chair of the Committee: **Dr. Denise M. Trauth**
President
Texas State University
San Marcos, TX

Part I. Overview and Introduction to the Institution

The University of Louisville (UofL) is a state supported research institution located in Kentucky's largest city. UofL's predecessor institution was established in 1798. The institution was a municipally supported public institution for many decades prior to joining the state university system in 1970. The 409-acre Belknap Campus is home to eight of its 12 schools and colleges: arts and sciences, business, education and human development, engineering, interdisciplinary and graduate studies, law, music and social work. The 62-acre Health Sciences Campus, located in the city's downtown medical complex, includes the schools of medicine, nursing, dentistry, public health and information sciences, and the UofL Hospital. The 235-acre Shelby Campus is located in eastern Jefferson County, Kentucky and is used for continuing education and professional development programs and the Shelbyhurst Research and Office Park.

The University of Louisville has become known especially for teaching, research, and service to its community and the advancement of educational opportunity. With an enrollment of over 22,000, its academic programs attract students from every state and from all over the world. UofL offers a total of 209 degrees with undergraduate degrees in 68 fields of study, master's degrees in 75 areas (includes one specialist degree) and doctoral degrees in 36 disciplines. The institution also grants professional degrees in medicine, dentistry, and law and offers 27 certificates.

This Report has been written in conjunction with the institution's request for reaffirmation of its accreditation by the Southern Association of Colleges and Schools Commission on Colleges.

The On-Site Reaffirmation Committee spent the majority of its visit on the Belknap Campus in Louisville. However, Committee members also made in-person visits to:

1. European Business School (EBS), Oestrich-Winkel, Germany
2. Akademie Würth Business School, Künzelsau, Germany
3. Owensboro Medical Health System, Owensboro, Kentucky
4. General Electric, Louisville, Kentucky

For additional information about these off-campus programs, see Appendix B of this Report.

The Report of the Reaffirmation Committee is the final committee analysis and report: it includes the findings of the Off- and On-Site Reaffirmation Committees. It will be forwarded to the institution for a formal response. Subsequently, the Report and the institution's response will be forwarded to the SACS Commission on Colleges' Board of Trustees for action on the request for reaffirmation. It should be noted that the On-Site Reaffirmation Committee completed the following analysis after a 16-month gap between the conclusion of the work of the Off-Site Reaffirmation Committee in November 2016 and the on-site visit in March 2018. The Committee wishes to thank the University of Louisville community for the preparation of materials that supported the work of the Committee and for the courtesies and hospitality extended during the on-site visit.

Part II. Assessment of Compliance

A. Assessment of Compliance with Section 1: The Principle of Integrity

1.1 The institution operates with integrity in all matters. (Integrity)

In its review of the documents submitted by the institution, the Off-Site Reaffirmation Committee could find no evidence of a lack of integrity.

In its review of the documents submitted by the institution, the On-Site Reaffirmation Committee could find no evidence of a lack of integrity with regard to compliance with SACSCOC principles.

The institution's self-assessment provided evidence of timely and accurate information, and communication with the Commission and the public. A statement attesting to compliance was provided, signed by the Accreditation Liaison and the Chief Executive Officer of the institution.

The On-Site Reaffirmation Committee found no evidence of lack of integrity in the narratives and documentation presented in the Compliance Certification or during interviews conducted during the on-site visit.

B. Assessment of Compliance with Section 2: Core Requirements

2.1 The institution has degree-granting authority from the appropriate government agency or agencies. (Degree-granting authority)

The University of Louisville indicates that the institution has degree-granting authority from the Kentucky Council on Postsecondary Education. Documentation, the Kentucky Revised Statute (KRS) 164.815, is provided that proves the institution was a private, municipal institution until the early 1970s when it became a state, publicly funded institution. KRS 164.815 was established in 1972 and amended in 1997 by the House Bill 1 Postsecondary Education Improvement Act of Kentucky. The institution has remained unconditionally approved by the Commonwealth of Kentucky since 1972.

2.2 The institution has a governing board of at least five members that is the legal body with specific authority over the institution. The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from it. Both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, or personal or familial financial interest in the institution.

A military institution authorized and operated by the federal government to award degrees has a public board on which both the presiding officer and a majority of the other members are neither civilian employees of the military nor active/retired

military. The board has broad and significant influence upon the institution's programs and operations, plays an active role in policy-making, and ensures that the financial resources of the institution are used to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from the board except as specified by the authorizing legislation. Both the presiding officer of the board and a majority of other voting board members are free of any contractual, employment, or personal or familial financial interest in the institution. **(Governing board)**

The University of Louisville's Board of Trustees includes 17 members appointed by the Governor, the President of the Faculty Senate, the President of the Staff Senate, and the President of the Student Government Association. The organizational chart documents that the President of the institution reports directly to the Board of Trustees. The Committee structure for the Board and the minutes of the regularly held meetings document that the Board is actively engaged in establishing policies for the institution. The institution's documents demonstrated policies and procedures in place to ensure that board members are free from contractual, employment, personal, or familial financial interests in the institution.

At the time of the On-Site Reaffirmation Committee visit, a statute had been passed to allow the Governor to appoint only 10 board members. There are also three institutional constituent representatives (faculty, staff and students) for a total of 13 board members.

- 2.3** The institution has a chief executive officer whose primary responsibility is to the institution and who is not the presiding officer of the board. *(See the Commission policy "Core Requirement 2.3: Documenting an Alternate Approach.")* **(Chief executive officer)**

The institution has a Principal Administrative Officer (President) who serves as the Chief Executive Officer of the institution and is not the presiding officer of the Board of Trustees. Supportive evidence is provided in *The Redbook* which is the basic governance document of the institution. Currently, the institution has an Interim President.

- 2.4** The institution has a clearly defined, comprehensive, and published mission statement that is specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service. **(Institutional mission)**

The institution's current mission statement is clearly defined, appropriate to higher education, and addresses teaching, learning, research and service. The mission statement was approved at multiple levels and is published on the institution's website, in undergraduate/ graduate catalogs and professional schools' handbooks or bulletins.

- 2.5** The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing

improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission. **(Institutional effectiveness)**

The institution demonstrates integrated strategic planning processes, including metrics setting and evaluative processes, which inform the development of an annual operating budget and lead to continuous improvement. The current strategic plan, the 2020 Plan: Making it Happen, was implemented in 2008 and revised based on the implementation of the 21st Century Initiative in fall 2015. The University Scorecard provides the criteria used to judge the attainment of the institution's 2020 Strategic Plan/21st Century Initiative goals and demonstrates use of assessment results for improvements.

2.6 The institution is in operation and has students enrolled in degree programs. (Continuous operation)

The institution has been in continuous operation since 1837. An examination of the evidence provided shows that the institution is in continuous operation and has students enrolled in degree programs.

2.7.1 The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification for all degrees that include fewer than the required number of semester credit hours or its equivalent unit. (Program length)

The institution uses academic credit as the basis to evaluate completion of an academic program. The specific number of semester credit hours required in each individual program is proposed and approved by institution faculty and administrators in the new academic program approval process and according to the Kentucky Council on Postsecondary Education (CPE) policies and procedures. All programs (associate, bachelor, master's, and doctoral) meet or exceed the minimum credit hour limit. The institution also offers a number of "accelerated programs" which refer to the use of accelerated courses, credit for prior learning, and/or other methods to allow students to complete the program in less than the usual amount of time. The institution has a policy and guidelines that ensure that these programs meet the minimum credit hour requirements. Examples of such programs (Bachelor of Science/Master of Science in Biology and Law School's 3+3 degrees) are listed as well as the multiple degree definition. Policies on new program proposals and existing program review are presented in *The Redbook*, under the Office of Academic Planning & Accountability.

2.7.2 The institution offers degree programs that embody a coherent course of study that is compatible with its stated mission and is based upon fields of study appropriate to higher education. (Program content)

The stated mission of the institution is to pursue excellence and inclusiveness in its work to educate and serve the community through: (1) teaching diverse

undergraduate, graduate, and professional students in order to develop engaged citizens, leaders, and scholars, (2) practicing and applying research, scholarship and creative activity, and, (3) providing engaged service and outreach that improve the quality of life for local and global communities. This mission is consistent with the role of the institution as defined by Kentucky's Council on Postsecondary Education (CPE).

The institution is authorized by Kentucky Revised Statute 164.815 and the CPE to provide associate and baccalaureate degree programs; master's degree programs; specialist degrees above the master's degree level; doctoral degree programs; joint doctoral programs in cooperation with other public institutions of higher education; certificates; and professional degree programs.

All degree and certificate programs of the institution fall within one of the twenty-four primary Classification of Instructional Programs (CIP) of the Department of Education. All new courses and programs are approved at the program, department, unit, provost, and Faculty Senate through the "Course Inventory File (CIF) Curriculum Change Form Approval Process." Forty-two degree programs are also subject to external accreditation and must meet expected standards consistent with best practices in the respective discipline. The Institution provided evidence of new program approval process (BA in Sustainability and MS Dentistry) and external accreditation standards for dental and medical education. In addition, the institution has a defined process to review all academic programs every ten years to ensure the program is meeting its student learning outcomes and program goals, and remains aligned with the mission of the institution.

The institution provided an inventory of all degree programs and evidence that all degree program requirements are published through either the *Undergraduate Catalog* or the *Graduate Catalog*. In summary, the institution provided sufficient evidence that degree programs are coherent and appropriately sequenced.

- *2.7.3** In each undergraduate degree program, the institution requires the successful completion of a general education component at the collegiate level that (1) is a substantial component of each undergraduate degree, (2) ensures breadth of knowledge, and (3) is based on a coherent rationale. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent. These credit hours are to be drawn from and include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics. The courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification if it allows for fewer than the required number of semester credit hours or its equivalent unit of general education courses. (**General education**)

The institution requires completion of 34 semester credit hours of general education courses, a substantial component of the undergraduate degree programs. This requirement is consistent across both on-campus and distance education programs. Breadth of knowledge is attained by a minimum of one

course in the required content areas of humanities/fine arts, social/behavioral sciences and natural sciences/mathematics. The general education requirements are based on a coherent rationale. The institution allows exemptions from the mathematics and cultural experience requirements under specific conditions. For mathematics, if a student has a diagnosed disability which is documented, approved substitute courses may be taken. Supporting information is provided that describes the mathematics exemption and how it is to be handled. An exemption for cultural experience exists if the student can document it through things they have experienced personally such as studying abroad or transferring a course which is deemed as an acceptable substitute. In the case of transfer coursework that may count for general education, details are provided for how these credits are evaluated and how credit is provided. Both the institution and the Kentucky Council on Postsecondary Education requirements are considered for these approval processes. There is a published list of courses offered by units of the Kentucky Community and Technical College System that are considered the equivalents of various institution general education courses.

At the time of the Off-Site Reaffirmation Committee review, the institution required completion of 34 semester credit hours of general education courses, a substantial component of the undergraduate degree programs. This requirement was consistent across both on-campus and distance education programs. Breadth of knowledge was attained by a minimum of one course in the required content areas of humanities/fine arts, social/behavioral sciences and natural sciences/mathematics. The general education requirements were based on a coherent rationale. The institution allowed exemptions from the mathematics and cultural experience requirements under specific conditions. For mathematics, if a student had a diagnosed disability which is documented, approved substitute courses could be taken. Supporting information was provided that described the mathematics exemption and how it was to be handled. An exemption for cultural experience existed if the student could document it through things they had experienced personally such as studying abroad or transferring a course which was deemed as an acceptable substitute. In the case of transfer coursework that may count for general education, details were provided for how these credits were evaluated and how credit was provided. Both the institution and the Kentucky Council on Postsecondary Education requirements were considered for these approval processes. There was a published list of courses offered by units of the Kentucky Community and Technical College System that are considered the equivalents of various institution general education courses.

Because the Off-Site Reaffirmation Committee identified no issues relevant to this standard, the institution did not address it in the *Focused Report*. During interviews with the Vice Provost of Academic Affairs, the Director of General Education Assessment, and the Faculty Fellow for Undergraduate Education, the On-Site Reaffirmation Committee discovered that the institution had changed the 2007 General Education Program which was reviewed by the Off-Site Reaffirmation Committee to the Cardinal Core to be effective beginning summer 2018. These changes are in keeping with the *Principles of Accreditation* and were made in response to academic assessment of the general education program. Four significant changes have been made: (1) the institution reduced the number of hours from 34 to 31 by dropping 3 credit hours (one course) from the social and behavior sciences requirement, which is now 6 hours, (2) they

wove new diversity outcomes throughout the program, most prominently by requiring that courses seeking diversity coding also carry coding in another of the mandated general education categories (Arts and Humanities, Historical Perspective, Social and Behavior Sciences, Natural Sciences, Oral Communication and Written Communication), (3) they shifted from a Mathematics requirement to one in Quantitative Reasoning, allowing courses in statistical methods to meet this criterion, and (4) they have combined the categories of Arts and Humanities, meaning that a student now has the flexibility to choose two courses in a Humanities discipline, two courses in an Art discipline, or one of each.

- 2.7.4** The institution provides instruction for all course work required for at least one degree program at each level at which it awards degrees. If the institution does not provide instruction for all such course work and (1) makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia or (2) uses some other alternative approach to meeting this requirement, the alternative approach must be approved by the Commission on Colleges. In both cases, the institution demonstrates that it controls all aspects of its educational program. (See the Commission policy "Core Requirement 2.7.4: Documenting an Alternate Approach.") **(Course work for degrees)**

The institution provided no direct evidence that it provides instruction for at least one degree program at each level for which it awards degrees. Instead, in its response to CS 2.7.4, the institution asserted, but did not provide evidence, that its "annual course offerings are sufficient to completely offer academic programs at all authorized degree levels." The institution provided a document, "Review of Coursework by Degree Level" that states that an internal review of five degrees found that the institution did offer sufficient courses during 2014-2015 to satisfy this requirement. This document did not provide the specific data or evidence used by the institution to arrive at this conclusion. Further, the institution did not provide copies of transcripts or other records demonstrating that students had completed all degree requirements using only courses offered by the institution for any of these programs.

The "Review of Coursework by Degree Level." document discussed five degrees including the A.A. in Paralegal Studies, the B.A./B.S. in Communications, the MS in Chemical Engineering, the Ph.D. in English, and the D.M.D. in Dentistry. For the A.A., M.S., Ph.D., and D.M.D. programs, the institution discussed the totality of the degree course requirements and provided a statement to the effect that the internal review of course offerings during the 2014-2015 academic year demonstrated that the course offerings were sufficient to allow a student to complete the degree course requirements. Aside from this assertion that the course offerings were sufficient, the institution did not provide documentation of instruction.

For the B.A./B.S. in Communications, the institution only provided a discussion of the requirements for the major and an assertion that "...required and elective course [sic] for both the BA and BS degrees were offered by The institution." The institution did not discuss its general education and lower division course requirements for the B.A./B.S., and because of that it is not clear whether the

quote above applies to these courses or whether the institution was only referring to the major course requirements discussed. The institution did not provide data or transcripts to indicate that it provided all instruction needed to complete the B.A./B.S. in Communications degree.

In the *Focused Report*, the institution provided representative, redacted transcripts for each of the following representative degree programs: (1) the A.A. in Paralegal Studies, (2) the B.A./B.S. in Communications, (3) the MS in Chemical Engineering, (4) the Ph.D. in English, and (5) the D.M.D. in Dentistry. They also (1) provided catalog copy for each of these programs annotated as to how the courses on the transcript matched the listed program requirements, and (2) provided evidence from each semester's timetable demonstrating the offering of the courses that appeared on the student transcripts.

The On-Site Reaffirmation Committee reviewed the supplemental materials provided and determined the institution demonstrated it does offer all course work required for at least one degree program at each level at which it awards degrees.

- *2.8** The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of each of its academic programs. **(Faculty)**

The institution categorizes those faculty dedicated to the academic goals of the institution in the three following categories:

- Nontenurable full-time appointments
 - Temporary appointments
 - Term appointment
- Probationary appointments
- Tenured appointments

The institution defines a permanent, full-time faculty member as 0.80 FTE (or more). The institution evaluates the adequacy of Faculty numbers using the following three metrics: (1) faculty-to-student ratios; (2) faculty instructional activity as measured by student credit hour production at the undergraduate, graduate and professional levels, and (3) faculty productivity and scholarship. Across all types of programs (undergraduates, graduates, professional), full-time faculty teach the majority of face-to-face and online coursework, as measured by student credit hours. Finally, a faculty reinvestment program following a voluntary separation program in 2013 has allowed the institution to hire new faculty strategically and grow the full-time body of faculty. The measured increase in faculty scholarship and creative output is used as a benchmark of success of this program and an indication that the number of faculty is appropriate to meet the mission of the institution.

The On-Site Reaffirmation Committee interviewed the Vice Provost for Faculty Affairs who has the responsibility for all faculty personnel actions and to provide faculty and administrator professional development programs. He verified the processes and measures in place to evaluate and monitor faculty numbers.

- 2.9** The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate library collections and services and to other learning/information resources consistent with the degrees offered. Collections, resources, and services are sufficient to support all its educational, research, and public service programs. **(Learning resources and services)**

The main campus is served by five libraries which work together to support learning resources and services in support of the institution's overall mission. The Law Library, which reports administratively to the Law School, works collaboratively with the other main campus libraries. Additionally, the health sciences campus is served by its own library. The libraries maintain physical and electronic collections sufficient to support students and faculty in their academic pursuits. As is typical in modern research libraries, the weight of the collection has shifted heavily toward electronic resources. Library statistics indicate significant usage and usage that is in line with a library and an institution of this size and configuration. Among the libraries referenced above is the special collections and archives, which collects and preserves primary materials in accordance with the programs and policies of the institution. The library maintains appropriate agreements and partnerships sufficient to provide access to collections and services beyond the campus. The library hosts a modern library management system in support of collection development, access, and discovery. The institution cooperates with partners in the state on collection development and access. Recently the library hired an assessment professional to help review and direct services and resources in ways that insure direct support of the larger institutional mission. The library partners with other campus entities to provide services in the library. These partners include the Writing Center, the Digital Media Suite, and REACH. The library has a current strategic plan.

- *2.10** The institution provides student support programs, services, and activities consistent with its mission that are intended to promote student learning and enhance the development of its students. **(Student support services)**

The institution offers a variety of programs and services for undergraduate, graduate, and professional students which are consistent with its mission. Admitted and incoming freshman and transfer students are supported by the Office of Admissions, New Student Orientation, the Leader Summer Peer Mentor Program, the Financial Aid Office, the Registrar's Office, the First Year Initiatives Program, the Office of Transfer and Adult Student Services, and the Office of Military and Veteran Student Services. Admitted graduate students are supported by the School for Interdisciplinary and Graduate Studies, and professional students by their respective schools (dentistry, law, and medicine).

Academic support programs are coordinated through the Office of the Vice Provost for Undergraduate Education and include services provided by the Office of Undergraduate Advising Practice, REACH (Resources for Academic

Achievement), a centralized academic support unit offering tutoring and retention programming, the McConnell Center, a student enrichment scholarship program, and also by the eleven academic units of the institution. Other student support services are provided by the Office of Information Technology, the University Writing Center, the Cardinal Card Office for student ID's, Dining Services, and the Parking and Transportation Office.

The Division of Student Affairs provides services to support student learning and development through several student life departments such as Housing and Residence Life, the Career Development Center, the Office of Student Involvement, the Office of Civic Engagement, Leadership and Service, the Student Activities department, the Department of Intramural and Recreational Sports, and the Student Government Association. Student development programs are also available, such as those for Registered Student Organization Leadership, and International Service Learning. In addition, health and wellness services are offered by the Counseling Center, the Office of Health Promotion, the Department of Public Safety, PEACC (Prevention, Education, and Advocacy on Campus and in the Community), and the Student Care Team. Other student support services are provided by the Student Disability Center and the Student Advocate.

The Office of the Vice Provost for Diversity and International Affairs offers services to advance diversity for the institution, providing student support through the Cultural Center, the International Center, the Muhammad Ali Institute for Peace and Justice, the Office for Lesbian, Gay, Bisexual and Transgender Services, the Women's Center, and the Bias Incident Response Team.

The institution has appropriately used processes to determine student needs and interests, including student satisfaction surveys, demand data, and focus groups, and has used the results to make changes in services. Examples provided included recent change in Counseling Services, Advising, and Cultural Competency and Bias Training.

Students enrolled in distance education courses and programs are supported through online resource hubs, the institution Online Learning Website, and the Distance Education Student Services Resource student affairs webpage. The institution also provides online students resources through the Delphi Center for Teaching and Learning, the Research and Assistance Instruction and the Access and User Services departments of the Library, and through academic units. Distance and online students have access to institutional resources and programs through a variety of methods including websites, virtual and online services, telephone, email, Skype, Blackboard, and other communication avenues.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. Interviews included the Vice Provost for Student Affairs and Dean of Students, Assistant Provost and Assistant Dean of Students, Director of Student Activity Center and Special Programs, Student Advocate, and current and past presidents of the Student Government Association.

2.11.1 The institution has a sound financial base and demonstrated financial stability to support the mission of the institution and the scope of its programs and services.

The member institution provides the following financial statements: (1) an institutional audit (or *Standard Review Report* issued in accordance with *Statements on Standards for Accounting and Review Services* issued by the AICPA for those institutions audited as part of a systemwide or statewide audit) and written institutional management letter for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or *Standard Review Report*) guide; (2) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year; and (3) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board. **(Financial resources and stability)**

A review of audited financial statements for FY 2015, FY 2014, FY 2013, and FY 2012, other financial documentation, and 2016 bond rating letters from Moody's and Standard & Poor's indicate the institution has a sound financial base and demonstrated financial stability; however, the institution was unable to provide audited financial statements and a management letter for the year ended June 30, 2016.

