



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

PRELIMINARY 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: **November 10-11, 2016**

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

Chair of the Committee: **Dr. Allen Dupont**
The University of Tennessee, Health Science Center
Director, Institutional Effectiveness
Memphis, TN

Part I. Overview and Introduction to the Institution

The report from the Off-Site Reaffirmation Committee represents the preliminary conclusions of the Committee based on the application of the Principles of Accreditation to information provided by the institution in its completed Compliance Certification. This report is forwarded to the institution and the On-Site Reaffirmation Committee. The institution will have an opportunity to respond to the Off-Site Reaffirmation Committee's findings in a Focused Report that also will be sent to the members of the On-Site Reaffirmation Committee. The On-Site Reaffirmation Committee will conduct interviews, review on-site documents, revise/update the preliminary report as appropriate, and approve a final Report of the Reaffirmation Committee. The Report and the institution's response are forwarded to the Commission's Board of Trustees for final action on reaffirmation of accreditation.

To be completed by the On-site Reaffirmation Committee.

Part II. Assessment of Compliance

Sections A thru E to be completed by the Off-Site Review Committee and the On-Site Reaffirmation Committee. An asterisk before the standard indicates that it will be reviewed by the On-Site Reaffirmation Committee even if the off-site review determines compliance.

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

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

Compliance

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

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)**

Compliance

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 university 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 university 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)**

Compliance

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 University 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.

- 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)**

Compliance

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 University. Currently, the institution has an Acting 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)**

Compliance

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)**

Compliance

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 university'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)**

Compliance

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)**

Compliance

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 university 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)**

Compliance

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 university 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)**

Compliance

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 university 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 university general education courses.

- 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)

Non-Compliance

The documentation provided was not sufficient to demonstrate compliance with this standard. 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 university 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.

- *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)**

Compliance

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 university 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 university.

- 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)**

Compliance

The main campus is served by five libraries that 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. The libraries maintain both physical and electronic collections. 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)**

Compliance

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 The institution Online Learning Website, and the Distance Education Student Services Resource student affairs webpage. The university 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.

- 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)**

Non-Compliance

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

- 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)**

Non-Compliance

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% 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% deficit, over 357,000 ASF), teaching laboratories (58% deficit, over 53,000 ASF), and support space (78%, 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 University 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.

- 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)**

Not applicable for review by the Off-Site Reaffirmation Committee.

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).**

Compliance

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 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)**

Not applicable

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.

- 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

Compliance

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

Compliance

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

Compliance

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)**

Non-Compliance

The institution has a policy (Board of Trustees' Bylaws Section 4.1) addressing conflict of interest for members of the university'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.

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)**

Not Applicable

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.

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)**

Not Applicable

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.

- 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)**

Compliance

The authority of the University of Louisville governing board is assigned by Kentucky Revised Statute 164.830. The information is disseminated to the university 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)**

Compliance

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.

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

Non-Compliance

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 CV's, 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).

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

Non-Compliance

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 university, and that it is available on the web. The institution noted that the Faculty Senate and the Staff Senate are charged with reviewing relevant university policies and in an advisory role making recommendations to the administration regarding those roles.

For faculty members the university provided copies of policies governing appointment, employment, and evaluation. The university 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 university 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.

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

Compliance

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)**

Compliance

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)**.

Compliance

The President, as shown in the organizational chart and stated in *The Redbook* is the Chief Executive Officer of the University. *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)**

Non-Compliance

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 University. 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 University'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 University, and serves as the principal fund-raising arm of the University. 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 University 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 University trustees or officers or employees of the institution. Therefore, no conclusion could be drawn as to whether the 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.

- 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)**

Compliance

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 university. The exceptions to this being if the student is working on behalf of the university or uses specialized university 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 university 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 university specifically commissions such work.
- 3) The university will distribute revenue of commercialized intellectual property with 50% of the revenue going to the inventor, and the remaining 50% being distributed within the university.

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

- 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

Non-Compliance

Educational Excellence is one of the The institution's 2020 Strategic Plan goals and the university's 21st Century Initiatives, which overlays the 2020 Plan, supports improvements in the academic programs, through a university-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, therefore, did not provide documented SLO annual reports with the revised process until 2014, following university-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 university:

College of Arts and Sciences (43%), the College of Education and Human Development (15%), the J. B. Speed School of Engineering (15%); School of Nursing (1 of 4), and Law (1 of 3). The examples provided showed measureable 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.

3.3.1.2 administrative support services

Compliance

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

Compliance

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

Compliance

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

Compliance

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.