BOND RATINGS

Per bond ratings published in February 2016, Moody's affirmed The institution's Aa3 rating with a stable outlook, and Standard & Poor's affirmed its AA- rating with a stable outlook. These independent ratings provide its stable enrollment, strong research presence, and strong financial profile.

AUDITED FINANCIAL STATEMENTS AND MANAGEMENT LETTER

The Institution's financial statements are audited annually by an independent audit firm (Crowe Horwath LLP for FY 2015 and BKD LLP for earlier years). The institution received an unqualified opinion for FY 2015, FY 2014, FY 2013, and FY 2012, the most recent audit provided. The FY 2016 audited financial statements and management letter were not available for review by The Committee.

STATEMENTS OF UNRESTRICTED NET POSITION

The required Statements of Unrestricted Net Position were presented for FY 2012 through FY 2015. Unrestricted net position decreased from \$67.6 million in FY 2012 to \$12.3 million in FY 2015 (81.8 percent decrease); however net position did grow by \$7.9 million in FY 2015.

ANNUAL BUDGET

The institution's annual operating budget is preceded by sound financial planning linked directly to the strategic plan "*2020 Plan: Making it Happen*". A rigorous internal process is established to provide a sound basis for budget allocations,

including review and opportunity for input from a broad constituency of administration, faculty, staff, and students. The operating budget is reviewed and approved by the Board of Trustees annually. A scorecard of goals is maintained and updated regularly, with budget allocations and results as a key component of the evaluation process.

In its *Focused Report*, the institution provided the University of Louisville Consolidated Financial Statements for both the 2015-2016 and 2016-2017 fiscal years along with the Board of Trustee minutes for the subsequent meetings in which these reports were approved. The audit opinion for both financial statements prepared by Crowe Horwath is unqualified. The Management Letter cited one significant deficiency and two deficiencies, all addressed in Comprehensive Standards 3.10.2 – Financial Aid and 3.10.3 – Control of Finances.

In its November 2016 review, the Off-Site Reaffirmation Committee had noted a strong financial base evidenced by prior financial performance and sound financial planning linking the budget development process to the strategic plan.

However, the 2016 fiscal year ended with a deficit in unrestricted net position of \$6.9 million, a reduction of more than \$19.2 million from the prior year. Total current assets reduced by \$7.5 million led primarily by the reduction in cash and cash equivalents of \$8 million. Financial performance for the 2017 fiscal year includes an increase in total net position of \$28.7 million and total liabilities reduced by 3.6 percent while unrestricted net position improved year-over-year by nearly \$10 million. However, the institution recognized a drop in unrestricted cash and cash equivalents of \$47 million, a 38 percent one year reduction. Financial performance for the prior five years is mixed, with reductions to state appropriations and only modest growth in net tuition and fee revenue. Unrestricted net position improved for the 2017 fiscal year to end as a positive \$2.7 million, but is preceded by a reduction of more than \$80 million since the 2012 fiscal year end. The institution may benefit from establishing a reserve policy for both general and decentralized funds.

Discussions with the Interim Chief Financial Officer during the on-site visit regarding the institution's liquidity position indicated that there is not a liquidity policy in place regarding cash on hand. For clarification, the Interim CFO indicated that both the University Hospital and the University of Louisville Foundation have more than 100 days of cash on hand. Both the Interim CFO and Interim Institution President acknowledge the cyclical nature of cash balances throughout the fiscal year with the end of year accounting cycle noted as a low point. Developing a liquidity policy that includes both an expectation for the number of days of cash on hand and a regular cash flow forecast aligning the annual budget to actual expenditures may be beneficial to the institution.

The institution provided bond credit rating reports from Moody's Investors Services and Standard & Poor's. Both agencies downgraded the institution's debt in December 2017 with Moody's noting a negative outlook and S&P noting a stable outlook. Challenges documented in the ratings review include constrained state budget and the governance and organizational transitions in the institution and affiliated entities. Moody's notes in their ratings rationale that

the institution's liquidity position is now less than 30 days monthly cash on hand at 29 days, which results in less operating flexibility. Changes in the operations of the University of Louisville Foundation, including the timing of payment to the institution, have contributed to reductions in current assets and increases in noncurrent assets due from loans and affiliates. The institution provided information during the on-site visit that indicated current cash on hand has varied throughout the fiscal year and was at 59 days at the time of the on-site visit versus the 29 days at year end. Discussions with the interim president and interim CFO acknowledge ongoing discussions regarding the appropriate level of cash on hand. The interim president remarked the Moody's median is high, but considered 100 days as a possible goal. The institution is engaged in proactive discussions with the rating agencies regarding the financial condition of the institution. This is particularly important considering possible additional debt issuance for housing renovations to support enrollment growth plans.

For the 2018 fiscal year, the Interim President and Board of Trustees implemented a budget that reduces operating expenditures for personnel through attrition, provides procurement savings through contractual arrangement as well as reductions in travel and supplies, and by expending accumulated one-time funding for specific non-recurring needs in lieu of using recurring budgeted resources. The Interim President and Interim CFO agree that budget to actual expenditures at the time of the on-site visit are resulting in better than expected operating savings.

13.1 (Financial Resources), Recommendation 1: The Committee recommends that the institution demonstrate it has sound financial resources and a trend of positive financial operating performance.

2.11.2 The institution has adequate physical resources to support the mission of the institution and the scope of its programs and services. (Physical resources)

The institution consists of three campuses: a 409 acre Belknap Campus that houses eight of the institution's twelve colleges and schools, a 62 acre Health Sciences Center, and a 235 acre Shelby Campus that houses several centers and institutes.

A number of facilities planning and evaluation processes are in place. The institution has a master plan for each of the three campuses; however, the Health Sciences Center master plan has not been updated since 2006. The most recent update for the Belknap and the Shelby campus was published in 2009. A number of projects identified as needs in the master plans have been completed or are underway.

The Kentucky Council on Postsecondary Education (CPE) routinely conducts an assessment of space needs for all State public institutions. The most recent report was published in 2014, using 2012 data for the base year. The CPE report concluded that there was a 21 percent overall space deficit, or over 597,000 ASF, required for the institution to meet benchmark guidelines. These deficits were particularly acute for research laboratories (74 percent deficit, over 357,000 ASF), teaching laboratories (58 percent deficit, over 53,000 ASF), and support space (78 percent, over 63,000 ASF). The institution presented a summary of the

CPE assessment, however, information about how the deficits were calculated and whether the assessment was a comprehensive review of all institution facilities was not presented. No information about the potential capital costs to rectify the space deficit was presented. The institution lists a number of projects completed based on the 2009 Belknap campus master plan and describes classroom renovations accomplished in many buildings subsequent to 2010; however, the Off-Site Reaffirmation Committee could not determine dates of completion for most projects, and could not determine the impact of completed projects on the space deficits indicated in the CPE assessment.

The On-Site Reaffirmation Committee found that for each of the three campus sites, the institution provided additional information regarding recent capital projects to include the dates of completion, the total cost and the impact of each project on space deficit reporting. Planned campus facilities that address space deficits are documented with costs and changes to assignable square footage. The Belknap campus master plan was updated within the last ten years and the Health Sciences Campus master plan last revised in 2006 is underway. Additionally, detail for the methodology used in the calculation of the state Council on Postsecondary Education space deficit reporting was provided.

In the *Focused Report* the institution indicates that the Kentucky CPE study included review of 52 percent of total assignable square footage and that the study focused only on Education and General space. Among the exclusions are library space and support space. The institution points out that the purpose of the CPE assessment is for use in state budget capital planning – both to assess future needs and to determine the backlog of deferred maintenance. The institution provides details on the limits of the CPE study as it relates to external funding only, limited building review, and excludes some critical campus space uses. The institution provided a detailed chart with state formula and showed the calculation of space by type compared to actual assignable square footage. The chart indicates a calculated deficit of 597,290 assignable square feet – a 21 percent shortage. The institution includes an alternate calculation based on current National Science Foundation expenditures, with revised assignable square footage from completed capital construction since 2012, and with adjustments made to account for support spaces. With these revisions, the space deficit reduces to 339,026 assignable square feet – a 9.8 percent shortage. Research labs are the space type most in demand with a 36.3 percent deficit compared to the original calculation of a 74 percent research space deficit.

The institution submitted to the Kentucky state legislature a future projects summary for 2018-2024 that aligns new capital projects to the strategic plan, of which a primary focus is research. More than \$315 million is requested for new research-related facilities.

Based on the capital projects completed, the Health Sciences Campus master plan in development, limitations of the Kentucky CPE space assessment and the recalculation provided by the institution the information provided in the *Focused Report* and in interviews provides evidence that the institution has adequate resources to support the mission of the institution and the scope of its programs and services.

- 2.12 The institution has developed an acceptable Quality Enhancement Plan (QEP) that includes an institutional process for identifying key issues emerging from institutional assessment and focuses on learning outcomes and/or the environment supporting student learning and accomplishing the mission of the institution. **(Quality Enhancement Plan)**

The institution developed an acceptable QEP. See Part III for additional information.

C. Assessment of Compliance with Section 3: Comprehensive Standards

- 3.1.1 The mission statement is current and comprehensive, accurately guides the institution's operations, is periodically reviewed and updated, is approved by the governing board, and is communicated to the institution's constituencies. **(Mission).**

The institution's mission statement is current and comprehensive. It was approved by the Board of Trustees on January 14, 2016, following a systematic review process, which included administrators, faculty, staff, and students. The revised mission statement was based on the strategic plan and guides the institution's operations. It is communicated to the institution's constituencies via the institution website, catalogs, and bulletins.

- 3.2.1 The governing board of the institution is responsible for the selection and the periodic evaluation of the chief executive officer. **(CEO evaluation/selection)**

The Off-Site Reaffirmation Committee did not review this standard, as the institution's compliance with this standard will be reviewed by the SACSCOC Board of Trustees at its December 2016 meeting.

The On-Site Reaffirmation Committee reviewed materials that support the institution's case for compliance.

Kentucky Revised Statute 164.830, Section 2.7 of the Board of Trustees Bylaws, and The Redbook, which is the institution's governance document, all document that the governing board is responsible for the selection and evaluation of the chief executive officer. Minutes of meetings of the Board of Trustees document board control over both appointment of the chief executive and annual evaluation of the chief executive's job performance.

- 3.2.2 The legal authority and operating control of the institution are clearly defined for the following areas within the institution's governance structure: **(Governing board control)**

3.2.2.1 the institution's mission

The Kentucky Revised Statutes give the legal authority and operating control for the institution's mission to the Board of Trustees. Minutes of the regular meeting of the Board of Trustees dated January 14, 2016,

document that the institution's mission was reviewed and adjusted to align with current goals.

3.2.2.2 the fiscal stability of the institution

The Kentucky Revised Statutes and *The Redbook* empower the Board of Trustees to exercise fiscal jurisdiction including approval of the budget. Minutes of meetings of the Board of Trustees confirm that the Board approves the budget annually, sets the tuition and fees, approves capital development plan and reviews the audits the institution's financial expenditures.

3.2.2.3 institutional policy

The Kentucky Revised Statutes vest the legal authority and operating control of institutional policy with the Board of Trustees. *The Redbook* and the By-Laws of the Board further delineate the Board's responsibility. Minutes of the regular meetings document the authority of the Board to approve policies such as the revisions to the College of Arts and Sciences Personnel Policies and Procedures that were approved on January 14, 2016.

3.2.3 The governing board has a policy addressing conflict of interest for its members. (Board conflict of interest)

The institution has a policy (Board of Trustees' Bylaws Section 4.1) addressing conflict of interest for members of the institution's Board of Trustees. The Kentucky Revised Statute 45A.340 addresses the conflict of interest. A letter is provided to each member of the Board pertaining to conflict of interest and an orientation is provided. Each member of the Board is required to complete a Conflict of Interest Certification on an annual basis. The Off-Site Reaffirmation Committee was unable to review completed conflict of interest forms in order to determine whether the institution is implementing this policy.

The On-Site Reaffirmation Committee was able to review completed conflict of interest forms and determined that the institution is implementing this policy.

On March 15, 2017, the Kentucky General Assembly passed Senate Bill 107 ("An Act Relating to Gubernatorial Appointments"), which was signed into law by the Governor on March 21, 2017. On May 18, 2017, the Board of Trustees of UofL adopted Policy Statement 1.3 ("Freedom from Undue Influence"), which states that "the Board will maintain a robust policy on conflicts of interest in adherence to applicable state law." Senate Bill 107 amended several statutes related to institutions of higher education in Kentucky, including Kentucky Revised Statute 164.830, which states: "No relative of a board of trustee member shall be employed by the university." However, the conflict of interest forms signed in January 2018 reveal that Trustee Armstrong's wife, Trustee Burse's nephew, and Trustee Trucios-Haynes' partner, Dr. Ray Haynes, are all employed by the institution. Depending on how "relative" is defined, at least one and possibly all three of these may be violations of Kentucky Revised Statute 164.830.

Review of the Kentucky Revised Statute KRS 164.001(20) defines a relative as "a person's father, mother, brother, sister, husband, wife, son, daughter, aunt, uncle, son-in-law, or daughter-in-law." A nephew does not fall within the statutory exclusion and does not apply to the employment of Trustee Burse's nephew at the institution. However, the institution's Official University Administrative Nepotism Policy PER-2.11 definition of family member includes "...nephew" in its documentation and applies to all institutional employees.

It would be helpful for the institution to consider achieving consistency of definitions between the statute and institution policy.

3.2.4 The governing board is free from undue influence from political, religious, or other external bodies and protects the institution from such influence. (External influence)

The Off-Site Reaffirmation Committee did not review this standard, as the institution's compliance with this standard will be reviewed by the SACSCOC Board of Trustees at its December 2016 meeting.

The institution provided evidence for the On-Site Reaffirmation Committee that the Board operates as a free and independent entity that is focused on the well-being of the institution and is not controlled by external agencies or entities. The KRS 164.821 Board of Trustees of University of Louisville – Membership statute outlines its governing board's structure, staggering term limits and proportional representation based upon political affiliation and racial composition. Moreover, the institution also has internal controls which limit external influence and includes the UofL Board of Trustees Bylaws, Policy Statement 1.3, Freedom from Undue Influence, established in 2007. Members receive the Board of Trustees Bylaws which includes this policy statement and are oriented on the same. Conflicts of interest that could result in undue external influence are addressed in Bylaws Section 5.1, Conflict of Interest.

3.2.5 The governing board has a policy whereby members can be dismissed only for appropriate reasons and by a fair process. (Board dismissal)

The Off-Site Reaffirmation Committee did not review this standard, as the institution's compliance with this standard will be reviewed by the SACSCOC Board of Trustees at its December 2016 meeting.

The On-Site Reaffirmation Committee reviewed Kentucky Revised Statute 63.080 and Article 3 of the institution's Board of Trustees Bylaws which specifies that Trustees may only be removed "for cause" or to ensure proportional representation on the Board. These documents also describe the notification, appeal, and review process to be followed. No Board dismissals have taken place since these policies were instituted, but the policies about how such dismissals should occur are clear and detailed and appear to define appropriate reasons and a fair process for dismissal.

- 3.2.6** There is a clear and appropriate distinction, in writing and practice, between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and implement policy. **(Board/administration distinction)**

The authority of the University of Louisville governing board is assigned by Kentucky Revised Statute 164.830. The information is disseminated to the institution through *The Redbook*, the institution's governance document. The Off-Site Reaffirmation Committee reviewed minutes and found appropriate distinction between the policy-making function of the board and the administrative authority to implement policy.

- 3.2.7** The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies. **(Organizational structure)**

The institution has a clearly defined and published organizational structure that delineates responsibility for the development and administration of policies. The organizational structure for the institution is typical of similar institutions, and the organizational chart is readily available on the home website. This organizational chart is revised as needed based on any changes in leadership positions or functions.

With the adoption of revised *Principles of Accreditation* by the College Delegate Assembly in December 2017, this standard is no longer applicable.

- *3.2.8** The institution has qualified administrative and academic officers with the experience and competence to lead the institution. **(Qualified administrative/academic officers)**

The Off-Site Reaffirmation Committee's review of the institution's organizational chart, job descriptions, biographies, and curriculum vitae of the institution's administrative and academic officers, including those of its Executive Vice Presidents and Provost, Vice Presidents, and Deans indicate that the institution has effective leadership to accomplish its mission, in the President's Office and in the Academic Units. The institution has provided sufficient evidence and detail showing appropriate credentials and expertise for the majority of its key decision makers (Executive Vice Presidents, Vice Presidents, Provost, and Deans), including prior and increasingly responsible experience. In addition, policies on duties, appointment, and review of the institutions' administrators and academic officers are provided in *The Redbook*, The institution's basic governance document. Many of these academic and administrative officers have been granted recognition and awards in their respective fields, and have published in prominent refereed journals. However, the Off-Site Reaffirmation Committee was unable to find sufficient documented evidence and indicators of qualifications and experience, such as biographical information and CVs, for most of the key administrative officers (Vice Provosts) in the Provost's Office. Evidence for only one is provided (the Vice Provost for Student Affairs, who is also the Dean of Students).

The institution provided and the On-Site Reaffirmation Committee reviewed documentation including the Provost Office Organizational Chart, job responsibilities, biographical summary, and curriculum vitae for all of the Vice Provosts: (1) Academic Affairs, (2) Diversity and International Affairs, (3) Faculty Affairs, (4) Strategic Enrollment Management and Student Success, (5) Institutional Research, Effectiveness, and Analytics, (6) Student Affairs, (7) Chief Budget Officer, and (8) Associate Provost for the Delphi Center. All had the necessary experiences and education credentials needed for each of their positions. The Associate Vice President for Human Resources confirmed search processes align experiences with position descriptions and verify credentials prior to making an offer.

The institution provided evidence and detail showing appropriate credentials and expertise for these key positions. Administrative search processes were reviewed with the Vice Provost for faculty Affairs and the Associate Vice Provost for Human Resources. These materials and processes support the institution's case for compliance with this standard.

3.2.9 The institution publishes policies regarding appointment, employment, and evaluation of all personnel. (Personnel appointment)

The institution provided evidence that it publishes policies that describe conditions of appointment, employment, and evaluation and that these policies are widely disseminated. The institution noted that it publishes these documents in *The Redbook*, the basic governance document for the institution, and that it is available on the web. The institution noted that the Faculty Senate and the Staff Senate are charged with reviewing relevant institution policies and in an advisory role making recommendations to the administration regarding those roles.

For faculty members the institution provided copies of policies governing appointment, employment, and evaluation. The institution provided relevant excerpts from *The Redbook* relating to faculty appointment, employment, tenure/promotion, and evaluation. The institution provided a sample employment offer letter. For staff members, the institution provided copies of policies governing employment and evaluation. The institution provided both relevant excerpts from *The Redbook*, as well as copies of *Human Resource Policies* and the Human Resources New Employee Orientation web-page.

The Off-Site Reaffirmation Committee was unable to find evidence that shows that evaluation practices are consistent with the published policies.

The On-Site Reaffirmation Committee found evidence to support compliance based on a review of the materials provided in the *Focused Report*. The Performance Management and Staff Development Plan is used to document the performance of all non-faculty at least annually as outlined in the Performance Appraisals Policy Statement. The institution provided examples of staff evaluations and letters notifying staff of review results that together demonstrated adherence to their policy. Faculty annual evaluation policy is provided in Section 4.2.1 of the Redbook, and copies are maintained by Office of the Dean in each unit. The annual faculty work plan is described in Section 4.3.1 of the Redbook. The institution provided the policies, examples of promotion and tenure

decisions, part-time faculty evaluation, graduate assistant evaluations, dean evaluations, and evaluations of administrators reporting to the President.

3.2.10 The institution periodically evaluates the effectiveness of its administrators. (Administrative staff evaluations)

The Off-Site Reaffirmation Committee's review of the institution's tactical goal scorecards, which are aligned with the strategic plan, performance scales, and assessment cycle for the institution's senior leadership, as well as the policies on annual evaluations for Deans in *The Redbook* and the schedule for decanal reviews indicate that the institution has appropriate processes for evaluating the effectiveness of its administrators annually and every five years for Deans. There are clear processes and procedures in place, including those for self-assessment, performance review, annual goal-setting, and re-appointment for most of the institution's senior administrative staff. Sufficient evidence, including samples of self-assessment, goal scorecards, a summary roster of evaluations of senior administrators, written assessments by the President, and evaluations of Deans, is provided that demonstrates that the criteria, evaluation, and documentation of the processes outlined in the institution's policies are followed as described for most of its key administrative leaders, including the Executive Vice Presidents and Provost, other Vice Presidents, and Deans.

3.2.11 The institution's chief executive officer has ultimate responsibility for, and exercises appropriate administrative and fiscal control over, the institution's intercollegiate athletics program. (Control of intercollegiate athletics)

The Board of Trustees vests ultimate authority for the control of intercollegiate athletics with the President. The organizational chart confirms that the Vice President for Athletics reports directly to the President.

3.2.12 The institution demonstrates that its chief executive officer controls the institution's fund-raising activities. (Fund-raising activities).

The President, as shown in the organizational chart and stated in *The Redbook* is the Chief Executive Officer of the institution. *The Redbook* states that the control of institutional fundraising activities is vested in the President. The President also serves as *ex-officio* Director of the University of Louisville Foundation, Inc.