- 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)**

Not applicable for review by the Off-Site Reaffirmation Committee.

- 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)**

Compliance

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 university approval process. Any changes to already approved programs are generated by program faculty and communicated through the unit and university 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)**

Compliance

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% of total), education (17% of total), community service (13% of total), and legal services (12% 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 university 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)**

Compliance

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 university-wide and program-specific admission policies, information, and criteria are well-publicized and consistent with the university'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.

- 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)**

Compliance

Detailed information about awarding of credit by the University of Louisville are provided in supporting documentation and links to the university 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 are 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 university 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 university. 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 CS 3.5.2.

- 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)**

Compliance

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 university 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 university. Unit policies must be in alignment with university 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)**

Compliance

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 university (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 on-line 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 university academic calendar uses a 16-week schedule for fall and spring semesters (including a one-week break) 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)**

Compliance

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 university governance guidance. In addition to review by the departments and units involved, university 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 university 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 university 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)**

Not Applicable

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)**

Non-Compliance

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 university'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.

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

Compliance

The governance document for the university 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 university 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)**

Non-Compliance

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.

- 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)**

Compliance

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)**

Compliance

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 university, 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 university 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).**

Non-Compliance

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 university provided a policy in the *Undergraduate Catalog* that students earning baccalaureate degrees must complete 30 of their last 36 semester hours at the university. 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 university 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.

- 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)**

Compliance

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)**

Compliance

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 PhD, MD, DMD/DDS, JD, 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% and 60.1%, respectively. Moreover, the Institution provided evidence disaggregated by location or mode delivery which showed that 42% to 90% 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)**

Compliance

Degree programs offered by the university 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)**

Compliance

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)**

Compliance

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)**

Compliance

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 university 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 university 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)**

Non-Compliance

The institution did not adequately justify and document the qualifications of a large number of Faculty to teach the identified course(s). 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*.

- 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)**

Compliance

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, university-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)**

Compliance

The institution provides a number of university-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 university 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)**

Compliance

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 university 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)**

Compliance

The institution provided multiple documents that outline the responsibility and authority of faculty in academic and governance matters. The primary governance document for the university is *The Redbook* and is made available via the web. *The Redbook* includes the university 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)**

Compliance

The number, size, and condition of library units, facilities, and services is sufficient to meet the learning and research objectives of the university. 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)**

Compliance

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)**

Compliance

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)**

Compliance

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).**

Compliance

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 university'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 university'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 university'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 university'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 university'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)**

Compliance

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 university 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)**

Compliance

Documentation provided by the institution 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 University'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% 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% 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% increase). Grants and contracts revenues decreased from \$109.8 million to \$90.1 million during the same period (17.9% 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% 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% decrease).

Expenses - Operating expenses grew from \$831.2 million to \$964.3 million from FY 2012 to FY 2015 (16.0% 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%), 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% 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)**

Compliance

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.

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

Non-Compliance

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 University 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 University'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.

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

Non-Compliance

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 university trustees and appropriate officials of University 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 University 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 University 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.

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

Compliance

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)**

Compliance

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" university, indicating a high level of preparedness for severe weather and civil emergencies. University 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 numbers 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)**

Non-Compliance

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 University'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.

- 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)**

Compliance

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.

Non-Compliance

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 documentation of how it described itself to each of the 10 recognized accrediting agencies. The Off-Site Reaffirmation Committee cannot conclude, based upon the evidence provided, that the institution has described itself “in identical terms to each recognized accrediting body.” As only one example, 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.”

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.

Non-Compliance

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.

*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.

Compliance

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.

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.

Compliance

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, Ooetrich-Winkel, Germany
- Akademie Worth Business School, German

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.

Not applicable

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.

Compliance

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.**

Compliance

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)**

Compliance

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)**

Compliance

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 university graduates.

- *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)

Compliance

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 university 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.

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

Compliance

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 university's webpage. Academic calendars are published in the *Undergraduate* and *Graduate Catalogs*, and on the university'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.

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

Compliance

All degree programs are developed and approved by faculty, administrators, and governing bodies at multiple levels of the university 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.

- *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)**

Compliance

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.

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

Compliance

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.

- *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)**

Compliance

A signed US Department of Education Program (USDOE) 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.

***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.

Compliance

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 university 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.

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

Compliance

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 University'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.

- 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.

Compliance

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 University'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.

- *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)**

Non-Compliance

Descriptions of credit hour awarding information is provided in detail with supporting documentation and university 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 university 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.

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

Preliminary Findings

Part III. Assessment of the Quality Enhancement Plan

To be completed by the On-Site Reaffirmation Committee.

A. Brief description of the institution's Quality Enhancement Plan

B. Analysis of the Acceptability of the Quality Enhancement Plan

1. **An Institutional Process.** *The institution uses an institutional process for identifying key issues emerging from institutional assessment.*
2. **Focus of the Plan.** *The institution identifies a significant issue that (1) focuses on learning outcomes and/or the environment supporting student learning and (2) accomplishes the mission of the institution.*
3. **Institutional Capability for the Initiation, Implementation, and Completion of the Plan.** *The institution provides evidence that it has sufficient resources to initiate, implement, sustain, and complete the QEP.*
4. **Broad-based Involvement of Institutional Constituencies.** *The institution demonstrates the involvement of its constituencies in the development and proposed implementation of the Plan.*
5. **Assessment of the Plan.** *The institution identifies goals and a plan to assess the achievement of those goals.*

C. Analysis and Comments for Strengthening the QEP

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:

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**

Dr. Allen P. Dupont - **CHAIR**
Director, Institutional Effectiveness
University of Tennessee Health Science Center

Dean David D. Allen
Dean and Professor
Executive Director of the Research Institute of
Pharmaceutical Sciences
The University of Mississippi School of Pharmacy

Dr. G. Pamela Burch-Sims
Assistant Vice President for Effectiveness,
Quality and Assessment, Division of Administration
Tennessee State University

Dr. Judy Bonner
Provost and Executive Vice President
Mississippi State University

Dr. Richard J. Buttimer
Senior Associate Dean and Professor of Finance
University of North Carolina - Charlotte

Dr. Catherine A. Duran
Associate Vice Provost for Student Affairs
Texas Tech University

Dr. Andrew Hugine
President
Alabama A&M University

Dr. Patrick Louchouart
Vice President, Academic Affairs
Texas A&M University, Galveston Campus

Dr. Russell J. Mumper
Vice Provost for Academic Affairs
The University of Georgia

Mr. Ray M. Pinner*
Senior Vice President for Finance/Administration
The University of Alabama in Huntsville

Dr. Steven E. Smith
Dean of Libraries
University of Tennessee

SACSCOC Staff Coordinator
Dr. Steven M. Sheeley
Vice President

**Roster of the On-Site Reaffirmation
Committee**

(Refer to "Directions for Completion of the Report of the Reaffirmation Committee.")

APPENDIX B

Off-Campus Sites or Distance Learning Programs Reviewed

(Refer to "Directions for Completion of the Report of the Reaffirmation Committee.")

Preliminary Findings

APPENDIX C

**List of Recommendations
Cited in the Report of the Reaffirmation Committee**
(Refer to "Directions for Completion of the Report of the Reaffirmation Committee.")

Preliminary Findings

Request for Justifying and Documenting Qualifications of Faculty

Institution: The University of Louisville

For each of the faculty members listed below, the committee either found the academic qualification of the faculty member to be inadequate and/or the institution did not adequately justify and document the faculty member's other qualifications to teach the identified course(s). For each case, the committee checked the column appropriate to its findings and provided additional comments if needed to clarify the concern.

The institution is requested to submit additional justification and documentation on the qualifications of each of the faculty member listed. When responding, the institution should use the Commission's "Faculty Roster Form: Qualifications of Full-Time and Part-Time Faculty" and its "Instructions for Reporting the Qualifications of Full-Time and Part-Time Faculty," which can be accessed under the Institutional Resources tab of the Commission website: www.sacscoc.org. Read the instructions carefully and pay close attention to the section "Providing Information that Establishes Qualifications." The completed form, or similar document, should be included as part of the institution's formal response to the Commission.