3.2.13 For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs: (1) the legal authority and operating control of the institution is clearly defined with respect to that entity; (2) the relationship of that entity to the institution and the extent of any liability arising out of that relationship is clearly described in a formal, written manner; and (3) the institution demonstrates that (a) the chief executive officer controls any fund-raising activities of that entity or (b) the fund-raising activities of that entity are defined in a formal, written manner which assures that those activities further the mission of the institution. (Institution-related entities)

The institution reports four related corporations:

University of Louisville Research Foundation (ULRF)

ULRF was established in 1983 primarily to promote and support research at the institution. Per budget documents provided by The institution, the ULRF budget for FY 2016 was \$462.2 million. No fund-raising is conducted by ULRF. The Agency Agreement dated 2003 between ULRF and The institution was reviewed. Proper legal authority and operating control was clearly defined, as well as appropriate liability protection.

University of Louisville Athletic Association (ULAA)

ULAA was established by the institution's Board of Trustees in 1984 to conduct a financially self-sufficient intercollegiate athletics program. The Agency Agreement dated 1984 between ULAA and The institution was reviewed. Proper legal authority, operating control, and liability protections between ULAA and The institution are incorporated into the Agency Agreement.

University of Louisville Foundation (ULF)

ULF was founded in 1970 exclusively for the charitable and educational purposes of the institution, and serves as the principal fund-raising arm of the institution. The Agency Agreement dated 1996 was reviewed. Proper legal authority appears to be set forth in the agreement, as well as appropriate liability protections. However, the provided Agency Agreement is not specific as to the purpose of the ULF, instead stating that *"the Corporation is a non-profit organization existing and operating in accordance with the laws of the Commonwealth of Kentucky, performing educational, research, artistic and community service functions in the public interest..."*. The Agency Agreement is focused primarily on defining administrative functions performed by The institution and ULF, along with flow of funds between the entities and related procedures. Further, The institution states in its narrative that the president of the institution serves as the president of ULF. The Agency Agreement between ULF and The institution does not specify that the institution president is president of ULF; rather, the ULF by-laws provided by the institution, dated March 8, 2010, indicate in Section 4.4 that the ULF President does not have to be a director of the corporation. The ULF President is elected by its directors on an annual basis. Based on the above review, the Off-Site Reaffirmation Committee could not determine that the relationship between ULF and The institution was clearly described in a formal document signed by both entities. Further, a majority of ULF directors are not institution trustees or officers or employees of the institution. Therefore, no conclusion could be drawn as to whether the institution president controls fund-raising activities of the entity.

The institution indicates that the Kentucky State Auditors of Public Accounts notified ULF on June 25, 2015, of a review of this foundation. No additional information was provided about the nature of the review and whether the scope of the review includes an examination of issues that could impact compliance with SACSCOC CS 3.2.13.

University of Louisville Medical School Fund, Inc. (ULMF)

An Agency Agreement was not provided to describe the relationship between ULMF and The institution, therefore the Off-Site Reaffirmation Committee could

not determine compliance with this Standard for ULMF. ULMF had a budget of \$3.5 million for FY 2016.

The On-Site Reaffirmation Committee found that the institution reported four related entities in the *Compliance Certificate*. The Off-Site Reaffirmation Committee reviewed each noting that both the University of Louisville Research Foundation (ULRF) and the University of Louisville Athletic Association (ULAA) provided supporting documentation including articles of incorporation, by-laws, and agency agreements that define the purpose, legal authority, operating control, relationship between parties, liability and control of fund raising activity.

The *Compliance Certificate* narrative regarding the University of Louisville Medical School Fund, Inc. (ULMSF) did not include an agency agreement to describe the relationship between the ULMSF and the institution. In June 2017, following the consolidation of the School of Medicine clinical faculty member practices into the University of Louisville Physicians, Inc., the ULMSF was dissolved. The institution provided the approval by the ULMSF of the revision of the School of Medicine Private Practice Plan and the subsequent UofL Board of Trustees meeting minutes of February 15, 2015, including approval of the elimination of the ULMSF. It is noted that these meetings occurred prior to the submission of the *Compliance Certificate*.

The institution responded to a *Special Committee Report* on Comprehensive Standard 3.2.13 regarding the University of Louisville Real Estate Foundation. A Memorandum of Understanding, adopted in October 2017, by both the UofL Board of Trustees and by the ULREF defines the legal authority, operating control, and fund raising activities of the ULREF. The MOU describes the relationship of the institution and the ULREF and any liability arising out of the relationship. The SACSCOC Compliance and Reports Committee reviewed the institution's response in December 2017 with no additional compliance recommendations.

Following a review of the Agency Agreement provided in the *Compliance Certificate*, the Off-Site Reaffirmation Committee Report noted that the relationship between the institution and the University of Louisville Foundation (ULF) could not be determined. Information provided did not specify the role of the institution's president as the president of the ULF, nor was the control of fund raising activity clearly evident.

In June 2015 the Kentucky Auditor of Public Accounts (APA) began a review of governance of the ULF. The Examination of the Governance of the University of Louisville Foundation and its Relationship with the University of Louisville was released in December 2016 containing eight audit findings with recommendations along with a benchmark summary of foundation best practices using survey responses from 28 institutions of higher education. The audit concludes that the governance of the ULF is ineffective due to the dual role of the President with the ULF and as President of the institution, and due to the concentration of authority in leadership roles with a lack of check and balances over decisions. The APA report noted that the receipt of requested information from the Institution and ULF was often delayed and inconsistent in presentation.

A joint response for the institution and the ULF is included with the APA report. In it, both entities express commitment to transparent operations including responding to open records requests and standardizing the report of financial information. Both parties agree that the University of Louisville president will not serve as the ULF president. Staffing changes highlighted are the placement of an ULF interim Executive Director/Chief Operating Officer and inclusion of the institution's Senior Vice President of Finance and Chief Operating Office as a member of the foundation's Finance Committee. The letter confirms that a board orientation program would be developed and that the Association of Governing Boards would be engaged to assist in development of best practices.

Both the institution and ULF appointed committees to review current governance practices and draft a new Memorandum of Understanding. In March 2017, the institution and the ULF adopted a new MOU that defines the purpose of the ULF, describes the governance and financial relationship of the institution to the Foundation, includes the required liability protections, and notes the role of the University of Louisville President as controlling fund raising activities and serving as an ex-officio voting member of the Foundation's Board of Directors. Also, in March 2017, the ULF revised its Bylaws and adopted new policies for spending and signatory authority.

The institution and the ULF formed a Joint Audit Oversight Committee to issue a Request for Proposal for an additional forensic audit of the Foundation. Alvarez and Marsal Disputes and Investigations, LLC was engaged and delivered a report in June 2017. In response to the forensic audit findings, in December 2017 the institution and the ULF adopted a Management Representation and Indemnity Agreement to support the governance structure, ensure operation with best practices and procedures, and ensure that the Foundation is not inappropriately influenced by individuals or political pressures. The ULF Board continues the review and implementation of the recommendations from the forensic report and provides progress updates at each meeting.

With the approval and implementation of a new MOU between the University of Louisville and the ULF along with evidence of governance changes the institution provided information in the *Focused Report* and during interviews to support the institution's case for compliance with Comprehensive Standard 3.2.13.

3.2.14 The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual property rights)

The institution has clear policies concerning the ownership of intellectual property and the use of revenue derived from intellectual property. As evidence, the institution provided a copy of a document, "University of Louisville Intellectual Property Policy." This policy specifically applies to faculty, staff, and students.

The policy makes clear the following general principles:

- 1) Students generally own any intellectual property they create out of their participation in programs of study at the institution. The exceptions to this being if the student is working on behalf of the institution or uses

specialized institution resources to create the intellectual property, in which case the University of Louisville Research Foundation (ULRF) owns the intellectual property.

- 2) Intellectual property created by faculty and staff generally belong to ULRF. The policy explicitly states that neither the institution nor ULRF will hold any ownership rights to Traditional Work, which is a broadly defined category of scholarly and academic works, except in cases where the institution specifically commissions such work.
- 3) The institution will distribute revenue of commercialized intellectual property with 50 percent of the revenue going to the inventor, and the remaining 50 percent being distributed within the institution.

The institution provided evidence that the policy was broadly disseminated via *The Redbook* and via the web.

With the adoption of revised *Principles of Accreditation* by the College Delegate Assembly in December 2017, this standard is no longer applicable.

- 3.3.1** The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas (**Institutional Effectiveness**):

***3.3.1.1** educational programs, to include student learning outcomes

Educational Excellence is one of the institution's 2020 Strategic Plan goals and the institution's 21st Century Initiatives, which overlays the 2020 Plan and supports improvements in the academic programs through a institution-wide planning and assessment process. A formalized and standardized structure for assessment management and a centralized repository for its documentation was implemented following a review of the Student Learning Outcomes process.

The Office of Academic Planning and Accountability (OAPA) conducted detailed reviews of the AY 2007-2008 and AY 2008-2009 student learning outcomes (SLO) annual reports submitted by the academic programs. The institution acknowledged that it needed to transform its accountability and assessment activities from manual processes to a web-based system to support the management of institutional student learning outcome-based assessment and, therefore, did not provide documented SLO annual reports with the revised process until 2014, following institution-wide extensive training and implementation of assessment best practices. The 2014-15 SLO Annual Reports provided offer a comprehensive overview of a program's mission, goals, and resources, including an assessment of student learning outcomes and evidence of continuous program improvement from the following degree-granting units at the institution: College of Arts and Sciences (43 percent), the College of Education and Human Development (15 percent), the J. B. Speed School of Engineering (15 percent); School of Nursing (1 of 4), and Law (1 of 3). The examples provided showed measurable student learning outcomes, the extent to which the students met the outcomes, and use of the results of the assessments to make improvements to the programs.

After reviewing the examples, the Off-Site Reaffirmation Committee cannot fully determine if all programs have identified SLO or have assessed the identified outcomes, given the limited scope (e.g., one year of data AY 14-15) provided and a lack of clarity on sampling methodology. The Committee was unable to determine that all educational programs engage in sufficient assessment and that processes are in place to assess the effectiveness of their programs, not simply a "check-list" of program compliance with Annual SLO reporting.

In its *Focused Report*, the University of Louisville documented a significant history of learning outcomes assessment for its degree programs dating from 1999. The narrative response included steps the institution has taken over time to improve assessment practice and presented convincing evidence that programs use assessment data to improve program learning outcomes.

In response to the Off-Site Reaffirmation Committee's finding that the sample included in the original submission was lacking clear justification, the *Focused Report* included assessment reports and institutional feedback for all UL programs for three full cycles, from 2012-2015. On request, the UL also provided reports and feedback for all programs for the 2015-2016 cycle and available reports for the 2016-2017 cycle. The On-Site Reaffirmation Committee's review of these reports found a range of assessment practice, from "best practice" efforts for many programs to more developing efforts for others. Overall, the reports demonstrated that the institution's programs have defined learning outcomes, identified and implemented viable measures of student attainment of those outcomes, and use the information from assessment to improve.

The detailed feedback provided to programs from the Office of Academic Planning and Accountability, using a form keyed to institutional expectations for program assessment, is clear, thorough, and formative. Programs have responded to the feedback with improvements to assessment practice. Finally, the On-Site Reaffirmation Committee conducted interviews with staff from the Office of Academic Planning and Accountability, confirming that the institution as a whole is engaged in continuous improvement of student learning through assessment of student learning outcomes.

3.3.1.2 administrative support services

The institution identified eight major administrative units. Three outside consulting firms provided institutional-level insight into cost and operational efficiencies, auditing practices and financial management, and business operation and technology. Assessment of administrative support units was decentralized and focused on the use of external consultants to guide improvements in these areas. The institution piloted a more centralized approach in AY 14-15 of systematic collection and reporting of assessment efforts similar to the SLO assessment process. Outcomes Assessment Reports (OARs) from the eight administrative units were provided. Each unit identified performance outcomes that were consistent with the Institution's Mission, 2020 Strategic Plan, and 21st century initiatives

3.3.1.3 academic and student support services

Academic and student support services units engage in well-defined unit level processes to establish goals and outcomes in support of the Institution's strategic plan. In addition, decentralized, institutional objectives, such as improving retention showed data-driven decisions, assessment, and use of assessment results for improvements.

3.3.1.4 research within its mission, if appropriate

The institutional commitment to research is manifested in the 2020 Strategic Plan and 21st Century Initiative. The institutional scorecard system of accountability that is aligned with the goals of 2020 Plan/21st Century Initiative provides a systematic approach to assess research outcomes and to use these assessments to improve the performances of those units that either support research or units that directly engage in research as a significant part of their stated mission.

3.3.1.5 community/public service within its mission, if appropriate

The institution provide sufficient evidence that the units dedicated to community/public service engage in evaluation activities specific to their programs, aligned with the mission of the institution, and document assessment and use of assessment results for improvements in within the Institution's decentralized model. The University Scorecard includes annually reported metrics and targets for community engagement outcomes reported at the institutional level. Additionally, community engagement activities carried out annually at the local, state, national, and international levels demonstrate the institution's commitment to a culture of engaged public service.

With the adoption of revised *Principles of Accreditation* by the College Delegate Assembly in December 2017, this standard is no longer applicable.

- 3.3.2** The institution has developed a Quality Enhancement Plan that (1) demonstrates institutional capability for the initiation, implementation, and completion of the QEP; (2) includes broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP; and (3) identifies goals and a plan to assess their achievement. **(Quality Enhancement Plan)**

The institution satisfactorily addressed all components of this standard. See Part III for additional information.

- 3.4.1** The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration. **(Academic program approval)**

The institution documents the entire internal and external process for new program proposal and approval in its governance document, *The Redbook*. Every new program proposal originates in an academic unit through a letter of intent (LOI) sent to the Provost's Office. The process involves external

consultation early with the Kentucky Council of Postsecondary Education. Upon initial approval of the LOI, the proposal is run through a series of reviews and approval steps involving academic committees and the Faculty Senate-Academic Programs Committee (APC). After successfully passing a period of public review by the CPE (45 days), the proposal is then presented to the Board of Trustees for approval. All programs offered online or through collaborative arrangements involve the same institution approval process. Any changes to already approved programs are generated by program faculty and communicated through the unit and institution curriculum processes.

3.4.2 The institution's continuing education, outreach, and service programs are consistent with the institution's mission. (Continuing education/service programs)

The institution's stated mission is to pursue excellence and inclusiveness in its work to educate and serve the community. It achieves this through teaching, research and scholarship, and providing engaged service and outreach. The Institution provided evidence for community engagement in 2014-2015 that summarized a total of 1,214 community partnerships over 21 academic or administrative units in the Institution. These partnerships were in more than 14 different areas with the largest percentages of partnerships in social services (17 percent of total), education (17 percent of total), community service (13 percent of total), and legal services (12 percent total). Non-credit activities and the requirements for continuing education and non-academic certification are provided by and managed through the Delphi Center for Teaching and Learning, which works with institution departments in areas including management development, professional development, professional communication, and project management. The institution provided evidence that in 2015 over 2,300 participants received learning and development services from the Delphi Center, which included over 750 hours of various programming. In addition, over 200 individuals completed the requirements for certificate programs. These programs are evaluated and assessed as they are offered in order to improve future offerings.

Institution-wide outreach and service activities are coordinated by the Office of Community Engagement, which is led by the Office of the Vice President for Community Engagement. In January 2015, the institution was reaffirmed as a Carnegie Community Engagement University. The institution provided several examples of ongoing programs and initiatives of the Office of Community Engagement including for examples the Signature Partnership Initiative and the Speakers Bureau.

***3.4.3 The institution publishes admissions policies that are consistent with its mission. (Admissions policies)**

The institution's mission statement, and policies for freshman, transfer, international, graduate, and professional student admission are published in the *Undergraduate* and *Graduate Catalogs*, the Office of Admission website, the Delphi's Center Online Learning website, the professional school websites for the School of Medicine, the School of Dentistry, and the Brandeis School of Law, as well as the School of Interdisciplinary and Graduate Studies website. The Off-

Site Reaffirmation Committee's review indicates that both institution-wide and program-specific admission policies, information, and criteria are well-publicized and consistent with the institution's mission. For graduate and professional programs, specific admission criteria and policies are developed by the academic college or school. There is sufficient evidence that the institution's admission policies are published and disseminated widely for all levels and categories of students, including freshman, transfer, online, international, graduate, and professional, and that admission requirements are appropriate to identify qualified students who have the ability to complete the institution's programs successfully.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. Interviews included the Vice Provost for Enrollment Management and Student Success.

- 3.4.4** The institution publishes policies that include criteria for evaluating, awarding, and accepting credit for transfer, experiential learning, credit by examination, advanced placement, and professional certificates that is consistent with its mission and ensures that course work and learning outcomes are at the collegiate level and comparable to the institution's own degree programs. The institution assumes responsibility for the academic quality of any course work or credit recorded on the institution's transcript. *(See Commission policy "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures.")* **(Acceptance of academic credit)**

Detailed information about awarding of credit by the University of Louisville is provided in supporting documentation and links to the institution website. These credit policies apply regardless of the means by which the courses are offered including on-campus, off-campus and/or online programs. Transfer credit policies are established by faculty from each unit and the Provosts office which takes the lead in evaluating the need to develop new or to revise existing policies.

Credit awarding for transfer courses is described for both undergraduate and graduate courses. For undergraduate transfer credit, a General Education Transfer Policy clearly outlines the guidelines for how credit is obtained and what governs awarding of that credit. The state mandates utility of a Transfer Evaluation System provided by CollegeSource. Four-year institutions in Kentucky have partnered with the Council on Postsecondary Education to enable students from the Kentucky Community and Technical College System to transfer credits. Supporting information provided outlines how credit is awarded for these transfers. Additionally, the institution accepts course work from other regionally accredited universities and colleges based on American Association of Collegiate Registrars and Admissions Officers Transfer Credit Policies, which are included as part of the standard response.

For graduate courses, the institution's Graduate Record contains policies which detail how transfer course work credit is awarded. These policies govern degree programs at all graduate levels. Supporting information and website links provide guidance for how these processes occur. Six graduate semester credit hours may be obtained as transfer credit from accredited graduate schools. Up to six

additional hours may be obtained with certain limitation requirements, as long as the 24 semester credit hour residency requirement is followed. Graduate program directors are to evaluate the course work that is requested to be transferred to verify comparability to those taken at the institution. Previous master's degree hours may also be transferred toward doctoral or second master's degree programs with unit and decanal approval. Additional details of specific course grades and course type are also given with regard to applicability of acceptable transfer credit. Further, requirements for transfer student acceptability are provided for certain units, the details of which are also provided in the Graduate Record. Examples are given for the College of Business and Speed School of Engineering.

Policies that outline specific requirements, details and limitations for transfer by professional schools are given. The Schools of Medicine and Dentistry and the Brandeis School of Law allow transfer but within certain criteria. Supporting information and website links are provided which give the details of rules governing transfer for these programs.

Experiential learning credit, consortial agreements, credit by examination and post-professional certificate awarding credit information is provided in detail. Experiential learning credit information is provided for the BS in Organizational Leadership and Learning, BS in Organizational Leadership and Learning, Healthcare Leadership Competency-based Education, the RN to BS in Nursing and Criminal Justice Programs. Credit awarding information is provided for two consortium programs in the Kentucky Institute for International Studies and a Cooperative Center for Study Abroad. Examination credit information is provided and includes Advanced Placement exams, College Level Examination Program exams and others. Credit is also awarded by testing within certain units, an example being credit given for the Foreign Language Placement test. A limited number of post-professional certificates are also provided. Detailed, supporting information and links to websites are included for each of the above. The Off-Site Reaffirmation Committee reviewed sample transcripts found in documentation for C.S. 3.5.2.

In its review of C.S. 3.5.2, the Off-Site Reaffirmation Committee noted, "Transfer credits are shown on the transcript and state the institution at which the credits were earned." However, on further inspection of the representative transcripts provided, the On-Site Reaffirmation Committee saw that the courses are not unbundled and listed individually on the Institution's transcript per SACSCOC policy, The Quality and Integrity of Undergraduate Degrees, "All courses comprising a block of credit being articulated or transferred must be unbundled and recorded individually on the student transcript." (page 2, <http://www.sacscoc.org/pdf/081705/Quality%20and%20Integrity%20of%20Undergraduate%20Degrees.pdf>).

The On-Site Reaffirmation Committee discussed this matter with the Vice Provost for Academic Affairs, Dean of the College of Education and Human Development, University Registrar, and the Director of Transfer Services. They responded that they will comply and work with their technology staff to reprogram transcript production.

10.8 (Evaluating and Awarding Academic Credit), Recommendation 2: The Committee recommends that the Institution follow the SACSCOC policy, The Quality and Integrity of Undergraduate Degrees, and transcribe transfer coursework on the official transcript.

- 3.4.5** The institution publishes academic policies that adhere to principles of good educational practice. These policies are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution. **(Academic policies)**

The Redbook is the basic governance document for developing and approving University of Louisville academic policies. Changes to and revisions of *The Redbook* related to academic programs are the responsibility of the Board of Trustees based upon the recommendation of the president after formal consultation with and recommendations from the Faculty Senate. The Vice Provost for Undergraduate Affairs is responsible for academic policies related to undergraduate programs. The Vice Provost for Graduate Affairs is responsible for coordinating academic policies related to graduate programs. Ultimately, the Faculty Senate retains jurisdiction over all matters involving the educational policies of the institution except where that jurisdiction is reserved for faculty of the academic units. The institution publishes and disseminates *Undergraduate* and *Graduate Catalogs* that contain policies and procedures for each academic unit within the institution. Unit policies must be in alignment with institution policies. The *Catalog* is updated annually with input from the academic units. The current version and at least five prior years are available online. Evidence for the process of academic policy setting is provided through examples of unit bylaws, undergraduate and graduate council minutes, policy recommendations, memos, letters of intent and full documentation for new program proposal, etc.