1	2	3	4	5
Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Agata, Izumi (P)	JAPN 101 BASIC JAPANESE I (UT) JAPN 102 BASIC JAPANESE II (UT)	X	X	Justification for qualifications is not sufficient (native speaker). MED (Education, General.), University of Louisville BED (Education, General.). Seiwa College, Hyogo, Japan
Angleton, Christina (F)	EDTP 245 CHILDREN'S LITERATURE - H (UT)	X	X	Only 9 hours of graduate work.
Ankem, Murali (F)	IDEP 914 CAREER EXPLORATION (P)			MBBS (Medicine), Ranga Raya Med College. Unsure if this degree is equivalent to U.S. MD degree. No other qualifications stated.
Archer, Donald (P)	EM 670 ENGR FINANCIAL MANAGEMENT (G)	X	X	Neither master's degree is a terminal degree in the discipline. ME (Engineering, Other.), University of Louisville MBA (Business Administration). University of Louisville
Baker, Amy (F)	SPAD 561 SPECIAL TOPICS: SPAD (UT)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Baker, Kendal (P)	PLAN 606 PROFESSIONAL PRACTICE (G)	X	X	MA (Sociology), University of Louisville
Barnett, Jorge Lawton (P)	EM 656 SUPPLY CHAIN MANAGEMENT (G)	X	X	ME (Mechanical Engineering), University of Louisville
Barr, Sebastian (P)	ECPY 507 LEARNING & HUMAN DEVELOP (UT) ECPY 607 LEARNING & HUMAN DEVELOP (G)	X	X	No graduate degree listed. Justification only says he is working on a doctorate, but not in what, and does not discuss hours earned at the graduate level.
Battoe, Karen (P)	COMM 111 INTRO TO PUBLIC SPEAKING- OC (UT) COMM 201 INTRO TO COMMUNICATION- SB (UT)	X	X	BA (Communication) University of Louisville

1 Name of Faculty Member	2 Course(s) in Question	3 Inadequate Academic Qualifications	4 Insufficient Justification of Other Qualifications	5 Comments (if needed)
Bektic, Irma (P)	GEN 103 ST: COLLEGE MATH NON-STEM (UT) GEN 104 ST: COLLEGE MATH STEM (UT)	X	X	BS (Middle & Secondary Education) with a Track in Mathematics (Gr. 8-12) University of Louisville
Bencker, Kimberly (P)	GEN 104 ST: COLLEGE MATH STEM (UT)	X	X	BS (Biology with a track in Cellular/Physiology) University of Louisville
Bergmeister, Suzanne (F)	ENTR 499 IND STUDY ENTREPRENEURSHIP (UT) IMBA 654 BUSINESS PLAN COMP II (G)	X	X	MBA is not a terminal degree. No evidence provided of concentration in Entrepreneurship or 18 hours in this area.
Bernstein, Gary (F)	SPAD 521 INDEPENDENT STUDY: SPAD (UT) SPAD 536 NONPROFIT SPORT (UT) SPAD 545 SPORT COMMUNICATION (UT) SPAD 561 SPECIAL TOPICS: SPAD (UT) SPAD 605 SPORTS FACILITY MANAGEMT (G) SPAD 692 INTERN IN SPORT ADMINIST (G)	X	x	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Black, Emily (P)	MUS 125 ARTS INSTRUMENT (UT) MUS 225 ARTS INSTRUMENT (UT)	X	X	
Blandford, Anne (P)	CMDS 572 ANAT PHYS COMM SCIENCE (P) CMDS 690 DYSPHAGIA (P)			MS (Speech/Language Pathology), University of Louisville. Unsure about the class being taught and the qualifications required for it. No other qualifications stated.
Bohnert, Carrie (F)	IDEP 913 MEDICAL EDUCATION (P) IDEP 921 MED STUDENTS AS TEACHERS (P)			MPA (Public Administration), University of Louisville BA (Anthropology/Sociology), Hanover College. Unsure about the classes being taught and the qualifications required for them. No other qualifications stated.
Buford, Brian (F)	ECPY 663 MULTICULTURAL ISSUES (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Buskill, Roger (F)	ELFH 300 PRIOR LEARNING ASSESS (UT) ELFH 540 PROGRAM EXIT EXPERIENCE - CUE (UT) ELFH 575 INSTRUCTIONAL TECHNOLOGY (UT)	X	X	Master's degree teaching in graduate program. No other qualifications listed.

1	2	3	4	5
Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Cahaney, William (P)	PLAN 631 REAL ESTATE PRINCIPLES (G) PLAN 632 INDEPENDENT STUDY (G) PLAN 633 REAL ESTATE DEVELOPMENT (G) PLAN 634 REAL ESTATE FIN & INV (G)	X	X	MA (Management and Public Admin), Webster College
Carter, Kathleen (F)	EXP 502 PRIN OF EX TEST PRESCRPT (UT) HSS 530 NUTRITION/ATHLETIC PERFO (UT) EXP 620 EXERC PHYSIOL CLIN INTER (G) EXP 699 THESIS (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Carver, Jennifer (P)	ELFH 411 HR FUNDAMENTALS (UT)	X	X	No terminal degree, masters not in teaching discipline, no other qualifications listed.
Caudill, Donna (P)	HSS 150 SPEC TOPICS:P.E. ACTIVI (UT)	X	X	No graduate degree. No other qualifications listed.
Chacko, Robin (P)	ECE 582 POWER SYSTEM ANALYS (UT)	X	X	MS (Electrical & Computer Engineering), University of Louisville
Cintron, Alicia (P)	SPAD 489 LEGAL ASPECTS OF SPORT (UT)	X	X	No graduate degree. Justification provided does not address specific topic being taught.
Collecchia, Frank (P)	FIN 403 FINANCIAL DERIVATIVES (UT)	X	X	MBA is not a terminal degree. No justification/documentation provided to demonstrate concentration in the teaching discipline.
Connelly, Kevin (P)	PADM 612 GRANTS AND FUNDRAISING (G)	X	X	MA is not a terminal degree and the degree is not related to the teaching discipline. MA (Psychology and Psychometrics), Spalding College
Cummins, Adam (P)	NURS 675 ADTL-GERO ACP CLINICAL i (G)			Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Daniels, Caroline (F)	HIST 601 DIRECTED STUDY (G)	X	X	MLS (Archives Management), Simmons College; and MED (Admin, Planning & Social Pol). Harvard Graduate School of Educ
DaSilva, Alexander (P)	COMM 463 SPECIAL TOPICS COMM - WR (UT)	X	X	BA (Mass Communication), Univ Santa Maria La Antiqua
Davis, Tammi (F)	EDAP 694 SPEC TOPICS IN LITERACY (G) EDTP 603 P-5 LANGUAGE ARTS METHODS (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Dillard, Tiffany (F)	COMM 319 DEBATE (UT)	X	X	BA (Communication), University of Louisville

1	2	3	4	5
Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Doggett, Alexandra (P)	ENGR 100 INTRO TO ENGINEERING (UT)	X	X	BS (Industrial Engineering), University of Louisville
Donaldson, Cheryl (P)	CMDS 630 AURAL REHABILITATION (P)			MED (Speech Pathology), University of Louisville.
Dunn, Deborah (P)	MUS 229 INTRODUCTION TO WOODWINDS (UT)	X	X	Graduate degree is not in music. Listed qualifications do not make clear how she is qualified to teach woodwinds.
Ehman, Caroline (F)	MUS 570 STUDIES IN MUSIC HISTORY (UT) MUS 607 BIBLIOGRAPHY & RESEARCH (G) MUS 670 SPEC TOP MUS HIST (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed
Eigelbach, Kathleen (P)	CJ 690 PRACTICUM (G)	X	X	MA (Criminal Justice), Eastern Kentucky University
El-Naggar, Amr (P)	NSUR 816 SPC PRO IN NEUR SURGERY (P)			MBBCH (Medicine/Surgery), Ain Shams University. Unsure if this degree is equivalent to U.S. MD degree. No other qualifications stated.
Espinosa, Claudia (F)	IDEP 911 GLOBAL HEALTH MEDICINE I (P)			MBBS (Medicine), Universidad del Cauca. Unsure about the class being taught and the qualifications required for it. No other qualifications stated.
Fabrega, Ana (P)	PSYC 201 INTRODUCTION TO PSYCHOLOGY -SB (UT)	X	X	BS (Psychology), Texas Christian University
Farrel, Zachery (F)	EXP 609 STRENGTH CONDITIONING II (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Faul, Andre (F)	ECE 693 INDEPENDENT STUDY IN ECE (G)	X	X	BE (Electronic Engineering), Univ of Pretoria "Mr. Faul has a B.Eng and a B.Eng. (Hon) in Electronic Engineering from the University of Pretoria, with the B.Eng. (Hon) in EE being equivalent to an M.S. in the U.S. He also has over 15 years of industrial experience as an electrical engineer, in positions that include Engineer, Senior Engineer and Director – Engineering Projects."
Finch, John (F)	EDTP 606 P-5 SOCIAL STUDIES METHDS (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Forbes, Robert (F)	GEOG 558 INTRODUCTION TO GIS (UT)	X	X	BS (Environmental Geography), Univ of Louisville
Fritz, Robert (P)	ELFH 664 ORG CHANGE & CONSULTING (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
George, Terri (P)	ARTH 347 HISTORIC INTERIORS (UT)	X	X	BA (Housing & Interior Design.), University of Kentucky