- 3.4.6** The institution employs sound and acceptable practices for determining the amount and level of credit awarded for courses, regardless of format or mode of delivery. **(Practices for awarding credit)**

The institutional practices for awarding credit are outlined in detail. Supporting information and website links are provided describing how this is accomplished and is applicable irrespective of the delivery approach or format. Program accreditation is sought for disciplines where these are available. The institution's credit hour policy describes standards for academic credit calculations by the semester credit hour and are provided for all types of courses offered by the institution (e.g., equivalent semester credit hour for number of content hours) and examples are provided for these as well. Credit hour determination is based a standard of 50 minutes per week during regular fall/spring terms. These equivalencies are consistent with practices common in higher education and are in alignment with or exceed federal definitions for credit and regional accreditation requirements. Descriptions of online credit awarding, those for professional programs and those for distance education are also provided. The institution's governance document (*The Redbook*) grants faculty authority in each unit for issues related to curriculum and teaching. Initial credit hour recommendations are outlined by faculty in the unit to ensure discipline specific standards are followed. Academic credit guidelines were clearly outlined in CS 3.4.4, and the information regarding experiential learning was repeated in the

response to this standard. The institution academic calendar uses a 14-week schedule for fall and spring semesters which was established using SACSCOC guidelines.

- 3.4.7** The institution ensures the quality of educational programs and courses offered through consortia relationships or contractual agreements, ensures ongoing compliance with the *Principles* and periodically evaluates the consortial relationship and/or agreement against the mission of the institution. (See the Commission policy "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures.") **(Consortia relationships/contractual agreements)**

The institution has numerous consortial and partnership relationships in which educational programs occur. Supporting documentation is provided in the response along with website links to key information. When these are involved, faculty in the specific unit are responsible for administering and overseeing the program under institution governance guidance. In addition to review by the departments and units involved, institution legal counsel and administration are involved in approval of these agreements with final approval occurring at the level of the provost. The agreements include degree programs, academic partnerships and group consortiums/contract delivery. These agreements are reviewed by the respective dean for course offering prioritization and are also deemed mission consistent in evaluation by the provost. Where appropriate, the institution submits consortial agreements to SACSCOC as required.

Consortial educational programs are offered for bachelors, masters and doctoral degrees. Seven consortial degree programs are outlined in the standard response with supporting information provided for each. Five of these consortial degree programs are with institutions within the state of Kentucky and two are with German entities. Academic partnerships occur with companies, military and institution partners to provide opportunities for students to experience of-site educational offerings. These partners are not SACSCOC accredited or are not higher education affiliated. Group consortium or contract delivery mechanisms are employed that are academic partnerships and courses offerings. Group consortia includes arrangements with Kentuckian Metroversity, Inc., and Metropolitan College. Both of these relationships are at the undergraduate level and provide opportunities for coursework/degree program offerings with other educational institutions. The Contract Course Delivery partnership is by the Brandeis School of Law in contract with iLaw Ventures to delivery courses during summer terms.

- 3.4.8** The institution awards academic credit for course work taken on a noncredit basis only when there is documentation that the noncredit course work is equivalent to a designated credit experience. **(Noncredit to credit)**

The institution does not offer academic credit for coursework taken on a non-credit basis.

3.4.9 The institution provides appropriate academic support services. (Academic support services)

The institution provides academic support services to students and faculty through centralized institutional programs and services and also at the individual college and school level.

Centralized academic support services for students include tutoring, retention programs, supplemental instruction and learning assistance for certain courses, computer resources, math resources, campus community events, and peer mentoring through REACH (Resources for Academic Achievement); transfer student services including credit evaluation; military and veteran student services; the Disability Resource Center; the University Writing Center and the Digital Media Suite in the Learning Commons of the Ekstrom Library, whose services are available to all students and faculty.

Academic support services for graduate students provided by the School of Interdisciplinary and Graduate Studies include orientations for new graduate students and new teaching assistants, professional development programs, such as the PLAN, which offers the Graduate Teaching Assistant Academy, the Grant Writing Academy, and the Entrepreneurship Academy, multiple workshops, peer mentoring, and self-assessment tools.

Academic advising is offered through the academic colleges and professional schools, and by graduate faculty mentors. In addition, there is centralized support for undergraduate advisors for best practices and advising professional development provided by the Office of Undergraduate Advising Practice, including programs such as degree audit, Flight Plan (tracking and assisting students to achieve graduation in four to six years), and GradesFirst for scheduling and advising notation.

Academic support services for faculty are offered centrally through the Delphi Center for Teaching and Learning, and include faculty development programs such as the i2a Critical Thinking Institute, the Part-Time Faculty Institute, and an annual conference on teaching and learning. The Delphi Center supports the institution's Blackboard course management system, and oversees the institution's online education programs. The Delphi Center also offers seminars on a variety of topics such as Blackboard, student engagement, online course creation and design, digital media, and new and emerging technologies.

The Off-Site Reaffirmation Committee could not find sufficient evidence that appropriate academic support services are available to students at the off-campus instructional sites

In its *Focused Report*, the institution provided that evidence including descriptions of student services for each of the off-site programs, the Delphi Center for Teaching and Learning Services for Online Learners, Ask a Librarian, Access and User Services Department, Library Services for Distance Education and Online Courses, Office of Online Learning Contact Information, Virtual Writing Center and Online Learning Academic Support, REACH Online Tutoring,

and the ULink Online Portal. The On-Site Reaffirmation Committee confirmed these findings by visiting a sample of the off-campus instructional sites.

3.4.10 The institution places primary responsibility for the content, quality, and effectiveness of its curriculum with its faculty. (Responsibility for curriculum)

The governance document for the institution is *The Redbook*. This document specifically places authority over all matters relating to admissions requirements, curricula, instruction, examinations, and recommendation to the Board of Trustees for the granting of degrees with the faculty. The Faculty Senate has jurisdiction over all matters involving the educational policies of the institution that are not reserved for the faculties of the academic units.

The institution provided a flow chart of the process for changing or adding courses showing that the process begins with the academic program. As noted in the institution's response to CS 3.4.1, the process for beginning new degree programs begins with the academic unit and includes review and approval by the Faculty Senate.

With respect to the quality of the curriculum, the institution stated that within each academic unit faculty committees were charged with oversight of educational programs, including the quality of those programs. The institution also noted that it has a formal process for academic program review. This academic program review is coordinated by a multidisciplinary, faculty-led committee composed of ten faculty and two student representatives. Faculty review the program for alignment with, among other things, the institution mission, attainment of student learning outcomes and success, curriculum changes, and student, alumni, and employer feedback on the program.

With respect to the effectiveness of the curriculum, faculty members establish student learning outcomes, program outcomes, and engage in regular assessment of the curriculum. Faculty assessment of student learning outcomes is explicitly required to be considered during the academic program review process.

***3.4.11 For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field. In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration. (Academic program coordination)**

All named Academic Program Coordinators for all academic programs in 12 degree-granting, academic units were reviewed and evaluated for their ability to assure that the academic program contains essential curricular components, has appropriate content and pedagogy, and maintains currency in the field. In cases where named Academic Program Coordinators did not appear to hold degree credentials for specific curriculum development and review, other qualifications were assessed. Moreover, in cases where the named Academic Program Coordinator had neither degree credentials nor sufficient other qualifications, evidence of how the named Coordinator worked with program faculty was sought.

The Off-Site Reaffirmation Committee was unable to determine that the Academic Program Coordinator for the Equine Industry Program held the appropriate academic qualifications.

During the period between submission of the *Compliance Certificate* and Off-Site Review, the Academic program Coordinator for the Equine Industry Program passed away. This individual held leadership positions within the Kentucky equine industry. The concern with his only holding a bachelor's degree became moot with his passing. The institution has since appointed a tenure-track faculty member as program coordinator. The institution provided information regarding the qualifications for the new program coordinator with the *Focused Report*. The person assigned has a Ph.D. and an M.S. in Agricultural Leadership Development, a B.S.A. in Animal Science-Equine Management, and a B.A. in Psychology from two land-grant institutions, previous experience teaching similar courses at a land-grant institution, and some equine industry experience. Therefore, the On-Site Reaffirmation Committee determined the institution has adequately qualified academic program coordinators.

3.4.12 The institution's use of technology enhances student learning and is appropriate for meeting the objectives of its programs. Students have access to and training in the use of technology. **(Technology use)**

The institution provides technology services and resources appropriate to the overall institutional mission. At the central level, these resources and services are provided by the Information Technology (IT) division. Support services for technology are also provided at local levels as well. The IT division provides a wireless network with substantial if not complete coverage across the campus. The unit benefits from the guidance of several advisory teams. It also consults in other ways both formal and informal with a variety of groups and individuals. The Academic Technology Committee is the main advisory group. IT communicates regularly to share information about new services, changes, and other developments. IT also partners with various departments and units across campus as appropriate, including REACH, the Delphi Center, and University Libraries. IT supports numerous computer labs and learning spaces across the institution. IT supports the campus learning management system, Blackboard. The institution provides many resources for training students, faculty, and staff in the responsible use of technology. IT regularly assesses its services, and appropriate assessments are carried out in other units as appropriate. Distance learning seems adequately supported with the appropriate technology.

3.5.1 The institution identifies college-level general education competencies and the extent to which students have attained them. **(General education competencies)**

The institution has defined three competency areas for the General Education program (critical thinking, effective communication, and cultural diversity). The General Education Curriculum Committee (GECC) and the Assessment Subcommittee of the GECC oversee the general education assessment process, which uses a course-embedded assessment approach for measuring the extent to which students have attained the college-level competencies. A set of

comprehensive rubrics has been developed to assess each of the three competency areas with specific dimensions for different fields (Arts and Humanities, Mathematics, Natural Sciences, Oral Communication, Social and Behavioral Sciences, History, and Written Communication) due to the different nature of these fields' content specific outcomes. All content areas are assessed within a three-year cycle. The assessment model has undergone a number of modifications based on data collected during prior assessment iterations. The first modification includes the increase of raters of rubrics for each assessment from two to three. The second modification calls for evaluating all assessment rubrics (Critical Thinking, Cultural Diversity, and Effective Communication) to all assessment artifacts when applicable. And the final modification calls for the analysis and reporting of assessment results based on a student learning outcomes template.

Assessors (Faculty from all ranks but with predominance from the tenure/tenure-track ranks) are invited in each College through Deans and Department Heads and commonly trained in the assessment purpose and methods. Faculty teaching general education courses are expected to include the General Education Learning Outcomes and provide an explanation of how they are assessed within the course syllabus. The Office of General Education Assessment evaluate course syllabi for all courses in the content area being assessed for these two criteria to ensure that faculty continue to embed the college-level competencies in the course curriculum and assess them to determine the extent to which they are being attained within their own courses. Results of all core competencies and their intrinsic student learning outcomes are presented in the report. Examples are provided of how these results inform reviews to the curriculum of General Education courses to address any "deficiencies" identified during the review. Examples include the streamlining of the assessment process using a common "platform" across the entire institution, and modification of the scoring criteria to remove a level of subjectivity in the assessment and improve reliability. Curriculum modifications were implemented in all three core competencies (Critical Thinking, Effective Communication, and Cultural Diversity) as a result of the assessment process. Investment of resources (e.g., grants from the Provost Office and allocation of time and personnel from the Center for Delphi Teaching and Learning) have been directed at addressing findings that students struggled most with "point of view" and "demonstrating contrary evidence" in the Critical Thinking competency. Artifacts are presented that show how different Faculty groups are addressing student learning outcomes in Critical Thinking and Effective Communication through different methods (project-based and written assignments, multiple choice exams). Cultural Diversity competencies are achieved the least at the institution and as such the General Education Curriculum Committee urged attention to this outcome. As a result of the assessment, an approach to address this weakness has been to develop new courses with assignment that target these learning outcomes. The institution acknowledges that more attention needs to be directed at this particular competency in the General Education courses.

The Provost recently led a task force to review the General Education program. A sub-committee of the task force has developed a revised program proposal to share with the academic units in the fall of 2016. The modified program includes

a revised program description, student learning outcomes, program governance, and assessment provisions.

- 3.5.2** At least 25 percent of the credit hours required for the degree are earned through instruction offered by the institution awarding the degree. (*See the Commission policy "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures."*) (**Institutional credits for a degree**).

The evidence provided was not sufficient to demonstrate compliance with the requirement that at least 25 percent of the credit hours required for the degree are earned through instruction offered by the institution awarding the degree. The institution provided a policy in the *Undergraduate Catalog* that students earning baccalaureate degrees must complete 30 of their last 36 semester hours at the institution. This policy would ensure that the institution meets the 25 percent requirement only if all baccalaureate degrees required 120 or fewer semester credit hours. There are multiple degrees listed in the *Undergraduate Catalog* that require more than 120 credit hours for the degree. Selected examples include the Bachelor of Science in Bioengineering, the Bachelor of Science in Civil Engineering, the Bachelor of Music with Emphasis in Music Education, the Bachelor of Music with Emphasis in Music Therapy, the Bachelor of Science in Organizational Leadership and Learning, the Bachelor of Arts in Political Science, the Bachelor of Science in Physics, and the Bachelor of Social Work. This policy, therefore, is not alone sufficient evidence that the institution ensures that all undergraduate degrees awarded meet the 25 percent standard.

Transfer credits are shown on the transcript and state the institution at which the credits were earned.

The institution presented evidence to the On-Site Reaffirmation Committee of revising its policy to specify "*Students earning baccalaureate degrees are required to complete at least 25 percent of the total credit hours required for the degree (including general education credit hours) at UofL.*" This change in language was approved by the institution's Academic Policy committee on November 29, 2017.

The On-Site Reaffirmation Committee confirmed with the Vice Provost for Academic Affairs that the institution is implementing its new policy.

- 3.5.3** The institution publishes requirements for its undergraduate programs, including its general education components. These requirements conform to commonly accepted standards and practices for degree programs. (*See the Commission policy "The Quality and Integrity of Undergraduate Degrees."*) (**Undergraduate program requirements**)

The *Undergraduate Catalog* is readily available on the University of Louisville's website. Major specific and general education requirements are clearly specified in the *Undergraduate Catalog*.

All undergraduate students, regardless of major, must satisfy the 34-hour general education requirements. Courses that meet the general education requirements are available online and are clearly marked in the Schedule of Classes.

- 3.5.4** At least 25 percent of the course hours in each major at the baccalaureate level are taught by faculty members holding an appropriate terminal degree—usually the earned doctorate or the equivalent of the terminal degree. **(Terminal degrees of faculty)**

The institution provided evidence that at least 25 percent of the course hours in each major at the baccalaureate level were taught by faculty members having a terminal degree. The Institution defines degrees as terminal to include the Ph.D., M.D., D.M.D./D.D.S., J.D., and professional practice degrees. The institution considers the following master's degrees as terminal: Master of Fine Arts, Master of Library Sciences, Master of Nursing, Master of Social Work, and Master of Music. The overall percentage of undergraduate credits taught by faculty with a terminal degree in fall 2015 and spring 2016 was 61.9 percent and 60.1 percent, respectively. Moreover, the Institution provided evidence disaggregated by location or mode delivery which showed that 42 percent to 90 percent of the course hours in each major at the baccalaureate level were taught by faculty members having a terminal degree.

- 3.6.1** The institution's post-baccalaureate professional degree programs, and its master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. **(Post-baccalaureate program rigor)**

Degree programs offered by the institution are progressively more advanced for the masters, specialist and doctoral disciplines, as well as the professional degree programs compared to the appropriate undergraduate degrees. Supporting information and website links are provided which detail the advancing progressive nature across the degrees offered. When new programs are created, specific processes of approval must be obtained that includes faculty review using committee structure within the unit followed by affirmation by the faculty senate and provost. Identified outcomes, how the curriculum achieves those outcomes and overall program objectives are established. Processes of approval by the state Council on Postsecondary Education must also occur.

Graduate, master's, and doctoral degree courses are evaluated to ensure that increasingly, advanced coursework is involved. Post-baccalaureate courses are numbered at the 500-level and above. The *Graduate Catalog* provides policies for governing 500-level and above courses. Courses numbering 600 and above are graduate level courses. Master's degree requirements and the specific coursework involved are described in the *Graduate Catalog*. Thirty (30) hours is the minimum credits that will enable obtaining a master's degree. Some master's programs also require a culmination experience which may be of various forms depending on the unit in which the degree is offered. Degree requirements for doctoral programs are also included in the *Graduate Catalog*. In addition to 30 course credit hours, a research component and other requirements such as qualifying examinations are required to advance to the level of a doctoral candidate. Once candidacy is achieved, a dissertation must be completed for a doctor of philosophy degree or a culminating experience must be obtained for professional practice doctorates.

The institution requires that graduate programs develop Student Learning Outcomes (SLOs) in each field of study for both undergraduate and graduate degree programs. Unit faculty develop these and review them for appropriate outcomes and design future improvement. Part of this process includes establishing advancing requirements from bachelors to the master's to the doctoral levels through the use of these SLOs. Programmatic goals and competencies as part of the discipline are required to be established. Learning objectives, content and components of each course are designed to ensure SLOs occur at each degree level. Sample syllabi are provided which demonstrate the progression across the degree levels. For professional degree programs, standards and guidelines must be achieved for accreditation by law, dentistry and medicine accrediting bodies.

3.6.2 The institution structures its graduate curricula (1) to include knowledge of the literature of the discipline and (2) to ensure ongoing student engagement in research and/or appropriate professional practice and training experiences. **(Graduate curriculum)**

The institution provided sufficient evidence that its graduate curricula both include knowledge of the literature of each discipline and require and ensure student engagement in research and/or appropriate professional practice and training experiences.

Degree requirements for master's and doctoral programs are detailed in the *Graduate Catalog*, which is made available online. All master's degree programs require at least 30 credit hours and include the requirement to complete a thesis, portfolio, research project or internship. All doctoral degree programs require the completion of an independent dissertation. The Institution provided example dissertations from doctoral programs in Biology, Public Health, Social Work, and English.

The requirement that all graduate programs ensure that students demonstrate knowledge in the discipline is reinforced through policies and procedures for reporting on student learning outcomes. See, for example, "Student Learning Outcomes Annual Report Process 2014-2015 Instructions for Graduate/Professional Programs." The Institution provided example student learning outcome reports for four degree programs in Biology, English, Public Health/Epidemiology, and Social Work, and also provided example syllabi for four five master or doctoral level courses in each program that reinforce student engagement in the literature of each discipline. Finally, the Institution provided Guidelines for Proposing a New Master's Program and New Doctoral Program that emphasize the principles of this requirement.

3.6.3 At least one-third of credits toward a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree. *(See the Commission policy "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures.")* **(Institutional credits for a degree)**

The institution provided evidence that it has policies that when taken together ensure that students earning a graduate or post-baccalaureate degree will earn

at least one-third of the required credits through instruction offered by the institution. The institution provided links to both the *Graduate Catalog* and the "Rules to Advise by" page of the School of Interdisciplinary and Graduate Studies. Taken together, these policies require that master's students earn at least 24 semester hours from the institution, and may transfer in at most twelve semester hours from other accredited institutions. This ensures that all master's students will earn more than one-third of their credits toward graduation from the institution.

These policies also state that for Ph.D. students they must register for a minimum of 18 credit hours at the institution. That, coupled with the rule that at maximum only twelve credit hours can be transferred in to a graduate program, ensures that doctoral students will earn more than one-third of the credit toward the degree at the institution.

3.6.4 The institution defines and publishes requirements for its graduate and post-graduate professional programs. These requirements conform to commonly accepted standards and practices for degree programs. (Post-baccalaureate program requirements)

The institution offers master's and doctoral degrees, all of which are described in the *Graduate Catalog* and first-professional degrees. One specialist (master's level) degree and three professional degrees (D.M.D., J.D. and M.D.) are also available. Supporting documentation and links to the institution website are provided as evidence for the standard. The *Graduate Record* and handbooks for the professional programs are updated regularly and archived annually. Oversight authority for each program are within the unit offering the degree program. The institution governing document, *The Redbook*, provides details about responsibility by each unit in ensuring information and disclosures about how graduate and professional degrees are handled. Detailed information regarding new academic programs and program review are described and supporting documentation included. Further information about Student Learning Outcomes described above in CS 3.6.1 are provided again in support of this standard. Descriptions of individual master's, doctoral and professional programs are provided as part of the supporting documentation along with institution website links. Overall, the *Graduate Catalog* and professional program handbooks give appropriate and acceptable details of all graduate and post-baccalaureate professional programs.

3.7.1 The institution employs competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline. The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines "Faculty Credentials.") (Faculty competence)

The institution did not adequately justify and document the qualifications of a large number of Faculty to teach the identified course(s) at the time of the Off-Site Reaffirmation Committee's review. For example, in many cases, instructors of record for graduate classes (or at least classes at the 500 level) do not hold a terminal degree. A list of Faculty names with associated courses is provided in the *Request for Justifying and Documenting Qualifications of Faculty*.

In the *Focused Report* the institution clarified the credentials for many of the faculty flagged in the offsite report, and then during the on-site visit clarified the credentials for the faculty who remained on this list. The materials provided demonstrated the faculty are qualified to teach the courses they offer. The institution may, however, find it useful to:

- (1) archive the material reviewed when faculty are hired,
- (2) include official transcripts in these files, and
- (3) when faculty do not have the terminal degree in an appropriate field, to include such documentation as curriculum vitae, board certifications (especially for faculty with professional degrees from international institutions), and details of relevant professional accomplishments and experiences.

3.7.2 The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status.
(Faculty evaluation)

The institution publishes policies and procedures for annual faculty reviews in *The Redbook*, the overall governance document of the Institution.