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Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Gibb, Jessica (F)	EXP 601 LAB METHODS IN EXER PHY (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Gopinathannair, Rakesh (F)	MED 909 MEDICINE RESEARCH (P)			MBBS (Medicine), Med College Thiruvananthapuram, MA (Exercise Physiology), University of Maryland.
Greenwell, Leslie (P)	CJ 358 PRIVATE SECURITY MGMT (UT)	X	X	It is unclear that degrees relate to the teaching discipline. MD (Medicine), University of Kentucky MS (Clinical Nutrition) Univ of KY Dr. Greenwell's specialty area is Pediatric Emergency Medicine.
Grindon, Katherine (P)	EDTP 607 MDL SCHL LANG ARTS MTHDS (G) EDTP 622 HIGH SCHL ENGLISH MTHDS (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Hall, Lynne (F)	NURS 735 PhD SEMINAR I (G)			Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Hardin, Carmen (F)	LAT 101 ELEMENTARY LATIN I (UT) LAT 201 INTERMED LATIN I (UT) LAT 303 LATIN PROSE COMPOSITION (UT) LAT 551 INTRO TO MEDIEVAL LATIN (UT)	X	X	(PhD in New Testament). MDiv (Divinity), Southern Baptist Theological MA (English Literature), Univ of Louisville BA (English & Latin). Univ of Louisville
Hartung, Kenneth (P)	MKT 360 PROF RELATIONSHIP SELLG (UT) MKT 465 ADV PROF RELATSHP SELLING (UT)	X	X	MBA is not a terminal degree. No justification/documentation provided to indicate 18 hours or concentration in marketing.
Hausladen, Robert (P)	MKT 349 BUSINESS TO BUSINESS MKT (UT) MKT 360 PROF RELATIONSHIP SELLG (UT)	X	X	MBA is not a terminal degree. No justification/documentation provided to indicate 18 hours or concentration in marketing.
Hayden, Dedra (F)	NURS 602 PRIMARY CARE II (G) NURS 625 ADV CLIN PR ADLT-GERO II (G) NURS 661 ADV. CL. PR.: FNP CLIN. I (G)			Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Hirn, Regina (F)	EDSP 516 ASSESSMENT FOR LBD (UT) EDSP 518 TEACHING READING P-12 SPED (UT)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Hopkins, Kathryn (F)	ECPY 621 DIFF DIAG&TREAT COUN (G) ECPY 648 PSYCHOLOGICAL ASSESS 1 (G) ECPY 696 IND STUDY GUIDANCE (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.

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Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Irvin, Nathaniel (F)	IMBA 626 TEAM DYNAMICS I (G) IMBA 648 MANAGING FOR THE FUTURE (G)	X	X	DMA in musicology is not a terminal degree in management. Justification is based on his work as a "futurist." Not clear why this qualifies him to teach graduate team dynamics.
Iyer, Akhila (P)	ENGR 100 INTRO TO ENGINEERING (UT)	X	X	BS (Industrial Engineering), University of Louisville
Kepano-Gueda, Misty (P)	HSS 110 PHYSICAL FITNESS & COND (UT) HSS 111 AEROBIC FITNESS (UT) HSS 150 SPEC TOPICS:P.E. ACTIVI (UT)	X	X	No bachelor's degree. No other qualifications listed.
King, Laurie Taylor (P)	COMM 111 INTRO TO PUBLIC SPEAKING-OC (UT)	X	X	BA (Communication), Oklahoma State University
Klausing, Cheryl (P)	EDTP 628 BUS/MKT MTHDS, 5-12 (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Knadler, David (P)	ENGR 100 INTRO TO ENGINEERING (UT)	X	X	BS (Industrial Engineering), University of Louisville
Kohler, Ellie (F)	E 288 01 IE CO-OP EDUC SEMINAR (UT)	X	X	BA (Communication Studies), Eastern Kentucky University
Kolander, Cheryl (F)	HSS 609 METHODS IN HEALTH (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Krauss, Elizabeth (P)	ELFH 300 PRIOR LEARNING ASSESS (UT) ELFH 311 NEEDS ASSESSMENT (UT)	X	X	No terminal degree, masters not in teaching discipline, no other qualifications listed.
Lampe, Meghan (P)	WGST 201 WOMEN IN AMER CULTURE- HCD2 (UT)	X	X	BA (Women's & Gender Studies) University of Louisville and has 18+ graduate credits toward her MA in WGST.
Leiter, Roxanne (P)	GEN 105 ST: COLLEGE READING (UT)	X	X	BA (Anthropology), Univ of Louisville
Levis, Betty (P)	HSS 618 DIVER POP IN PHY ACT HLT (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Lipman, Bridgette (P)	COMM 112 BUSINESS & PROF SPEAKING - OC (UT)	X	X	BA (Communication and Media Studies), University of Louisville
Lipsey, Robin (P)	EDTP 633 INTEG TCHG AND LRNG III (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Luebcke, Brent (P)	ECPY 507 LEARNING & HUMAN DEVELOP (UT) ECPY 607 LEARNING & HUMAN DEVELOP (G)	X	x	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Mackenzie, Hardy (P)	ELFH 672 INSTR DESIGN & DEVELOPMT (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Marshall, Charles (P)	ECPY 638 GROUP ART THERAPY TECHN (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
McClure, Carol (P)	MUS 603 APPLIED MUSIC (G)	X	X	Master's degree teaching in post-baccalaureate course.