Section 4.2.1 in *The Redbook* titled "Annual Reviews" under "Faculty Personnel Policies" states that "All part-time, term, probationary, and tenured faculty must be reviewed in writing annually. Unit personnel documents shall specify the process of annual review, which shall be consistent with *The Redbook* and the Minimum Guidelines."

Section 4.6.1 in *The Redbook* states minimum, institution-wide guidelines for all academic units, which are subsequently approved by the President and Board of Trustees. *The Redbook* requires academic units to adopt policies and procedures consistent with the guidelines, and to specify standards and criteria in three areas – teaching, research or creative activity, and service. The academic unit faculty may weigh the relative significance of each area to accomplish the goals and requirements of the academic unit. Annually, a document containing the faculty work plans, as defined in *The Redbook*, Section 4.3.1.A., and a detailed summary of the activities and accomplishments of the faculty member are created. Proficiency in all three areas shall normally be required of all faculty members, unless responsibility for some area or areas is expected in the academic unit document or specified in writing.

The institution provided evidence for all twelve academic units that pertained to the unit's policies and procedures for conducting annual evaluations of all faculty,

regardless of contractual or tenured status. The institution provided examples of faculty work plans for faculty members in the Schools of Dentistry, Social Work, Law, Engineering, Public Health, and Universities Libraries. In addition, the institution provided evidence of a part-time faculty annual evaluation in the School of Music and an annual contract. Finally, the Institution provided examples of faculty annual evaluations for all twelve academic units.

3.7.3 The institution provides evidence of ongoing professional development of faculty as teachers, scholars, and practitioners. (Faculty development)

The institution provides a number of institution-wide programs to support the professional development of its faculty. These opportunities include long term programs that support scholarship and performance such as the half-year to full-year sabbatical leave, to more short-term programs that support the development of teaching effectiveness, leadership expertise, research preparation, and intellectual advancement. These programs are supported by both institution wide entities (e.g., Delphi Center for Teaching and Learning and Office of the Provost) and local units (departments for seminars and mentorship). Faculty in off-site programs have access to the same professional development opportunities as those for on-site programs.

3.7.4 The institution ensures adequate procedures for safeguarding and protecting academic freedom. (Academic freedom)

The institution recognizes that the protection of academic freedom extends to all Faculty (full time and part time). The policy is well circulated through its governance document, *The Redbook*. In *The Redbook*, the University Code of Conduct states that "Community members are expected to: a) promote academic freedom, and b) meet academic responsibilities. The rights of Faculty concerning academic freedom are also expressed and disseminated through the *Faculty Handbook*. Finally, Faculty are informed about the academic freedom policy at new faculty orientation as part of a discussion on shared governance. Processes to address any grievance related to academic freedom or other faculty matters are presented on Section 4.4 of *The Redbook*. The institution Ombuds Office provides confidential, neutral, and informal dispute resolution. The faculty grievance officer, working with the University Faculty Grievance Committee, oversees the grievance process. The institution reports no prior instance of any grievances regarding academic freedom in the last five years.

3.7.5 The institution publishes policies on the responsibility and authority of faculty in academic and governance matters. (Faculty role in governance)

The institution provided multiple documents that outline the responsibility and authority of faculty in academic and governance matters. The primary governance document for the institution is *The Redbook* and is made available via the web. *The Redbook* includes the institution policy on academic freedom. It also outlines the jurisdiction and purpose of the faculty where it states "...each faculty shall have general legislative powers over all matters pertaining to its own personnel policies, criteria, and procedures, to its own meetings, and the admission requirements, curricula, instruction, examinations, and recommendations to the Board of Trustees for granting of degrees in its own

academic unit." This document also outlines the rights and responsibilities of the Faculty Senate.

In addition to *The Redbook* the institution also provide a document entitled *Shared Governance Its Happening Here* published by the Provost's office, and also available on the web. This document outlines the general shared governance procedures of the institution, and specifically delineates areas of administrative responsibility and areas of faculty responsibility

3.8.1 The institution provides facilities and learning/information resources that are appropriate to support its teaching, research, and service mission. (Learning/information resources)

The number, size, and condition of library units, facilities, and services is sufficient to meet the learning and research objectives of the institution. The library has appropriate technology and enterprise systems to conducts its work. The library has expanded the hours in various facilities to respond to increased demand for study and learning space. The library utilizes appropriate mechanisms to seek advice and guidance on its operations. The library supports learning resources and services. The library staff know and utilize the latest technology. They appear up-to-date in their knowledge and deployment of new service models and spaces. The library keeps pace with the latest trends and developments in the field.

3.8.2 The institution ensures that users have access to regular and timely instruction in the use of the library and other learning/information resources. (Instruction of library use)

The library provides instruction in accordance with accepted standards and methods. These include both formal and informal instruction activities such as one-off presentations to classes and groups, online guides and tutorials, individual consultations by appointment, and on-demand interaction at physical service points. The library also provides a virtual chat tool to provide research assistance for users on campus and off. Assistance is also provided by phone, mail, and email. The library provides both general orientations to library resources as well as highly specialized instruction sessions at the undergraduate and graduate levels. The library uses appropriate tools and techniques to evaluate, assess, and improve its instruction efforts. The library collects appropriate instruction statistics and assesses its work in this area.

3.8.3 The institution provides a sufficient number of qualified staff—with appropriate education or experiences in library and/or other learning/information resources—to accomplish the mission of the institution. (Qualified staff)

The library has sufficient numbers of qualified staff to fulfill its mission. The library maintains a system of goal-setting, work plan development, and regular review to support and guide its staff. The library carefully considers its staffing needs in light of new demands and changes service models. It insures that sufficient numbers of staff with appropriate training and experience are deployed to meet its needs. The library has an active mentoring program, and it provides funding, time, and encouragement to its staff in support professional development.

3.9.1 The institution publishes a clear and appropriate statement of student rights and responsibilities and disseminates the statement to the campus community. (Student rights)

The Off-Site Reaffirmation Committee's review of the University of Louisville's published policies on students' rights and responsibilities (found in *The Redbook*, the *Student Handbook*, the *Undergraduate Catalog*, the *Graduate Catalog*, the *School of Dentistry Handbook*, the *School of Law Handbook*, and the *School of Medicine Bulletin*, on the Dean of Students website and the Online Learning webpage) indicate that the institution has provided clearly defined and widely available statements of student rights and responsibilities, including student non-academic disciplinary policies and procedures in the Code of Student Conduct, which is maintained, revised, and implemented by the Dean of Students Office. Also included in the *Student Handbook* are policies and procedures on student sexual misconduct and Title IX, non-discrimination, and student grievance officer information. Title IX information is also included on every course syllabus each semester. In addition, institutional and academic unit publications and websites include information on the Code of Student Conduct. Students are informed of policies and procedures on student rights and responsibilities, Title IX, student sexual misconduct, the Code of Student Conduct, and the student grievance process at Freshman and Transfer Orientations, and throughout the year by emails and presentations by the Dean of Students Office, and through Resident Assistant Leaders, Residence Hall professional staff peer advisors, and first year success courses. In addition, the institution has a Student Grievance Officer and Student Advocate to help students understand their rights and responsibilities.

3.9.2 The institution protects the security, confidentiality, and integrity of its student records and maintains security measures to protect and back up data. (Student records).

The institution has policies and procedures to ensure the security, confidentiality, and integrity of student records, and shows evidence of security measures to protect and back up data, including student records. The Information Security Office administers the institution's Information Security Program, which includes security compliance and policies, coordination of incident response, risk assessment, and training. Digital student records, including academic, admissions, financial aid, and financial account records are maintained in the institution's Student Information System, and are accessible only by permission and security role, which are assigned by functional Data Security Coordinators. The Registrar's office is responsible for maintaining physical academic student records. Student records are protected according to federal FERPA regulations. The University Archives and Records Center is responsible for compliance and publication of FERPA policies and privacy guidelines, which can be found on the institution's website, and in the Undergraduate and Graduate catalogs, as well as the Dental, Medical and Law School catalogs. In addition, FERPA information is published in the Registrar's Annual Newsletter, the Office of the Registrar website, and on the institution's portal, ULink. The Office of Enrollment Management monitors security, authentication, and access of electronic student records. Other University of Louisville departments that have oversight of student records include the Privacy Office, for HIPAA compliance, and the Bursar's Office

for Gramm-Leach-Bliley Act compliance. The Office of Information Technology is responsible for data security, including encryption requirements, VPN access, firewall protection, and wireless security. Data is backed up nightly and is replicated to the institution's Disaster Recovery Site.

3.9.3 The institution provides a sufficient number of qualified staff—with appropriate education or experience in the student affairs area—to accomplish the mission of the institution. (Qualified staff)

The Off-Site Reaffirmation Committee's review of the institution's mission, student affairs organizational chart, student affairs and other student services, staff rosters, and the description of the staffing for the range of programs and services provided, indicates sufficient evidence that the number and qualifications of student affairs staff is appropriate for the institution. In addition, review of recruitment, selection and evaluation policies, example position descriptions with detailed qualifications, including education and experience requirements, as well as internal and external training and professional development opportunities for student services staff, with a sample of documented evidence that such opportunities are taken, demonstrate that the institution provides student affairs professionals with adequate training, education, and experience to support its mission.

3.10.1 The institution's recent financial history demonstrates financial stability. (Financial stability)

Documentation provided by the institution at the time of the Off-Site Reaffirmation Committee's review demonstrates financial stability.

BOND RATINGS

Bond ratings from both Moody's and Standard and Poor's (S&P) provide an objective third-party review of the institution's financial condition.

The most recent Moody's rating action was published in February 2016. The Institution's Aa3 rating was affirmed at that time with a stable outlook. Moody's cited as strengths healthy growth of net tuition revenue, as well as increasing health-related programming and financial support.

S&P's also issued a ratings report in February 2016. The institution's AA- rating with a stable outlook was affirmed in this rating. Strengths cited by S&P's include historically stable enrollment and strong research presence. The financial profile was assessed as being very strong, with consistent operating surpluses on a cash basis and a low debt burden for the rating category. S&P also noted as a challenge a low level of available resources to debt for the rating category.

Strong bond ratings from both Moody's and S&P, along with comments included in the ratings reports, indicate financial stability at The institution.

FINANCIAL HIGHLIGHTS:

The institution's financial statements are audited annually by an independent audit firm (Crowe Horwath LLP for FY 2015 and BKD for earlier years). Audits for

FY 2015, FY 2014, FY 2013, and FY 2012 all included an unqualified opinion. The following analysis was extracted from audited financial statements and other documentation provided by the institution.

Revenues – The institution provided a summary of revenues by source for FY 2012 through FY 2015.

Operating Revenues

Total operating revenues grew from \$578.4 million in FY 2012 to \$668.3 million in FY 2015 (15.5 percent increase). Enrollment was stable during this period, with an FTE of 18,454 for AY 2011-12 and 18,779 for AY 2014-15. Net student tuition and fees grew from \$182.9 million in FY 2012 to \$209.8 million in FY 2015 (14.7 percent increase). Clinical services and practice plans were also a primary driver of operating revenue growth, increasing from \$195.9 million in FY 2012 to \$252.4 million in FY 2015 (28.8 percent increase). Grants and contracts revenues decreased from \$109.8 million to \$90.1 million during the same period (17.9 percent decrease); however, this decline correlates to overall reductions in the federal budget for research and other sponsored activities.

Non-Operating Revenues

Total non-operating revenues increased from \$211.5 million to \$308.8 million from FY 2012 to FY 2015 (46 percent increase). The increase was due primarily to an increase in The institution's Foundation contributions during this period. State appropriations decreased from \$156.1 million to \$140.7 million (9.9 percent decrease).

Expenses - Operating expenses grew from \$831.2 million to \$964.3 million from FY 2012 to FY 2015 (16.0 percent increase). Annual interest payments on debt decreased from \$25.6 million in FY 2012 to \$21.8 million in FY 2015 (decrease of 14.8 percent), with a correlating decrease in long-term debt.

Unrestricted Net Position - Unrestricted net position decreased from \$67.6 million in FY 2012 to \$12.3 million in FY 2015 (81.8 percent decrease); however, net position did grow in FY 2015. While liquidity is low for the institution's rating categories, other financial factors as discussed further in rating letters and per the above discussion indicate adequate financial stability.

***3.10.2 The institution audits financial aid programs as required by federal and state regulations. (Financial aid audits)**

Financial aid programs are audited as part of the OMB A-133 audit conducted by an independent audit firm. A-133 audit reports for FY 2015, FY 2014, and FY 2013 were reviewed by The Committee. No material weaknesses or significant deficiencies were noted in the FY 2015 A-133 audit, the most recent audit provided. One material weakness noted in FY 2014 was subsequently corrected, as documented in the FY 2015 audit.

The institution also provided audited financial statements for FY 2015, FY 2014, FY 2013, and FY 2012. No material weaknesses or significant deficiencies related to student financial aid programs were noted.

The On-Site Reaffirmation Committee conducted interviews with the Interim Chief Financial Officer, the Controller and the Director of Financial Aid. The institution provided the latest Program Participation Agreement (PPA) expiring September 30, 2022 and the latest Eligibility Certification Approval Report (ECAR) expiring September 30, 2022. For the 2016 fiscal year, no findings of material weakness or significant deficiency were noted in the Crowe Horwath audit. For the 2017 fiscal year, one significant deficiency with no questioned cost was documented. Auditors cited UofL for failure to complete Perkins Loan Exit Counseling for 24 of 25 students who entered loan repayment in the 2017 fiscal year as required within 30 days of entering repayment. The institution Bursar's Office provided a corrective action plan to address staffing and training for loan collections as well as a revised policy and procedure for processing exit interviews. The October 2017 management letter from Crowe Horwath includes a deficiency for the lack of supervisor signatures in the approval of student work study timesheets. The Financial Aid Office subsequently reminded all Work Study supervisors of the federal requirements for confirming student hours and implemented a random review of timesheets every other month.

Evidence of financial compliance is supported by review of Uniform Guidance, formerly A-133 Single Audit, reports for the 2016 and 2017 fiscal years.

3.10.3 The institution exercises appropriate control over all its financial resources. (Control of finances)

The institution has navigated difficult economic periods and reductions in State appropriations, particularly during the recession of 2008 and 2009, and has managed its resources adequately to maintain Aa3 bond ratings from Moody's and AA- from S&P, with stable outlooks for both in February 2016.

Internal control systems described by the institution for many areas such as procurement, capital assets, Bursar, cash/investments, endowments and other areas are adequate based on The Committee's review of documentation; however, adequate control could not be determined for certain sponsored research activities. The US OIG recently conducted an audit of all DHHS funds received for FY 2011 and FY 2012, a total of \$114 million. A draft report was prepared by OIG and the institution issued a response, neither of which was included as documentation. Without further documentation to indicate the nature of the audit, the potential draft findings, the potential existence and magnitude of questioned costs, if any, and the institution's response, the Off-Site Reaffirmation Committee is unable to determine whether the institution maintained financial control over DHHS programs during FY 2011 and FY 2012.

Results of independent audits of the financial statements and federal compliance audits generally indicate an adequate internal control environment. Management letters for audited financial statements for FY 2015, FY 2013, and FY 2012 contained no material weaknesses or significant deficiencies, indicating adequate internal control. One material weakness noted by the external auditors in the FY 2014 report was subsequently corrected. Similar positive results are reflected in A-133 federal compliance audits, with no material weaknesses or significant deficiencies noted other than one in FY 2014 that also was subsequently

corrected. The A-133 audits provide further evidence of adequate internal control.

The institution describes Audit Services, an internal audit function that reports duality to the Audit Committee of the Board of Trustees and to the Senior Vice President for Finance and Administration and Chief Operating Officer. An audit plan for FY 2016 approved by the Audit Committee was presented as documentation; however, plans for previous years are not presented. No documentation was presented to demonstrate which audits had been completed, or the results of such audits, and no documentation was presented to demonstrate that completed audits had been submitted to the Audit Committee for approval and action. Therefore, the Off-Site Reaffirmation Committee was unable to determine whether Audit Services is an effective component of the institution's internal control systems.

Financial statements and federal compliance audits were provided to the On-Site Reaffirmation Committee for the 2016 and 2017 fiscal years. No material weaknesses or significant deficiencies were noted in FY 2016. The annual management letter included deficiencies for that fiscal year that did not rise to the level of inclusion in the audits. These include Treasury account reconciliation and calculation of the allowance for doubtful accounts, which were subsequently corrected. One significant deficiency related to Perkins Loan Exit Counseling was cited in the federal compliance audit for FY 2017. This deficiency did not include any questioned costs and is addressed through a revised policy and procedure as well as staff training. Also for FY 2017 a deficiency in review of federal Work Study program timesheets was noted in the annual management letter and was subsequently corrected through training and random review of timesheets by Financial Aid Office staff. A deficiency in the approval of journal entries from an affiliated organization was reported. Corrective action includes a revised procedure to review all Medicaid billing as part of routine month-end procedures.

The Off-Site Reaffirmation Committee noted that information provided by internal audit could not be used to determine whether Audit Services contributes to the institution's control environment. In the *Focused Report*, Audit Services provided the office operating charter and evidence of the risk-based assessment process used to determine the annual audit plan which includes an environmental scan and interviews with institution leadership. The annual audit plan is approved by the Board of Trustees and subsequent annual reports provide an update on progress. Audit Services included the Compliance Reports for FY 2015, FY 2016 and FY 2017. These documents include a report on audit reports issued with findings noted, projects in progress, and other activities that include continuous/monitoring audits, special audits, compliance hotline items, conflict of interest and sanction checks. Internal audit reports not completed within the plan year are carried over to the new audit plan year. A summary of all internal audit activity for the prior three years indicated reports issued, those in draft format and audits in progress. Findings from each audit are tracked by priority status with targeted implementation date. Once a recommendation is implemented, Audit Services verifies the impact and removes the item from tracking.

At the time of the off-site report, the U. S. Office of the Inspector General had conducted an audit of all DHHS funding received for FY 2011 and FY 2012,

totaling \$114 million. The purpose of the audit was to determine whether claimed costs or administrative and clerical expenditures were in accordance with federal regulations. The draft report and institution's response were not included in compliance materials. The final audit report issued by OIG on December 22, 2016 was provided in the *Focused Report* along with the institution's response, the DHHS Settlement Letter, and final payment to settle the audit results. The OIG notes that a previous award to the institution had significant findings including unallowable costs.

The OIG sampled salary and non-salary transactions yielding instances of unallowable costs totaling \$1,311,067 noting that much of the costs should normally be treated as F&A. Additional audit comments include incomplete effort reporting, insufficient documentation of expenditures and lack of oversight. The UofL Executive Vice President for Research and Innovation (EVPRI) disputed the dollar amount and findings in a letter dated March 1, 2017. The OIG settled with the institution in December 2017 with a negotiated reduction to the unallowable cost amount to \$580,000. The institution paid that amount on December 20, 2017.

The EVPRI provided an eleven point summary of steps taken since 2012 to enhance the control environment for federal awards. These efforts include the reorganization of the Office of Sponsored Programs Financial Administration, emphasis on shared services centers, revisions to effort reporting policies and procedures, adoption of revised Uniform Guidance requirements and increased training.

In the *Focused Report* and during interviews, the institution provided evidence of sound financial statement and compliance audit results, strong internal audit engagement and resolution of outstanding federal audit indicate control of finances at the institution.

3.10.4 The institution maintains financial control over externally funded or sponsored research and programs. (Control of sponsored research/external funds)

Externally funded or sponsored research and programs are administered through the institution Research Foundation. The institution president is also president of this Foundation, and the Board of Directors includes all institution trustees and appropriate officials of institution administration. For FY 2016, the Foundation managed \$462.2 million of externally funded or sponsored research and programs, of which \$274.5 million were clinical services revenues generated from the Schools of Medicine, Dentistry, Nursing and EVP for Health Affairs.

The institution provided a copy of the required DHHS disclosure statement (DS-2) dated September 8, 2005. No documentation was provided to indicate that the disclosure statement has been subsequently reviewed by the institution and, if required, updated since its adoption.

Pre-award and post-award financial control is exercised through the Executive Vice President for Research and Innovation. Appropriate policies and procedures are in place to ensure that expenditures are in compliance with applicable federal and sponsoring agency regulations and guidelines as well as institution policy.

General institution financial policies and procedures are under the purview of the Senior Vice President for Finance and Administration. Financial control is demonstrated through the satisfactory results of independent audits of the financial statements and also through A-133 federal compliance audits.

While the above narrative indicates a strong internal control system for sponsored research/external funds, the institution noted that the US OIG recently conducted an audit of all DHHS funds received for FY 2011 and FY 2012, a total of \$114 million. A draft report was prepared by OIG and the institution issued a response, neither of which was included as documentation. Without further documentation to indicate the nature of the audit, the potential draft findings, the potential existence and magnitude of questioned costs, if any, and the institution's response, the Off-Site Reaffirmation Committee is unable to determine whether the institution maintained financial control over DHHS programs during FY 2011 and FY 2012.

The Off-Site Reaffirmation Committee noted that the DHHS Disclosure Statement (DS-2) dated September 8, 2005, had not been subsequently reviewed by the institution or updated since its adoption. The UofL facilities and administrative (F&A) rate agreement expires June 30, 2018, and along with the submission of the revised F&A proposal on March 31, 2018, the DS-2 document will be submitted to reflect Uniform Guidance changes.

As noted in Comprehensive Standard 3.10.3 – Control of Finances, at the time of the Off-Site Reaffirmation Committee's report, the US Office of the Inspector General had conducted an audit of all DHHS funding received for FY 2011 and FY 2012, totaling \$114 million. The purpose of the audit was to determine whether claimed costs or administrative and clerical expenditures were in accordance with federal regulations. The draft report and institution response were not included in compliance materials. The final audit report issued by OIG on December 22, 2016, was provided in the *Focused Report* along with the institution's response, the DHHS Settlement Letter, and final payment to settle the audit results. The OIG notes that a previous award to the institution had significant findings including unallowable costs.