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Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Mccormack, Michael (F)	PAS 605 SPECIAL TOPICS (G)	X	X	MA (Religion), Vanderbilt Univ
McGrath, Irina (P)	EDAP 638 INSTRUCT STRAT DIVERSE (G) EDAP 642 LIT. LEARN. & CUL. DIFF. (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
McKnight, Keith (P)	GEN 103 02 ST: COLLEGE MATH NON-STEM (UT) GEN 104 ST: COLLEGE MATH STEM (UT)	X	X	BS (Mathematics) University of Louisville
Miller, Victoria Bennett (P)	EDTP 604 P-5 MATHEMATICS METHODS (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Mudd, Mary (F)	WGST 324 COMMUNICATION AND GENDER (UT)	X	X	BA (Liberal Arts and Sciences/Libe), University of Louisville
Murray, Teena (F)	EXP 608 01 STRENGTH CONDITIONING I (G)	X	X	No graduate degree, teaching graduate class.
Naskar, Shankar (P)	MKT 490 SPEC TOP: IN MARKETING (UT)	X	X	MBA is not a terminal degree. No justification/documentation provided to indicate 18 hours or concentration in marketing.
Nieves, Jeremiah (P)	GEOG 256 QUANTITATIVE METHODS (UT)	X	X	BA (Applied Geography), University of Louisville
Patton, Scott (F)	EDSP 510 75 LEGAL ISSUES IN SPEC ED (UT) EDSP 545 01 EXCPTNL CHILD-REG CL (UT)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Peters, Faye (P)	GEOS 200 THE GLOBAL ENVIRONMENT - S (UT)	X	X	BS (Applied Geography) New Mexico State University
Pilmer, Suzanne (P)	TA 623 GRADUATE VOICE (G)			MA only (not terminal degree). MA (Theatre) UofL
Plouffe, Kristina (P)	WGST 364 WOMEN'S HEALTH ISSUES -CD2 (UT)	X	X	BS (Marketing), Fashion Inst of Technology NYC
Powers, Deborah (P)	ELFH 634 P-12 LEADERSHIP (G) ELFH 636 SHAPING SCHOOL CULTURE (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Presley, Regina (F)	SPAD 561 SPECIAL TOPICS: SPAD (UT) SPAD 692 INTERN IN SPORT ADMINIST (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Raymer, Christina Noe (F)	GEN 101 02 A&S ORIENTATION (UT)	X	X	BA (English) University of Louisville
Robertson, Sara (F)	NURS 655 ADVANCED PATHOPHYSIOLOGY (G) NURS 690 SPECIAL TOPICS (G)			Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Robertson, Susan (P)	EDSP 652 RESPONSE TO INTERVENTION (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.