The OIG sampled salary and non-salary transactions yielding instances of unallowable costs totaling \$1,311,067 noting that much of the costs should normally be treated as F&A. Additional audit comments include incomplete effort reporting, insufficient documentation of expenditures and lack of oversight. The UofL Executive Vice President for Research and Innovation (EVPRI) disputed the dollar amount and findings in a letter dated March 1, 2017. The OIG settled with the institution in December 2017 with a negotiated reduction to the unallowable cost amount to \$580,000. The institution paid that amount on December 20, 2017.

The EVPRI provided an eleven point summary of steps taken since 2012 to enhance the control environment for federal awards. These efforts include the reorganization of the Office of Sponsored Programs Financial Administration, emphasis on shared services centers, revisions to effort reporting policies and procedures, adoption of revised Uniform Guidance requirements and increased training.

Federal compliance audit results for the 2016 and 2017 fiscal years indicated no material weaknesses. Additionally, the institution is submitting a revised DHHS disclosure statement along with the F&A rate proposal and the institution has resolved the OIG audit from the 2011 and 2012 fiscal years. During an interview with the Associate Vice President for Research and Innovation, the Associate University Council, and the Director of Sponsored Programs, the institution indicated that there are no new or outstanding audit requests associated with externally funded or sponsored awards and programs.

Materials provided in the *Focused Report* and during interviews provide evidence that the institution, partnered with the Research Foundation, maintains financial control over externally funded or sponsored research and programs

3.11.1 The institution exercises appropriate control over all its physical resources. (Control of physical resources)

Control of physical resources is maintained through the office of the Senior Vice President for Finance and Administration and Chief Operating Officer and the AVP for Facilities Management.

Detailed building records, including age, replacement cost, building condition and other attributes are maintained and updated regularly for facilities with a replacement cost of \$2.7 billion. Capital renewal projects are prioritized through the operating budget process, with an average of \$24.6 million of spending on deferred maintenance per year from 2010 through 2015. Fixed asset inventories of movable equipment and other assets with an original cost of \$5,000 or more are conducted annually, in accordance with applicable Kentucky law.

Property is insured at replacement cost value through the Commonwealth of Kentucky State Fire and Tornado Fund. Appropriate risk management controls are in place.

The institution also has a customer feedback survey to ensure satisfaction with completed renovation projects, and uses the results of surveys and close-out meetings to maintain and enhance quality.

3.11.2 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community. (Institutional environment)

The institution has its own police department to protect and serve the campus. A number of safety measures and crime prevention programs are in place, such as a student escort program, rape aggressive defense training, and motorist assistance. The required Clery Act reports for FY 2015 and FY 2015 indicate a low level of violent crimes in particular, indicating that the police are successful in creating and maintaining a safe and secure environment for students, faculty, staff, and visitors. Reports generated by campus police in accordance with Kentucky law, the Michael Minger Act of 2000, also indicate that the campus is safe.

The institution has a well-defined emergency operations plan that extends down to Building Emergency Action plan for each building. Appropriate notification systems are in place to immediately inform the campus of emergencies and to provide updates as needed. The institution has also been designated as a National Weather Service "StormReady" institution, indicating a high level of preparedness for severe weather and civil emergencies. Institution leadership participates in annual tabletop simulated emergencies, and related equipment and notification systems are also tested regularly to ensure proper operation.

The Department of Environmental Health and Safety ensures a safe and healthy environment for faculty, staff, students, and visitors through a number of programs such as hazardous materials management, industrial hygiene, radiation safety, and biological safety.

Wellness initiatives for faculty, staff, and students are administered through Campus Health Services, Housing and Residence Life, Intramural and Recreational Sports, and Human Resources.

- *3.11.3** The institution operates and maintains physical facilities, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities. **(Physical facilities)**

As detailed in the Off-Site Reaffirmation Committee's narrative for CR 2.11.2, significant space deficits appear to exist at the institution, particularly for research laboratories, teaching laboratories, and support space. The institution describes and documents several planning processes, including campus master plans, third-party reviews, and planning required by the Kentucky Council on Postsecondary Education (CPE), the results of which are used to compile biennial capital requests to the State based on a six-year projection. However, documentation did not reflect that these planning processes were effective in addressing these the space deficits noted in the CPE assessment. Additionally, the institution's IT infrastructure appears to be reasonable; however, no documentation was provided to demonstrate that instructional and research laboratories appropriately serve the needs of the institution's educational programs, support services, and other activities.

The institution has spent \$121.6 million on capital renewal projects from 2010 through 2015 to address deferred maintenance needs; however, without further documentation the Off-Site Reaffirmation Committee could not determine whether the condition of facilities is adequate to appropriately serve the institution's needs.

The On-Site Reaffirmation Committee conducted interviews with the institution's Chief Operating Officer, the Associate Vice President for Facilities Management, the Associate Vice President for Operations, the Associate Vice President for Health Affairs and the Architect/Director of University Planning, Design and Construction unit. The institution has provided significant documentation for the adequacy all physical facilities. A thorough review of the Kentucky Council of Postsecondary Education (CPE) is provided in Core Requirement 2.11.2. The CPE space calculation, purpose and limitations are considered along with documentation that ties the capital planning process to the institution strategic

plans evidenced by the UofL 2020 Plan and the 21st Century Initiative. The institution provides a revision to the CPE assignable square feet formula with current (reduced) NSF funding, inclusion of new capital projects since 2012 and consideration of support spaces. With adjustments to the CPE methodology, the overall space deficit is reduced from 21 percent overall to 9.8 percent. Despite this recalculation, the research space assignable square footage deficit reduces from 74 percent to 36 percent. New requests for state funding include capital projects that will increase research lab space – both for new facility construction and repurposing and renovation of existing facilities. The institution provided evidence that capital planning is tied to institutional initiatives and capital funding requests. Routine assessment of classroom and laboratory spaces is conducted approximately every two years with the results used to prioritize projects in support of strategic initiatives.

The University of Louisville maintains a comprehensive master plan and maintains policies and procedures for facilities management, infrastructure, preventative maintenance and deferred maintenance. The institution conducts surveys of faculty, staff and students regarding facilities requests, maintenance problems and adequacy of space. This review supports the institution's case for compliance.

- 3.12.1** The institution notifies the Commission of changes in accordance with the Commission's substantive change policy and, when required, seeks approval prior to the initiation of changes. (*See the Commission policy "Substantive Changes for Accredited Institutions."*) **(Substantive change)**

The institution has a substantive change policy that ensures that the Commission is notified in a timely manner of such changes or proposed changes. The Off-Site Reaffirmation Committee found no evidence or indications of any unreported substantive change.

- 3.13.1** The institution complies with the policies of the Commission on Colleges. **(Policy compliance)**

***3.13.1 "Accrediting Decisions of Other Agencies"**

Applicable Policy Statement. Any institution seeking or holding accreditation from more than one U.S. Department of Education recognized accrediting body must describe itself in identical terms to each recognized accrediting body with regard to purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, and constituencies, and must keep each institutional accrediting body apprised of any change in its status with one or another accrediting body.

Documentation: The institution should (1) list federally recognized agencies that currently accredit the institution or any of its programs, (2) provide the date of the most recent review by each agency and indicate if negative action was taken by the agency and the reason for such action, (3) provide copies of statements used to describe itself for each of the accrediting bodies, (4) indicate any agency that has terminated accreditation, the date, and the reason for termination, and (5)

indicate the date and reason for the institution voluntarily withdrawing accreditation with any of the agencies.

The institution offers 42 programs that are accredited by 26 accrediting agencies (in addition to Commission accreditation). Of the 26 agencies, 10 are recognized by the U. S. Department of Education. Currently, one of the institution's programs accredited by a recognized accrediting agency is on probation (the AuD program, accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association.) The institution notified the Commission of this action in a timely manner.

The institution documented how it described itself to each of the 10 recognized accrediting agencies. However, the Off-Site Reaffirmation Committee could not conclude, based upon the evidence provided, that the institution has described itself "in identical terms to each recognized accrediting body." As only one example found by the Off-Site Reaffirmation Committee, the evidence provided shows that the institution in its report to the Section of Paralegal Education of the American Bar Association described the institution's equal opportunity and discrimination policies. While these policies are important, the evidence provided does not indicate exactly how the institution described itself to this accrediting agency with respect to "purpose, governance, programs, degrees, diplomas, certificates, personnel, finances and constituencies."

The On-Site Reaffirmation Committee found that there are two specific sources confirming that the institution describes itself in the same manner to nine other USDOE recognized institutional accrediting agencies. One is the chart entitled "Language Used to Describe the University of Louisville to Department of Education-Recognized Accrediting Bodies." The second is the actual notebooks which were sent to the individual DOE accrediting agencies. Review of these materials supports the case for compliance.

3.13.2 "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures"

Applicable Policy Statement. Member institutions are responsible for notifying and providing SACSCOC with signed final copies of agreements governing their joint and dual academic awards (as defined in this policy). These awards must address the requirements set forth in the SACSCOC policy and procedures. For all such arrangements, SACSCOC-accredited institutions assume responsibility for (1) the integrity of the awards, (2) the quality of credits recorded on their transcripts, and (3) compliance with accreditation requirements

Documentation: The institution should provide evidence that it has reported to the Commission all dual and joint awards (as defined in this policy) that included signed final copies of the agreements outlining the awards. In addition, the institution should integrate into the Compliance Certification a discussion and determination of compliance with all standards applicable to the provisions of the agreements.

The institution has six collaborative academic arrangements, as follows: (1) Bachelor of Science in Business - European Business School (Germany), (2)

Executive Master of Business Administration (E-MBA)-University of Kentucky, (3) Ph.D. in Social Work-University of Kentucky, (4) Juris Doctor / Master of Divinity-Louisville Seminary, (5) M.S.S.W. in Social Work / Master of Divinity-Louisville Seminary, and (6) B.S. in Electrical Engineering-Western Kentucky University.

All six programs were reviewed for compliance with the SACSCOC Policy Statement titled "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures."

It appears that the institution first and only had a Consortia Agreements Policy as of August 24, 2016, which raises concerns as to whether collaborative agreements before this date were fully reviewed by the institution to ensure that they were compliant with SACSCOC policy.

The Off-Site Reaffirmation Committee had concerns with the following collaborative arrangement:

B.S. in Electrical Engineering-Western Kentucky University. Evidence of compliance for this collaborative arrangement is lacking. The provided MOA dated March 24, 2003, is between the Council on Postsecondary Education and the University of Louisville. It largely details the University of Louisville's obligations with respect to Murray State University, and not to Western Kentucky University. It is not signed by Western Kentucky University. However, there is a MOA signed in 2004 between the University of Louisville and Western Kentucky University; however, it only addresses three brief points in three sentences. There is no formal signed MOA between the University of Louisville and Western Kentucky University to demonstrate compliance with this standard.

All six programs were reviewed by the On-Site Reaffirmation Committee for compliance with the SACSCOC Policy Statement titled "Agreements Involving Joint and Dual Academic Awards: Policy and Procedures."

As noted above, the Off-Site Reaffirmation Committee had concerns with the following collaborative arrangement: B.S. in Electrical Engineering-Western Kentucky University. Evidence of compliance for this collaborative arrangement is lacking. The provided MOA dated March 24, 2003, is between the Council on Postsecondary Education and the University of Louisville. It largely details the University of Louisville's obligations with respect to Murray State University, and not to Western Kentucky University. It is not signed by Western Kentucky University. The Off-Site Reaffirmation Committee did note that an MOA signed in 2004 between the University of Louisville and Western Kentucky University was included in the material but that it only addresses three brief points in three sentences and that there was no formally-signed MOA between the University of Louisville and Western Kentucky University to demonstrate compliance with this standard.

In its *Focused Report*, however, the institution notes that the second page of this same 2004 MOA, was an acknowledgement by the provosts of the two institutions that the operational details and administrative details of the joint program in electrical engineering were agreed upon. The full, signed agreement for the University of Louisville and Western Kentucky University joint degree in

Electrical Engineering is provided with the *Focused Report* and supports the institution's case for compliance with this standard. As indicated in the 2016 *Compliance Certification* and in the *Focused Report*, this agreement is evaluated annually by both faculties.

***3.13.3 "Complaint Procedures Against the Commission or Its Accredited Institutions"**

Applicable Policy Statement. Each institution is required to have in place student complaint policies and procedures that are reasonable, fairly administered, and well-publicized. (See *FR 4.5*). The Commission also requires, in accord with federal regulations, that each institution maintains a record of complaints received by the institution. This record is made available to the Commission upon request. This record will be reviewed and evaluated by the Commission as part of the institution's decennial evaluation.

Documentation: When addressing this policy statement, the institution should provide information to the Commission describing how the institution maintains its record and also include the following: (1) individuals/offices responsible for the maintenance of the record(s), (2) elements of a complaint review that are included in the record, and (3) where the record(s) is located (centralized or decentralized). The record itself will be reviewed during the On-Site evaluation of the institution.

The institution has well-publicized student complaint policies and procedures in place, including those for academic and non-academic grievances. Information on complaint procedures is available in *The Redbook*, the *Undergraduate* and *Graduate Catalogs*, the *Student Handbook*, and on the Dean of Students website, as well as in the Student Bulletins for the Schools of Dentistry, Medicine, and Law. Student complaint records are maintained in the offices where the complaint originated (decentralized), including the actions taken and when the issue was resolved. The institution provides a Student Advocate through the Dean of Students Office, who provides guidance to students on where and how to get their complaints resolved. The institution also provides a Student Grievance Officer who informs students of their rights and assists them throughout informal and formal grievance processes. Complaints from students, including those at a distance or online, may be submitted by email, in writing, and through a web form, and then are logged in a secure database. In addition, all written complaints, both academic and non-academic, are maintained in a centralized log in the Office of the Dean of Students. Elements of the log include date of complaint, how it was received, departmental contact, description of the complaint, the resolution, and date resolved. The Office of the Vice President for Student Affairs coordinates the grievance and complaint process, including the collection, dissemination, and logging of student complaints.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. The centralized complaint logs from 2013-2018 were reviewed. Interviews included the Vice Provost for Student Affairs and Dean of Students, Assistant Provost and Assistant Dean of Students,

Student Advocate, and current and past presidents of the Student Government Association.

3.13.4 "Reaffirmation of Accreditation and Subsequent Reports"

***3.13.4.a. Applicable Policy Statement.** An institution includes a review of its distance and correspondence education programs in the Compliance Certification. An institution includes a review of all its branch campuses and its off-campus instructional sites.

Documentation: In order to be in compliance with this policy, the institution must have incorporated an assessment of its compliance with standards that apply to (1) its distance and correspondence education programs and courses, (2) its branch campuses, and (3) its off-campus instructional sites. The institution should describe its process for incorporating the review and analysis of these programs.

The institution operates and maintains seven off-campus facilities where 50 percent or more of credit hours are offered. These seven locations are:

- Fort Knox Army Base, Fort Knox, KY
- School of Medicine Trover Campus, Madisonville, KY
- Quality Leadership University, Panama
- Owensboro Medical Health Systems, Owensboro, KY
- General Electric, Louisville, KY
- European Business School, Oestrich-Winkel, Germany
- Akademie Würth Business School, Kunzelsau, Germany

The institution appears to have addressed its online and distance education appropriately throughout the *Compliance Certification*.

3.13.4.b. Applicable Policy Statement. If an institution is part of a system or corporate structure, a description of the system operation (or corporate structure) is submitted as part of the Compliance Certification for the decennial review. The description should be designed to help members of the peer review committees understand the mission, governance, and operating procedures of the system and the individual institution's role within that system.

Documentation: The institution should provide a description of the system operation and structure or the corporate structure if this applies.

The institution is not part of a system or corporate structure; therefore, this standard is not applicable.

3.13.5 "Separate Accreditation for Units of a Member Institution"

***3.13.5.a. Applicable Policy Statement.** All branch campuses related to the parent campus through corporate or administrative control (1) include the name of the parent campus and make it clear that its accreditation is dependent on the continued accreditation of the parent campus and (2) are evaluated during

reviews for institutions seeking candidacy, initial membership, or reaffirmation of accreditation. All other extended units under the accreditation of the parent campus are also evaluated during such reviews.

Documentation: For institutions with branch campuses: (1) The name of each branch campus must include the name of the parent campus—the SACSCOC accredited entity. The institution should provide evidence of this for each of its branch campuses. (2) The institution should incorporate the review of its branch campuses, as well as other extended units under the parent campus, into its comprehensive self-assessment and its determination of compliance with the standards, and indicate the procedure for doing so.

The institution does not operate any branch campuses.

3.13.5.b. Applicable Policy Statement. If the Commission on Colleges determines that an extended unit is autonomous to the extent that the control over that unit by the parent or its board is significantly impaired, the Commission may direct that the extended unit seek to become a separately accredited institution. A unit which seeks separate accreditation should bear a different name from that of the parent. A unit which is located in a state or country outside the geographic jurisdiction of the Southern Association of Colleges and Schools and which the Commission determines should be separately accredited or the institution requests to be separately accredited, applies for separate accreditation from the regional accrediting association that accredits colleges in that state or country.

Implementation: If, during its review of the institution, the Commission determines that an extended unit is sufficiently autonomous to the extent that the parent campus has little or no control, the Commission will use this policy to recommend separate accreditation of the extended unit. ***No response required by the institution.***

The institution does not operate any autonomous extended units.

- 3.14.1** A member or candidate institution represents its accredited status accurately and publishes the name, address, and telephone number of the Commission in accordance with Commission requirements and federal policy. **(Publication of accreditation status)**

The institution represents its accredited status on its main website in addition to other locations, and the Off-Site Reaffirmation Committee finds that it does so accurately and in accordance with Commission requirements and federal policy.

D. Assessment of Compliance with Section 4: Federal Requirements

- *4.1** The institution evaluates success with respect to student achievement consistent with its mission. Criteria may include: enrollment data; retention, graduation, course completion, and job placement rates; state licensing examinations, student portfolios; or other means of demonstrating achievement of goals. **(Student achievement)**

The institution's commitment to student achievement is evident by its implementation of robust data collection on a variety of metrics. These include student profiles, enrollment data trends, retention, graduation, and course completion rates, performance on National and State Licensing Examinations, and post-graduation job placement. Institutional targets were established based on quality indicators that are consistent with the institution's mission.

Regarding recruitment and admissions as a measure of student achievement the primary indicators of quality are standardized test scores and average high school grade point averages. The institution's focused efforts on recruiting have yielded a 20.8 percent increase in the size of the incoming student class, with a 15.6 percent increase in the average high school GPA and a 3.3 percentage point increase in the average ACT composite score. Overall, The institution's six-year graduation rate has increased by 23.1 percentage points over the past 21 years. Aligning the profile of incoming students with the Institutional mission contributed to the increase in the six-year graduation rate. However, the Institution recognized that a vital factor in student achievement is deliberate programming to identify and assist students who are at-risk academically. To address these issues, UofL created the Office of First Year Initiatives in 2009 to provide incoming students with skills needed to be successful in the college environment.

The total number of degrees conferred in academic year 2014-2015 represents a 5.4 percent increase over the number of degrees conferred in academic year 2010-2011. UofL continues to attempt to improve course completion rates by offering extensive support services to students through a variety of programs, such as tutoring, course-specific learning support and more.

Decentralized data on licensing examination scores in audiology, dentistry, education, engineering, law, medicine, nursing, social work, and speech pathology are reported as a part of the units internal strategic planning and/or discipline specific accreditation.

To track post-graduation job placement, the Institution routinely administers three surveys to graduating students to collect employment data. Additionally, academic units' uses a variety of employer satisfaction surveys evaluate their graduates regarding the requisite skill levels and competencies of institution graduates.

The On-Site Reaffirmation Committee reviewed current student achievement data provided by the institution and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

- *4.2** The institution's curriculum is directly related and appropriate to the mission and goals of the institution and the diplomas, certificates, or degrees awarded.
(Program curriculum)

The stated mission of the institution is to pursue excellence and inclusiveness in its work to educate and serve the community through: (1) teaching diverse undergraduate, graduate, and professional students in order to develop engaged

citizens, leaders, and scholars, (2) practicing and applying research, scholarship and creative activity, and, (3) providing engaged service and outreach that improve the quality of life for local and global communities. This mission is consistent with the role of the institution as defined by Kentucky's Council on Postsecondary Education (CPE).

The institution is authorized by Kentucky Revised Statute 164.815 and the CPE to provide associate and baccalaureate degree programs; master's and doctoral (and joint doctoral) degree programs; certificates; and professional degree programs.

All degree and certificate programs of the institution fall within one of the twenty-four primary Classification of Instructional Programs (CIP) of the Department of Education. As is outlined in the institution's governance document, *The Redbook* (Section 3.3.2), faculty are responsible for the development and revision of their curriculum. All new programs are approved at the program, department, unit, provost, and Faculty Senate. In addition, proposed programs must be approved by CPE. Forty-two degree programs are also subject to external accreditation and must meet expected standards consistent with best practices in the respective discipline.

In addition, the institution has a defined process to review all academic programs every ten years to ensure the program is meeting its student learning outcomes and program goals, and remains aligned with the mission of the Institution.

The On-Site Reaffirmation Committee reviewed the catalog and conducted an interview with the VP for Academic Affairs in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

***4.3 The institution makes available to students and the public current academic calendars, grading policies, and refund policies. (Publication of policies)**

The institution provides the public and its students, including on-campus, online, and off-campus students, its academic calendars, grading policies, and refund policies through various centralized resources such as the institution's webpage. Academic calendars are published in the *Undergraduate* and *Graduate Catalogs*, and on the institution's homepage and the Registrar's website. Professional program calendars for the School of Dentistry, the School of Medicine, and the Law School are also provided. Grading policies are published in the *Undergraduate* and *Graduate Catalogs*, in the professional schools handbooks and bulletins, and are also available online. Course grading policies are also provided in each syllabus. Refund policies, including drop dates and partial refunds, are covered on the Bursar's Office webpage, and for courses with atypical schedules, refund information is available through the Registrar's website. The Off-Site Reaffirmation Committee's review indicates sufficient evidence that the institution publishes and makes available its policies appropriately.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. Interviews included the Vice

Provost for Enrollment Management and Student Success, and current and past presidents of the Student Government Association.

***4.4 Program length is appropriate for each of the institution's educational programs. (Program length)**

The Off-Site Reaffirmation Committee found that all degree programs are developed and approved by faculty, administrators, and governing bodies at multiple levels of the institution following Kentucky Council on Postsecondary Education (CPE) guidelines. The guidelines call for a minimum number of semester credit hours required in each individual program according to the CPE policies and procedures. All programs (associate, bachelor, master's, and doctoral) meet or exceed the minimum credit hour limit. For professional degrees, which are nationally accredited, the required number of hours is consistent with the national standards for these degrees. All academic programs undergo program review every 10 years, with a follow-up on the program's Plan for Improvement in five years.

During the on-site visit, the University Registrar and the Vice Provost for Academic Affairs affirmed that all undergraduate and graduate programs meet the minimum credit hour requirements. The Associate Provost for the Delphi Center affirmed that online programs comply with the minimum credit hour requirements and the institution's definition of credit hour.

***4.5 The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. (See the Commission policy "Complaint Procedures against the Commission or its Accredited Institutions.") (Student complaints)**

The Off-Site Reaffirmation Committee's review of the *University of Louisville's Redbook, Undergraduate and Graduate Catalogs, Student Handbook*, bulletins for the professional schools of Dentistry, Medicine, and Law, the Dean of Students website, the Human Resources website for Title IX reporting, the Prevention, Education and Advocacy on Campus website for Title IX policies and resources, and the Code of Conduct for discrimination, harassment, and sexual misconduct policies, indicates that the institution has well-publicized policies and procedures for receiving and resolving both academic and non-academic student complaints, including clear guidelines on how and where to file a complaint, and how to request the assistance of the Student Grievance Officer and/or Student Advocate. Complaints are usually reported and handled through the offices and units providing services and programs, including colleges and schools for academic grievances, with designated liaisons for each unit to the Dean of Students Office. The Dean of Students office, in the office of the Vice President for Student Affairs, is responsible for maintaining the centralized record of student complaints, including date of complaint, how it was received, departmental contacts, description of the complaint, resolution, and date of resolution. There is sufficient evidence that the institution follows its procedures consistently, shown by sample academic and non-academic grievances from initial complaint through resolution.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. The centralized complaint logs from 2013-2018 were reviewed. Interviews included the Vice Provost for Student Affairs and Dean of Students, Assistant Provost and Assistant Dean of Students, Student Advocate, and current and past presidents of the Student Government Association.

***4.6 Recruitment materials and presentations accurately represent the institution's practices and policies. (Recruitment materials)**

The Off-Site Reaffirmation Committee's review of the University of Louisville's recruitment materials including those of the Office of Admissions, the School of Interdisciplinary and Graduate Studies, the Office of Online Learning, the Office of Military and Veteran Services, the professional schools of Dentistry, Medicine and Law, and sample program of study sheets for academic majors, indicates that the materials accurately represent the institution's policies, practices, and academic programs. Recruitment materials are available in print, on websites, through presentations and videos, and through social media channels. There is evidence that the institution reviews information appropriately in its *Undergraduate* and *Graduate Catalogs*, and its web-based recruitment materials, to ensure they are accurate and up to date.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. Interviews included the Vice Provost for Enrollment Management and Student Success, and current and past presidents of the Student Government Association.

***4.7 The institution is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended. (In reviewing the institution's compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the U.S. Department of Education.) (Title IV program responsibilities)**

A signed U. S. Department of Education (USDOE) Program Participant Agreement was provided by the institution. The agreement, dated January 26, 2011, is effective through December 31, 2016. An Eligibility and Certification Approval Report from USDOE effective for the same period was also provided. These agreements demonstrate that the institution is in good standing with full Title IV eligibility granted from USDOE. FISAP reports provided for FY 2016, FY 2015, FY 2014, and FY 2012 provide further documentation of compliance.

The institution contracts with an independent accounting firm to conduct an audit and issue an audit report on compliance with requirements of OMB A-133. A-133 audit reports for FY 2015, FY 2014, and FY 2013 were provided as documentation. The FY 2015 audit report issued by Crowe Horwath LLP indicated that no material weaknesses or significant deficiencies were noted, providing evidence of a strong internal control and reporting system. One material weakness noted in FY 2014 was subsequently corrected, with no repeat finding in the FY 2015 report.

The institution also provided audited financial statements and management letters for FY 2015, FY 2014, FY 2013, and FY 2012, with no material weaknesses or significant deficiencies related to Title IV program responsibilities.

The On-Site Reaffirmation Committee conducted interviews with the Interim Chief Financial Officer, the Controller and the Director of Financial Aid. All required documents including the Program Participation Agreement, Eligibility Certification Approval Report and Fiscal Operation Report and Application to Participate are current. Required consumer information pages are available on the institution's financial aid website. The Uniform Guidance audit for the 2017 fiscal year included one significant deficiency with no questioned cost. Auditors cited UofL for failure to complete Perkins Loan Exit Counseling for 24 of 25 students who entered loan repayment in the 2017 fiscal year as required within 30 days of entering repayment. The University Bursar's Office provided a corrective action plan to address staffing and training for loan collections as well as a revised policy and procedure for processing exit interviews. The October 2017 management letter from Crowe Horwath includes a deficiency for the lack of supervisor signatures in the approval of student work study timesheets. The Financial Aid Office reminded all Work Study supervisors of the federal requirements for confirming student hours and implemented a random review of timesheets every other month.

The U. S. Department of Education has not imposed any limitations, suspensions, or terminations with respect to student financial aid or other financial aid programs. The institution indicated that there were no issues existing with Title IV programs: the institution has not been placed on the reimbursement method; has not required to obtain a letter of credit; has not received complaints related to financial aid filed with the United States Department of Education; there is no evidence of significant noncompliance with financial aid programs; there are no impending litigation issues with respect to financial aid activities; there are no significant unpaid dollar amounts back to USDOE, no adverse communications have been received from USDOE, no infractions to regulations that would jeopardize Title IV funding; and the institution has not been obligated to post a letter of credit on behalf of USDOE or other financial regulatory agencies.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee.

***4.8 An institution that offers distance or correspondence education documents each of the following: (Distance and correspondence education)**

- 4.8.1** demonstrates that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit by verifying the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as (a) a secure login and pass code, (b) proctored examinations, or (c) new or

other technologies and practices that are effective in verifying student identification.

The institution verifies the identity of students enrolled in distance education courses and programs through a combination of security protocols and faculty verification. The institution issues to all students secure and unique user identifications and passwords, which allow authenticated access to Blackboard, the institution's learning management system, as well as library and other institution services. Proctoring services are available for students at a distance through the Testing Services Offices, either through Tegrity, a remote proctoring software, or through faculty approved proctors at off-site locations. Student identity is verified by photo identification presented in person, or through the software, using photographs and recorded exam session data.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. Interviews included the Vice Provost for Enrollment Management and Student Success, and current and past presidents of the Student Government Association.

4.8.2 has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs.

The institution has written policies and procedures to protect the privacy of students and their academic and other records, including distance learning students. Federal FERPA requirements are followed for all students, including access to electronic and paper versions of records. FERPA policies and student privacy rights are published on the institution's website and in the *Undergraduate* and *Graduate Catalogs*, in the handbooks and bulletins of the professional schools (Dentistry, Medicine, and Law), and on the Registrar's website. The Director of the University Archives and Records Center is responsible for FERPA compliance, including for distance education students. The Department of Audit Services and Institutional Compliance, the Office of Information Security, and the Office of Information Technology offer review of security procedures, oversight of security policies and standards, and student record access management.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. Interviews included the Vice Provost for Enrollment Management and Student Success, and current and past presidents of the Student Government Association.

- 4.8.3 has a written procedure distributed at the time of registration or enrollment that notifies students of any projected additional student charges associated with verification of student identity.

The institution does not have additional charges for verifying the identity of distance and online learning students. Tuition and fees are established, published, and disseminated to all students annually. The institution's Testing Services Office provides proctoring services if necessary, which are indicated at the time of registration and listed on the schedule of classes, and associated fees are published on its website.

The On-Site Reaffirmation Committee reviewed documents and conducted interviews in support of the institution's case for compliance and affirms the findings of the Off-Site Reaffirmation Committee. Interviews included the Vice Provost for Enrollment Management and Student Success, and current and past presidents of the Student Government Association.

- *4.9 The institution has policies and procedures for determining the credit hours awarded for courses and programs that conform to commonly accepted practices in higher education and to Commission policy. (*See the Commission policy "Credit Hours."*) **(Definition of credit hours)**

Descriptions of credit hour awarding information is provided in detail with supporting documentation and institution website links. The institution procedures and policies are aligned with SACSCOC policy and those used in higher education meeting or exceeding federal and regional accreditation requirements. Credit hour determination is consistent whether in face to face or on-line courses. Latitude is given to individual units to have make changes in relation to discipline best practices though these must be approved by the provost. As mentioned in the CS 3.4.6 response, 50 contact minutes per term week constitutes one-credit hour and this applies to both in-class and out-of-class pedagogical activities. For terms with less weeks than the standard fall/spring semesters, the total hours per week increases in proportion. Each unit recommends the number of credit hours awarded based on course design. The institution requires information to be provided to substantiate this and an appropriate approval process is established and described in detail. Academic calendars for undergraduate and graduate programs are provided detailing fall, spring and summer sessions. Finally, when courses are offered via distance education or other methods, students must have the opportunity to have approximately the same amount of contact time with the instructor. The Off-Site Reaffirmation was unable to determine how the institution's credit-hour policies and procedures apply to the School of Medicine.

The On-Site Reaffirmation Committee found evidence to support compliance based on a review of the materials provided in the *Focused Report*. The School of Medicine follows the institution-wide credit hour policy for all basic science programs, one credit hour for 50 contact minutes per week during a regular semester. For the professional medical programs, the School of Medicine's Educational Program Committee created policy that specifically calculates guidelines for preclinical and clinical courses based on the Liaison Committee on Medical Education (LCME) best practices and guidelines. Specifically, the credit

hour policy supports the requirements of LCME standards 6.3 and 8.8, and follows a formula of 15 contact hours = 1 credit hour for any type of teaching, and clinical courses follow a formula of 1 credit hour = 1.25 weeks. Interviews included the Vice Provost for Enrollment Management and Student Success.

Section 4: Governing Board

2. The governing board

- g. defines and regularly evaluates its responsibilities and expectations.
(*Board evaluation*)

The University of Louisville Board of Trustees completed its first full year of operation in January of 2018, which is when the new SACSCOC requirement for board self-evaluation went into effect. In February, the Board's Governance Committee, which had been charged by the full board with the task of developing a regular board evaluation process, administered a survey to all trustees. This survey asked the trustees to evaluate their knowledge of and performance of their duties as individual trustees, as a board, and the effectiveness of board meetings. This survey is intended to be the first step in the development of an overall Board assessment strategy. No specific plan or timeline for implementation of this assessment strategy was provided, but using this survey to assess needs seems like a reasonable first step in that strategy, which will also involve utilizing the resources of the Association of Governing Boards of Universities and Colleges, of which the institution is a member. These steps support the institution's case for compliance.

Section 7: Institutional Planning and Effectiveness

- 2. The institution has a Quality Enhancement Plan that (a) has a topic identified through its ongoing, comprehensive planning and evaluation processes; (b) has broad-based support of institutional constituencies; (c) focuses on improving specific student learning outcomes and/or student success; (d) commits resources to initiate, implement and complete the QEP; and (e) includes a plan to assess achievement.
(*Quality Enhancement Plan*)

The institution satisfactorily addressed all components of this standard. See Part III for additional information.

Section 12: Academic and Student Support Services

- 6. The institution provides information and guidance to help student borrowers understand how to manage their debt and repay their loans.
(*Student debt*)

The On-Site Reaffirmation Committee found evidence to support compliance based on a review of the materials provided in the Addendum Report. The institution provided evidence of a comprehensive program that includes information and guidance to assist students in understanding, managing, and repaying their educational debts. All students receiving any form of loan are required to complete exit counseling before graduating or any time enrollment falls below half time status in fall or spring terms. For Federal Direct

and/or Graduate/Professional PLUS loans, the exit counseling is provided through the Student Financial Aid Office. For students receiving campus-based loans, there is required exit loan counseling through the institution Bursar's office. The Bursar utilizes an external vendor, Heartland ECSI, to provide online counseling. An Exit Interview hold restricting future registration and release of official transcripts is used to ensure students complete exit counseling. For first-time borrowers, entrance counseling is also provided online. Students seeking loan increases or additional funds are also made aware of NSLDS.ed.gov to encourage responsible borrowing and increased understanding of loan debt.

Letters are distributed annually to students indicating their estimated indebtedness, current interest rates, and estimated monthly payment. The letter also includes a link to an online financial literacy program called SALT, offering one-on-one online counseling through nonprofit American Student Assistance (ASA). The institution provided data demonstrating a decline in the three-year direct loan default rate as evidence of the effectiveness of the comprehensive exit counseling and debt management system.

In addition to the resources made available to all undergraduate and graduate students, the professional schools provide supplemental resources to their specific populations. The School of Law regularly offers additional debt management and financial literacy information, and the Medical and Dental Schools provide financial aid personnel who focus specifically on providing exit counseling to students in those programs, resulting in a one hundred percent completion rate. The On-Site Reaffirmation Committee interviewed the Vice Provost for Enrollment Management and Student Success, and current and past presidents of the Student Government Association.

E. Additional observations regarding strengths and weaknesses of the institution. (optional).

N/A

Part III. Assessment of the Quality Enhancement Plan

The University of Louisville Quality Enhancement Plan (QEP), titled *Find Your Fit*, was submitted six weeks in advance of the On-Site Reaffirmation Review Committee, is (1) a topic identified through ongoing, comprehensive and evaluation processes, (2) has a broad-based support of institutional constituencies, (3) focuses on improving specific student successes, (4) commits resources to initiate, implement and complete the QEP, and (5) includes a plan to assess achievement.

In order to address persistence concerns among second year undergraduate students the University of Louisville Quality Enhancement Plan proposes development of a 3-credit academic seminar focused on helping the target student population gain decision-making and self-regulation skills needed to thrive in the college environment. This plan follows a decade of institution emphasis on first-year student experiences by addressing the needs of second-year students. Three critical elements comprise this QEP; the target audience, the seminar, and campus partnerships.

The Target Audience. Nearly one-third of each incoming class leaves the institution during the second year. Of particular concern are students who have not yet declared a major or are on a "pre-unit" track because they leave the institution in significantly higher numbers than students with declared majors. Students in these two categories are admitted as "exploratory" students in the College of Arts and Sciences and represent approximately 25 percent of the overall incoming undergraduate class (in 2014, 711 students out of a class of 2830). The "pre-unit" students leave at significantly higher rates than declared majors or undecided students (in 2014 69 percent of the declared majors in Arts and Sciences persisted to the third year, compared to 70 percent of undeclared students, but only 53 percent of the "pre-unit" students).

The Seminar. Given the difficulties faced by the targeted group of students, a three-credit academic seminar will be offered to help students improve their decision-making and self-regulation skills. The substance of this course is deeply rooted in research on how students experience the second year of institution study and includes small classes, engaging pedagogy, and "integrative advising" which blends academic advising, career counseling, and the academic content of the course. Major assignments for the course include an "I-Search" paper, a brief digital version of the I-Search paper, and an Academic and Personal Plan (APP) based on thinking done in the course. The seminar is envisioned as occurring in four phases: Prep (sets the tone for the course as being inquiry-based and about student self-understanding), Inquire (students lay the foundation for the larger I-Search project), Information (student investigations related to their personal and academic goals), and Integration (all elements of the course merge into a culminating project, the APP).

Campus Partnerships. The wide-ranging nature of the *Find Your Fit* initiative requires substantive, ongoing, and well-integrated collaboration among a variety of campus offices and functions. Primary collaborators include:

- Delphi Center for Teaching and Learning, which houses the QEP office and staff.
- QEP staff comprised of four persons including the QEP Executive Director, specialists in assessment and faculty development, and an administrative services manager. This

group is charged with implementation, training, and assessment of the QEP, including managing relationships among collaborating partners.

- REACH (Resources for Academic Achievement) which provides a variety of resources in support of student personal and academic success.
- Career Development Center provides guidance and encouragement to students as they look for ways to leverage their college education into meaningful careers. For the QEP this office will participate in planning and teaching the course as well as helping recruit students for the seminar.
- Department of Counseling and Human Development will host the QEP seminar.
- The Exploratory Advising Team will continue its work with undecided students and will serve the QEP project by helping to recruit students for the seminar and serving as the integrative advisor(s) for seminar students.
- Librarians who will assist Seminar faculty and students in design and research related to the I-Search project.
- Office of Planning and Academic Accountability provides ongoing student data for student tracking, indirect assessment, and identification of potential Seminar enrollees.

Topic Identification

University of Louisville selected a QEP Development Committee to review institutional data, student learning data, scholarship and best practices, and current institutional priorities and efforts around undergraduate learning at UofL. Nationally administered assessments included the National Survey of Student Engagement (NSSE); the Beginning College Survey of Student Engagement; and the Cooperative Institutional Research Program's (CIRP) Freshman Survey. Institutional reports included student learning data from the institution-wide General Education assessment process; the institution's graduating senior survey; institutional trend data on student retention, persistence, and graduation; and other institutional reports focusing on the profile and the progression of various student populations. The analysis revealed a significant lack of retention between the second and third years of study by students classified as undecided (also called exploratory students) and pre-unit (those not yet admitted into the major of their choice). The QEP *Find Your Fit* resulted from this review of the data and the finding that a major contributor to lack of retention between the second and third year was related to issues of fit and other personal reasons (e.g., homesickness, finances). Clearly, the topic grew out of comprehensive planning and assessment processes and identified the need to improve success of a specific subset of their undergraduate students. Furthermore, it is directly linked to UofL's 21st Century University Initiative's Academic and Research Priorities, (1) empower undergraduate learning, and (2) environment for student success; and linked to the mission of the institution.

Broad-Based Support

The broad-based QEP Development Committee included students, staff, and faculty, with faculty representatives from all 12 academic schools and colleges, along with two student representatives and representatives from Faculty and Staff Senates. In total, 25 members are currently serving on the QEP Development Committee, with a total of 51 individuals who served on the committee since its inception. The topic selection process included three focus group sessions in fall 2016 with six undergraduate students, and based on their feedback two short surveys were developed. To gain additional feedback and broader institutional support, a series of 23 campus feedback sessions (including multiple meetings with some groups for a total of 27 meetings) were held throughout 2016, representing diverse constituents of students, staff,

faculty, and administrators. These included general information sessions on the Belknap Campus and Health Sciences Center. In addition to the Development Committee, a Student Advisory Team was also established for more targeted student input, with student members representing diverse fields of study. A QEP Faculty Work Group was also formed with representation from across the institution. Additional population-specific groups included an Advising Group, QEP Feedback Employer Focus Group, QEP Feedback Alumni Focus Group, and feedback from the Board of Trustees.

The implementation process will provide opportunities for continued broad-based involvement of faculty, staff, and students, including those who teach and take the QEP Seminar, the Professional Learning Community, and key collaborators from REACH, the Career Development Center, the Student Success Center, and the Department of Counseling and Human Development. Others will be involved less directly through planned awareness efforts. There will also be relevant connections through the assessment process, particularly in the third tier when assessing broader impact upon the institution.

Student Focus

Find Your Fit is specific as to what its goals are and why those goals are important to the institutional mission. This QEP focuses on student success as an improvement in student retention between the second and third years of college by offering a seminar specifically designed to help students achieve the following learning outcomes:

- Students will demonstrate informed decision-making marked by identifiable measures of reflective learning, independent inquiry, and critical thinking.
- Students will report an increase in their sense of academic and social belonging or fit as measured by the pre-and post-FYF assessment scale.
- Students will report an increase in their sense of decidedness as measured by the pre-and post-PAI assessment scale.
- Students will report an increase in their sense of self-regulated behavior as measured by the pre-and post-FYF assessment scale.

This QEP is in keeping with the institution mission, strategic priorities, and renewed educational aims which are centered around engaged learning and student success supported by academic programs and student services that help students thrive while in college and afterwards. This QEP aligns well with two of the strategic plans central pillars: empowering undergraduate learning and enhancing the environment for student success. It also extends promising practices, such as other required courses and the MORE Sophomore Leadership Program, already implemented by the institution over the last 15-year period. *Find Your Fit* relies on student-centered research which demonstrates the importance of focusing on retention after the second year, the vulnerability of the students who have not decided on their major who are to be targeted initially, the challenges of retaining students, and the pedagogical approaches to help students thrive and develop self-regulating practices.

Resources

The institution has provided an acceptable QEP resource plan utilizing a combination of existing resources developed for the QEP discovery and proposal process and new funding. Key institution administrators participated in setting the budget. The institution points out that the annual budget is subject to reductions and can make no guarantees for future funding. The budget totaling approximately \$2.1 million over the five year pro-forma period requires a

commitment of funds equivalent to .25 percent of total current operating expenditures for academic support in the prior fiscal year.