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Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Rollins, Aaron (F)	PLAN 610 PUBLIC MANAGEMENT (G) POLS 625 PUBLIC ADMIN & ORG THEORY (G) UPA 661 PUB ADMIN & ORG THEORY (G) UPA 660 ADV ORGANIZATIONAL BEHAV (G) UPA 680 SP TOPICS IN UR & PUB AF (G)	X	X	MA (Southern Studies), Univ of Mississippi
Scott, Karen (P)	CEE 680 CEE CAPSTONE DESIGN (G)	X	X	ME (Civil Engineering), UNIVERSITY OF LOUISVILLE
Shain, Cynthia (F)	CJ 612 CR JUST ADM: POLICE (G)	X	X	MS (Loss Prevention and Safety)
Shelley, Michael (P)	CEE 694 SPECIAL TOPICS IN CEE (G)	X	X	ME (Civil Engineering), UNIVERSITY OF LOUISVILLE
Shipman, Stacy (F)	EDSP 611 MSD CURRIC & METHODS II (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Sinclair, Mabel (P)	MBA 642 MANAGERIAL COMMUNICATIONS 1 (G) MBA 648 MANAGERIAL COMMUNICATIONS 2 (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Sinski, Jennifer (P)	SOC 323 DIVERSITY AND INEQUALITY (UT)	X	X	MA (English Language and Literature), Murray State University
Sizemore, Steven (P)	PLAN 652 NEIGH. PLANNING STUDIO (G)	X	X	MA (Community Planning), University of Cincinnati
Skinner, Mary (P)	NURS 624 ADV CLIN PR ADULT-GERO I (G)			Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Slawsky, Richard (P)	COMM 112 BUSINESS & PROF SPEAKING - OC (UT) COMM 320 NEWSWRITING-WR (UT) COMM 323 MAGAZINE&FEATURE WRIT-WR (UT)	X	X	BS (Communication), Univ of Louisville
Smart, Danielle (P)	TA 324 ACTING - NON-MAJORS (UT)	X	X	MA (Art Therapy/Therapist.), University of Louisville
Smith, Courteney (P)	COMM 111 INTRO TO PUBLIC SPEAKING- OC (UT)	X	X	BS (Communication), Univ of Louisville
Smith, Kendra Wehr (P)	EDSP 635 MOD & SEVERE DIS. PRACTICUM (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Smith, Molly (P)	ITP 215 01 PROF ETHICS IN INTER (UT) ITP 215 76 PROF ETHICS IN INTER (UT)	X	X	BA (Interpreter Training) Eastern KY University
Stephens, Thomas (P)	PLAN 650 CAPSTONE STUDIO (G)	X	X	MS (Urban Economic Development) Eastern Univ.
Stewart, Carol (P)	TA 207 ENJOYMENT OF THEATRE-A (UT) TA 320 ACTING I (UT) TA 623 GRADUATE VOICE (G)			MA (Art Therapy/Therapist.), University of Louisville

1	2	3	4	5
Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Stout, Julie (F)	EDTP 101 ACADEMIC ORIENTATION (UT)	X	X	No graduate degree. Justification does not discuss how many graduate hours she will have, only that she intends to graduate in 2010.
Stratton, Mary (P)	ELFH 510 TEACH CAREER & TECH EDUC (UT)	X	X	Bachelor's degree teaching in transfer course. Other qualifications listed not sufficient.
Tonya, La Frazier (P)	EDAP 683 CURR & INSTR FOR G/T (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Tracy, Michael (F)	MUS 605 JAZZ APPLIED (G) MUS 615 JAZZ APPLIED (G)	X	X	Master's degree teaching in post-baccalaureate course. Not clear how listed qualifications apply to courses listed.
Trawick, John (P)	PLAN 601 PLNG THEORY & HIST (G) UPA 684 75 PLNG THEORY & HISTORY (G)	X	X	MBA (Business Administration), Bellarmine University
Varney, Alexis (P)	EDSP 608 STUDENT TEACHING: MSD (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Wells, Rebecca (P)	COMM 111 INTRO TO PUBLIC SPEAKING- OC (UT) COMM 304 ARGUMENT-EVRYDAY LIFE (UT)	X	X	BA (Communication Sciences and Dis), Lambuth University
White, Jennifer (P)	HUM 331 HUM PERSP ON SEX ROLES-CD2 (UT)	X	X	BA (Literature/Writing),
Williams, Julia (P)	PLAN 622 75 URBAN DESIGN (G)	X	X	MA (Urban Planning) University of Louisville
Wolph, Jean (F)	EDAP 694 SPEC TOPICS IN LITERACY (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Wooten, Stefanie Burnett (F)	HSS 606 TEACHING LEARNING: SEC PE (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Wotring, Erin (P)	HIST 101 HIST-CIVILIZATIONS I - SB (UT) HIST 105 HON: HIST CIVILIZATNS I -SB (UT)	X	X	BA (History), University of Louisville
Wurst, Mary (P)	HSS 655 CURR TRENDS STUDIES HSS (G) HSS 684 PROG PLAN-HED & PROMOTN (G)	X	X	Master's degree teaching in post-baccalaureate course. No Other Qualifications listed.
Zehnder, Thomas (P)	ECON 201 PRINCIPLES OF MICROECONMCS -SB (UT) ECON 202 PRINCIPLES OF MACROECON - SB (UT)	X.	X	Ed.D. is not a terminal degree for economics. No other justification.

1 Name of Faculty Member	2 Course(s) in Question	3 Inadequate Academic Qualifications	4 Insufficient Justification of Other Qualifications	5 Comments (if needed)
Zimlich, Joseph (P)	HE 694 SP TOP CHE (G)	X	X	MSE (Chemical/M. Engineering), University of Louisville

Form Adopted: January 2007
Updated: January 2011

Preliminary Findings