Assessment

The learning outcomes for *Find Your Fit* (see above) are expected to promote long-term outcomes, including higher retention and completion rates for the subpopulations targeted by the program. The assessment plan offers a path to effectively measure the impact of the Find Your Fit seminar.

To assess the defined learning outcomes, the institution has developed a comprehensive assessment plan that includes measures to assess the impact of the program as a whole and measures to assess the progress of individual students as they progress through the seminar and engage in its activities. These include:

- A pre-post survey measure (FYF Learning Scale) of belonging and self-regulated learning that will be given to students taking the seminar and to a control group of like students not taking the seminar.
- A pre-post survey measure (PAI Disposition Scale) of belonging and decidedness that will be given to students enrolled in the seminar.
- A set of rubric-based evaluations of student work produced during the seminar:
 - Evaluation of reflective writing throughout the semester;
 - Evaluation of the major project, the I-Search paper; and corresponding digital assignment; and
 - Evaluation the Academic and Personal Plan.

The rubrics developed for these evaluations measure students' direct demonstration of reflective learning, independent inquiry, and critical thinking in their work products. These direct assessment measures will be supplemented with course evaluations, other institution-level surveys, and a suite of institutional metrics regarding students (e.g., demographics, GPA, persistence, etc.) to assess the overall impact of the program.

The assessment plan is complex, thorough, and requires significant buy-in from many campus partners, including advisors, the instructional teams of faculty-advisor-librarian, and analysts from institutional research, and the dedicated QEP Specialist for Assessment.

Suggestions for improvement

In response to our on-site review of the *Find Your Fit* QEP we offer the following suggestions for the institution's consideration:

1. Develop a clearly articulated post-course debriefing system for the seminar to capture learning from each semester for immediate improvement of upcoming semesters.
2. Expend considerable energy "onboarding" new people who join the Find Your Fit system. A collaboration-dependent program like this requires extensive and intentional socialization of new members of the team.
3. Keep the student development focus of the program at the forefront as you live through the changes inherent in such an endeavor. Growth in the undergraduate student population as well as ever-present institutional financial limitations experienced in all of higher education will create pressure to dilute this focus.
4. Streamline assessment where you can, but maintain a robust stream of information to support your decisions about program changes.

Part IV. Third-Party Comments

To be completed by the On-Site Reaffirmation Committee.

If an institution receives Third-Party Comments, the institution has an opportunity to respond to those comments and the On-Site Reaffirmation Committee reviews the response as part of its comprehensive evaluation of the institution.

The Committee should check one of the following:

☒ **X** No Third-Party Comments submitted.

☐ Third-Party Comments submitted. **(Address the items below.)**

1. Describe the nature of the Comments and any allegations of non-compliance that may have been part of the formal Third-Party Comments;

2. Indicate whether the Committee found evidence in support of any allegations of non-compliance.

If found to be out of compliance, the Committee should write a recommendation and include it in Part II under the standard cited with a full narrative that describes why the institution was found to be out of compliance and the documentation that supports that determination. In this space, reference the number of the Core Requirement, Comprehensive Standard, or Federal Requirement and the recommendation number cited in Part II.

If determined to be in compliance, explain in this space the reasons and refer to the documentation in support of this finding.

APPENDIX A

Roster of the Off-Site Reaffirmation Committee	Roster of the On-Site Reaffirmation Committee
<p>Dr. Allen P. Dupont - CHAIR Director, Institutional Effectiveness University of Tennessee Health Science Center</p> <p>Dean David D. Allen Dean and Professor Executive Director of the Research Institute of Pharmaceutical Sciences The University of Mississippi School of Pharmacy</p> <p>Dr. G. Pamela Burch-Sims Assistant Vice President for Effectiveness, Quality and Assessment, Division of Administration Tennessee State University</p> <p>Dr. Judy Bonner Provost and Executive Vice President Mississippi State University</p> <p>Dr. Richard J. Buttimer Senior Associate Dean and Professor of Finance University of North Carolina - Charlotte</p> <p>Dr. Catherine A. Duran Associate Vice Provost for Student Affairs Texas Tech University</p> <p>Dr. Andrew Hugine President Alabama A&M University</p> <p>Dr. Patrick Louchouart Vice President, Academic Affairs Texas A&M University, Galveston Campus</p> <p>Dr. Russell J. Mumper Vice Provost for Academic Affairs The University of Georgia</p> <p>Mr. Ray M. Pinner* Senior Vice President for Finance/Administration The University of Alabama in Huntsville</p> <p>Dr. Steven E. Smith Dean of Libraries University of Tennessee</p> <p><u>SACSCOC Staff Coordinator</u> Dr. Steven M. Sheeley Vice President</p>	<p>Dr. Denise M. Trauth - CHAIR President Texas State University</p> <p>Dr. Rebecca G. Adams Professor of Sociology and Gerontology University of North Carolina-Greensboro</p> <p>Dr. Mary Lewnes Albrecht Consultant, Graduate School University of Tennessee</p> <p>Mr. Allan J. Aycock Senior Director for Accreditation & Institutional Effectiveness The University of Georgia</p> <p>Ms. Leslie Brunelli Vice President for Finance & CFO University of South Carolina – Columbia</p> <p>Dr. Jimmy Davis Professor of Communication Studies Belmont University</p> <p>Dr. Judy Genshaft President University of South Florida</p> <p>Dr. Michael L. Sanseviro Associate Vice President of Student Affairs Kennesaw State University</p> <p>Dr. Stacey Franklin Jones (Observer) Interim Provost and Vice President for Academic Affairs Norfolk State University</p> <p><u>SACSCOC Staff Representative</u> Dr. Patricia L. Donat Vice President</p>

APPENDIX B

Off-Campus Sites or Distance Learning Programs Reviewed

Distance Education (Online Learning, <http://louisville.edu/online>) Delphi Center, Louisville, Kentucky

The University of Louisville *Compliance Certification* includes a review of the institution's distance learning programs. Per the Institutional Summary Form, the institution has been approved by SACSCOC to offer online education since 1997. An assessment of the institution's compliance with standards that apply to online and distance education programs and courses is incorporated throughout the report, reflecting the philosophy and practice that compliance to the standards is the same, regardless of delivery method of the courses or programs. The institution does not offer correspondence courses or programs. Beginning in fall 2016, a competency-based assessed program was offered by the institution.

At the time of preparing the compliance report in 2016, the institution offered 18 online programs: five bachelor degrees, eight master's degrees, three graduate certificates, and two graduate endorsements in education. The Institutional Summary Form submitted in 2018 with the *Focused Report* has a more extensive list which is reflected on their website: nine bachelor degrees, ten master's degrees, six online certificates, and three graduate endorsements in education. The list includes:

- Communications, (BA, BS; 73 students)
- Criminal Justice (BS; 35 students)
- Nursing (RN-BSN; 50 students)
- Organizational Leadership and Learning (BS; 184 students)
- Psychology (BA; none reported)
- Social Work (BSW; none reported)
- Sociology (BA; none reported)
- Women's and Gender Studies (BA; none reported)
- Healthcare Leadership (track within Organizational Leadership and Learning BS, competency-based degree; 14 in the CBE version)
- Biostatistics (MS; none reported)
- Civil Engineering (MS; 15 students)
- Computer Science (MS; 41 students)
- Criminal Justice (MS; 54 students)
- Engineering Management (MEng.; 110 students)
- Higher Education Administration (MA; 77 students)
- Human Resources and Organization Development (MS; 115 students)
- Social Work (MS; 267 students)
- Special Education (MEd; 4 students)
- Teacher Leadership (MEd; 22 students)

Certificates:

- Accounting (7 students)
- Autism and Applied Behavior Analysis (3 students)
- Cybersecurity (3 student)
- Data Science (18 students)
- Structural Engineering (none reported)
- Transportation Engineering (1 student)

Teaching Endorsements:

Classroom Reading (P-12) (none reported)
English as a Second Language (ESL) (P-12) (none reported)
Instructional Technology (P-12) (none reported)

Online Learning is managed by the Delphi Center which supports both online students and faculty and staff. They engage members of the institution community to ensure that online learners receive a comparable level of student, library, instructional technology, and academic support services. These resources are available online and personal assistance/consultation is available through online chat, phone, and email. They consolidate policy, procedure, catalog, calendars, and other resources on the UofL Online Program website for online students ease of access to information.

The institution's online programs are held to the same policies, procedures and standards as on-campus programs with regard to academic and student support services, academic governance, faculty credentials, faculty support, student learning outcomes, program review, and assessment. Many faculty who teach on-campus courses also teach online courses.

Online programs are fully integrated with the institution:

- The curriculum proposal process starts with the faculty and follows the same steps as on-campus programs.
- Online undergraduate programs have the same general education program as on-campus programs.
- When there is an online and on-campus version of a program, they both have the same requirements and structure; therefore,
 - Program requirements are available through the online undergraduate and graduate catalogs.
 - Degree programs require the same number of credit hours and meet the SACSCOC credit hour minimums.
- Online programs are reviewed as part of the regular review process for all programs to ensure quality and as part of the institutional effectiveness processes on campus.
- Online programs follow the same schedule/academic calendar as on-campus programs. These schedules are published online and in advance of the academic year.
- Refund policies are available online through the Bursar's Office webpage.
- Student learning outcomes assessment for online programs is conducted using the same process and template as all program outcomes assessment.
- Faculty teaching online courses undergo the same review process as those who do not.
- Online library resources are integrated through the institution's course management system allowing faculty to provide specific course materials and students have access to library resources (electronic, through "Ask a Librarian," or interlibrary loan.)
- Online students receive regular email correspondence, the same as on-campus students, regarding Code of Student Rights and Responsibilities, Code of Student Conduct and related campus policies, and expectations.

European Business School (EBS) Universität für Wirtschaft und Recht (University of Business and Law)
Rheingaustraße 1
65375 Oestrich-Winkel Germany
<https://www.ebs.edu/en>

EBS offers a Bachelor of Science in General Management, Track International Business Studies (BSc) that is available as a double degree program to accompany the Bachelor of Science in Business Administration offered on the institution's home campus. In addition to this program, EBS also offers graduate level business degrees and has a law school at a different location in Wiesbaden. The institution enrolls approximately 2000 students, and partners with 195 universities worldwide, including offering double degree programs with 12 universities for the three-semester International Business Studies (IBS) track. This business program operates primarily as an exchange program with EBS serving as the host and fully providing all courses, faculty, facilities, and services to students through this Rheingau location. This degree does not require a thesis for completion. The student learning outcomes, goals, and objective focus on essential business function competency, cultural diversity and effective communication through international work environments, critical thinking skills, and culminating experience focused on responsible leadership in a rapidly changing world. All program faculty are EBS faculty, and possess the necessary qualification for their disciplines. All courses are taught in English.

While students continue to have access to home institution resources, the majority of resources necessary and utilized while enrolled in the EBS program are provided on-site through the EBS Business School Library, as well as technological resources provided through the EBS online portal "MyApps." In addition to the over 70,000 holdings of the physical library, numerous research databases are provided. Student academic and social support services are provided through the EBS administrative staff, all of whom stressed their open door policies and timely response to emails. The staff interviewed include the director and coordinator of the Bachelor of Science Program, and representatives from Career Services, Coaching, the Examinations Office Coordinator, and International Students Coordinator (who also assists with housing arrangements.) Given the size and scope, it appears there are adequate support services, though not all of the students interviewed were aware that Coaching staff also provide psychological counseling and stress management. The Coaching brochure provided included details on career planning, performance, and self-reflection, including details on coping with stress and time management, test anxiety and motivational issues, and personal reflections, but could have been more direct in promoting psychological counseling. Examination guidelines, including accommodations for disability, were reviewed. There are also social and health outlets for students, such as yoga sessions, and social and coaching services are made available on weekends and evenings. There are 16 "resorts" that are equivalent to registered student organizations/student clubs in the United States. There is also an active Association for Students that operates independently of the institution. The students also coordinate academic-related symposia through interest-area congresses, for example in Real Estate or Entrepreneurship. There are also robust career fairs with extensive corporate participation and opportunities for networking, internships, and future employment.

While the institution has indicated EBS is an off-site location, based on the documentation reviewed, specifically the Memorandum of Understanding, and responses to interview questions, EBS is not an off-site location but a dual degree program. The courses completed at EBS are treated as transfer credits, and documented in bulk on the official institutional transcript. The processing of credits as transfer credits noted as earned at EBS on the transcript is further evidence that EBS is not an off-site location. The materials provided by EBS itemize

the specific courses offered throughout the three-term program; however, the institutional transcript does not indicate any specific coursework. Currently, there are no home institution students enrolled in courses at EBS, and past enrollment has ranged from 0 to 2 students. There is currently one student pursuing application to the IBS track for a double degree.

Akademie Würth Business School
Industriepark Würth
Gebaude 7 Drillberg 6 Bad Mergentheim
Kunzelsau Germany

Master's in Business Administration- Global MBA Program
Final SACSCOC Approval: April 22, 2002
Date of Implementation: Summer, 2002

The Master of Business Administration has had an enrollment between 11 and 23 for the 2015 through 2018 cohorts. This is a 45 credit hours program and is AACSB accredited. Students enroll in an online, 3-credit hour management fundamentals course during their first summer. Once the cohort completes this course, they travel to the University of Louisville for a team-training activity and enroll in an intensive 12 credit hours over a 4.5 week period taught by University of Louisville faculty. Upon completion, they return to Germany for the fall and spring semesters where they complete 18 credit hours taught by faculty on-site at Academy Würth. They return to the University of Louisville campus for their final summer session of course work. All courses are University of Louisville courses and the degree is awarded by the University of Louisville upon successful completion of all degree requirements. Transcripts clearly show all courses for the degree program.

Faculty members meet at the end of the program 13 months to discuss student learning and achievement of student learning outcomes and objectives. Adjustments to the curriculum have been made based on this assessment. For example, the addition of the 3 credit hour management fundamentals was added to bring all students in the cohort up to the same starting point with basic information.

There are seven faculty on-site in Germany who are approved by the University of Louisville and gain credential approval by the institution. Five of these faculty have full-time positions at German universities where they teach comparable courses and conduct research. The other two faculty are executives with the Würth Group. The all of these faculty hold "gratis" status (comparable to unpaid adjunct status) with the University of Louisville and are paid faculty with Akademie Würth. All hold appropriate doctoral degrees, have extensive experience teaching, and/or extensive professional experience. All except one have been with the program for the life of the program providing program continuity and the ability to build strong relationships between the German and Louisville faculty. The director of the program is also Dean of the Graduate School at Heilbronn University, therefore has the necessary administrative experience needed to manage the program.

State-of-the-art facilities are available to the program at Würth Industries national administrative headquarters. They include flexible space classrooms (can be divided into smaller rooms if needed) with digital projection and video conference capability. There are also small break-out rooms and computer labs. Food services are available. As these are in a manufacturing facility and world headquarters for Würth Industries, they are extremely well maintained with security in place. All students are working adults and have access to their own health care providers. Housing is available at a local hotel with dining.

Library resources from the University of Louisville are available to students while on campus and while away through digital collections and databases. When they first arrive on the Louisville campus for their first summer term, they undergo a briefing for library usage. During this orientation period, they receive their institution login information and are shown the course management system and technology support facilities and personnel available to all University of Louisville students. Students interviewed indicated they had access to library and other instructional resources and were pleased with the assistance in setting up VPNs on their personal devices. They also knew who to contact for any assistance when in Louisville and in Germany. The students were in agreement that they received support in areas when needed. Alumni of the program were so enthusiastic that they have recommended others to consider enrolling.

Per the MOU, Würth collects the fees from the students and does a wire transfer to the University of Louisville twice a year. Finances are managed through University of Louisville College of Business.

General Electric

Haier - General Electric Appliance Park

4000 Buechel Bank Road

Louisville, KY 40218

Master of Science in Mechanical Engineering (ME) - 30 credit hours

Master of Science in Electrical and Computer Engineering (ECE) - 30 credit hours

In partnership with GE Appliances, which is now a wholly owned subsidiary of China-based Haier Company, University of Louisville offers two 30-credit-hour Master of Science degrees in Mechanical Engineering and Electrical and Computer Engineering on site at the GE location. The partnership with University of Louisville to offer Masters degrees began in 2012, but the Edison Engineering Development Program (EEDP) was initiated at GE in 1923 and adopted by GE Appliances in 1975. The program is designed to accelerate the technical learning of new-hire design engineers with undergraduate degrees in mechanical engineering, electrical engineering, or computer engineering/computer science. As a part of this program, the EEDP engineers are hired by GE and upon employment immediately being a Master's degree with University of Louisville. As part of the interview process for employment, applicants must also be eligible for admission into the institution graduate program.

All of the faculty teaching in the program have the appropriate requisite terminal degrees, and the course content is the same whether courses are taught on campus or on-site at GE. Students in the program have the option of enrolling in courses on campus as well as on-site, and can enter the cohort in either January or July. Those entering in January begin with the Edison A-Course and those in July begin with the Edison B-Course, and then complete the corresponding course when next offered for a total of nine credit hours between the two accelerated schedule courses. These courses are taught by GE Appliances employees who have adjunct professor status at the institution, with all other courses taught by full-time faculty.

Both MS degrees offer thesis and non-thesis options, and the students interviewed were particularly complimentary of the opportunities for research and practical application. Regardless of thesis option selected, all complete a group platform engineering project. The program cohorts include appropriately 20 students per year, with most completing the degree within three years. The recruitment process draws heavily from undergraduate students who participated in co-ops with GE and are seeking to continue their education while securing full-

time employment. Since its inception, the program has graduated 83 students, 63 in ME and 20 in ECE. The curriculum is comprised predominantly of electives to allow maximum flexibility for students who wish to customize their education around their area of technical specialty, though only specific courses are taught on-site.

On-site facilities include two sizeable classrooms and one lab. Students have access to all on campus institution resources, including the library, as well as all online library and educational resources. On-site classes are scheduled typically at 7 am or 4 pm to allow students to complete the degree around their full-time employment schedule. Per the MOU, GE pays a fixed rate for tuition and fees directly to University of Louisville for each cohort regardless of the number enrolled, not to exceed 25 students per cohort. Students incur no direct costs for the degree

Owensboro Medical Health Systems
811 E. Parrish Avenue
Owensboro, KY 42303

The University of Louisville operates an instructional site at the Owensboro Medical Health System. This site has been operational since fall 2009, and the Bachelor of Science in Nursing (BSN), offered by the School of Nursing, is the only program offered.

The program is offered under a partnership agreement between the institution and Owensboro Health, Inc. (OHI), which operates the Owensboro Medical Health System, the regional hospital in the area. Under the agreement, which was last renewed in 2014, the institution retains full academic control of the BSN (the 3rd and 4th year curriculum of the nursing program), including hiring and supervising the faculty; OHI supplies facilities, clinical sites, and funding to fill any gap between program income and program cost. In addition, OHI employs a large percentage of program graduates.

There are currently 63 students enrolled in the BSN at the Owensboro site. This number has increased over time and is approaching the maximum of 80 stipulated by the partnership agreement. It is a goal of both partners to reach capacity, and there appears to be adequate faculty, staff, and physical resources in place to support capacity operation.

There are currently six full-time faculty, eight part-time faculty, and one emeritus faculty contributing to the Owensboro program. One faculty member is also the program director, who is further supported by a dedicated administrative assistant and a full-time admissions counselor/student support provider. One faculty member is budgeted half-time in Owensboro and half in Louisville. The Owensboro faculty are fully integrated with the Louisville School of Nursing faculty, with representation on governance committees and collaboration on program curriculum, program assessment, and student support. Faculty interviewed indicated a high level of positive interaction with the Louisville-based faculty by phone, video conference, and through regular visits to the main campus.

The program is housed in recently renovated facilities within the Owensboro Medical Health System. The facility includes a reception area, eight faculty offices, two conference rooms, four classrooms (24-36 student capacity), one five-bed teaching lab, two simulated patient rooms with one-way observation, a large student lounge, and a student locker room. All rooms appear to be equipped with up-to-date classroom technology. In addition, students have access to innovative patient simulation within the site and rotate through a variety of clinical sites in the area.

Students have access to library and other student resources that are available on the main campus. Library needs for research are met through online resources and inter-library loan services. Disability resources, a virtual writing center, support for the Blackboard learning management system, and the counseling center are also available online. There is a dedicated student support position who both recruits for the program, advises students planning to apply to the program, and advises students in the program. Additional career counseling is provided by resident faculty and through the close collaboration with the Owensboro Medical Health System. Students interviewed indicated that their needs were more than met by services provided on-site and those available through the Louisville campus. They also indicated that the relatively small size of the program gave them one-to-one access to faculty and administrators for additional, personalized support.

The student learning outcomes of the BSN program offered at Owensboro are assessed along with the main campus program, and results are disaggregated by campus. Owensboro student pass rates on the National Council Licensure Examination, which lagged in the early years of the program, have achieved 100 percent in the two most recent periods, exceeding the rates for students on the Louisville campus. A number of program improvements led to this significant success, including increases in the number of on-site faculty and development of a student success program, Cardinal Confidence, that provides a system of assessment, feedback, and support for all students and identifies students who may benefit from focused support.

APPENDIX C

List of Recommendations Cited in the Report of the Reaffirmation Committee

13.1 (Financial Resources), Recommendation 1: The Committee recommends that the institution demonstrate it has sound financial resources and a trend of positive financial operating performance.

10.8 (Evaluating and Awarding Academic Credit), Recommendation 2: The Committee recommends that the Institution follow the SACSCOC policy, The Quality and Integrity of Undergraduate Degrees, and transcribe transfer coursework on the official transcript.

