

# QUALITY CHECKUP REPORT

# Kent State University

Kent, Ohio  
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**The Higher Learning Commission**  
A commission of the North Central Association

## QUALITY CHECKUP TEAM MEMBERS:

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## **Background on Quality Checkups conducted by the Academic Quality Improvement Program**

The Higher Learning Commission's Academic Quality Improvement Program (AQIP) conducts Quality Checkup site visits to each institution during the fifth or sixth year in every seven-year cycle of AQIP participation. These visits are conducted by trained AQIP Reviewers to determine whether the institution continues to meet The Higher Learning Commission's *Criteria for Accreditation*, and whether it is using quality management principles and building a culture of continuous improvement as participation in the Academic Quality Improvement Program (AQIP) requires. The goals of an AQIP Quality Checkup are to:

1. Affirm the accuracy of the organization's Systems Portfolio and verify information included in the portfolio that the last Systems Appraisal has identified as needing clarification or verification (System Portfolio Clarification and Verification), including review of distance delivery and distributed education if the institution is so engaged.
2. Review with organizational leaders actions taken to capitalize on the strategic issues and opportunities for improvement identified by the last Systems Appraisal (Systems Appraisal Follow Up);
3. Alert the organization to areas that need its attention prior to Reaffirmation of Accreditation, and reassure it concerning areas that have been covered adequately (Accreditation Issues Follow Up);
4. Verify federal compliance issues such as default rates, complaints, USDE interactions and program reviews, etc. (Federal Compliance Review); and
5. Assure continuing organizational quality improvement commitment through presentations, meetings, or sessions that clarify AQIP and Commission accreditation work (Organizational Quality Commitment).

The AQIP peer reviewers trained for this role prepare for the visit by reviewing relevant organizational and AQIP file materials, particularly the organization's last *Systems Appraisal Feedback Report* and the Commission's internal *Organizational Profile*, which summarizes information reported by the institution in its *Annual Institutional Data Update*. The Quality Summary Report provided to AQIP by the institution is also shared with the evaluators. Copies of the Quality Checkup Report are provided to the institution's CEO and AQIP liaison. The Commission retains a copy in the institution's permanent file, and will be part of the materials reviewed by the AQIP Review Panel during Reaffirmation of Accreditation.

### **Clarification and verification of contents of the institution's *Systems Portfolio***

Members of the Quality Checkup Team had served on at least one Portfolio review that provided a longitudinal view of the institution's AQIP process and progress. Discussions with campus groups focused on general systems appraisal conclusions concerning the 2013 Systems Portfolio. KSU representatives acknowledged that their most recent portfolio did not adequately describe or reflect the maturity and complexity of the institution's planning processes and systems. KSU's portfolio did not contain detailed explanations of the institution's processes, measures were not described and results were not aligned with processes. Comments during various sessions lead the quality checkup visit team to believe that perhaps the institution assumed that the appraisal team already knew about KSU's practices and rich history as a data-driven institution and did not include them in the portfolio to meet the page limitation. Additionally, KSU has seen much administrative change in 2013 and these transitions appear to contribute to a less than complete portfolio narrative.

Quality Checkup Team members visited three of the seven regional campuses: East Liverpool, Stark and Trumbull. During these visits reviewers met with the campus dean (who serves as administrative and instructional leader), student services staff, facilities, library and security staff, faculty and students. Additionally campus tours were conducted.

During the QCV at the Kent campus, the team discussed the 2013 Portfolio and areas that required clarification with the president and provost, the AQIP team, administrators involved with student learning and assessment, undergraduate and graduate students, administrators and academic leaders charged with strategic planning, the KSU cabinet, staff, federal compliance oversight team, faculty, student services staff and administrators, human resource staff, and diversity leadership. Through these discussions the Quality Checkup Team was able to clarify areas of concern or lack of detail. For example,

- Participation in quality improvement is evident across the campus.
- KSU's strategic plan is well understood and all of the operating units within the university develop and align their planning effort within the context of the university's strategic plan.
- The strategic plan has high visibility across all campuses, is updated regularly, and is referenced by campus administrators as directing planning efforts. All campuses utilize strategic maps to align their plans with the institutional strategic plan.
- Key metrics are identified, data are gathered, analyzed and shared as necessary to inform

planning and improvement efforts.

- KSU maintains a data warehouse and the members of the university's office of Research, Planning and Institutional Effectiveness (RPIE) support the data collection and analysis needs of the organization. During the QCV the team heard only respect regarding the RPIE's services and support of data collection and management.

While the 2013 Appraisal Team's report indicated a possible lack of systematized processes for data collection, analysis, and informed decision making, KSU adequately addressed these areas in the opinion of the Quality Checkup Visit Team.

The 2013 Appraisal Team also expressed concern about the institution's reliance on meetings as the primary method of aligning efforts and communicating results. The QV Team found that KSU's culture of meetings appears to be institution wide. Video conferencing is used to facilitate participation of KSU employees across campuses. Meetings appear to be efficiently managed and productive; meetings between the Quality Checkup Team and campus members revealed that KSU employees believe that meetings are effective and productive use of their time.

The Quality Checkup Team identified only one area of concern – alignment and consistency of learning outcomes remains as a significant strategic issue in the opinion of the team. Because KSU has 7 regional campuses and offers courses in a variety of delivery modes, it is imperative to formalize outcomes assessment practices throughout all academic units so as to ensure equivalency and consistency among and across course offerings. Documentation provided to the team demonstrates that some academic units do have robust processes for outcomes assessment. For example, the entire cycle of assessment, analysis, and improvement demonstrated by the Biology and Nursing academic units were exemplary and could serve as a model for other academic units. However, in other academic units, learning goals and objectives varied from syllabus to syllabus or were omitted from the syllabi all together. Outcomes assessment in those units appeared to be conducted in isolation and not used to broadly inform course level or program level improvement efforts. There remains the need to systematize their outcomes assessment program, with all academic units undertaking course and program level assessment appropriate to designated learning goals and objectives. Collection of data, analysis and sharing of results to inform improvement efforts within and across the academic units will enable KSU to effectively demonstrate the quality of their programming and the consistency of learning across multiple delivery methods.

**In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with the Commission's standards and AQIP's expectations.**

**Review of the organization's quality assurance oversight of its distance education activities.**

KSU offers bachelors, masters, doctoral degrees as well as certificates, minor programs and professional development via distance education. Many of KSU's online courses are developed as new offerings with support from the Division of Continuing Education that oversees all online programming. Online courses and programs are identified by disciplinary research and needs, developed through academic units ~~and~~ with the assistance of instructional designers, taught by faculty who are trained through Quality Matters™ and committed to distance education, and reviewed by peers for quality assurance. KSU provides electronic tools and resources for academic work of online students including library materials, live chat for questions students may have about institutional processes, electronic access to requisite student services such as registration, advising, financial aid, and textbooks.

Online student's academic success is supported through the Wildcat Success Road Map (that allows students to track their progress), the University Life Café (an online hub for student interaction and activities), and Ask Willie (a tool for allowing students to report areas of need or personal safety). Finally, a virtual graduation ceremony is held so that online students are recognized for their achievement.

As indicated above, the institution was unable to demonstrate that equivalent learning was occurring across the different modes of delivery. While some online course syllabi were of high quality, other syllabi did not consistently include learning goals and objectives and outcomes assessment activity varied across the institution so the Quality Checkup Team was unable to verify consistency.

**Subject to the ongoing concern regarding outcomes assessment, in the team's judgment, the institution has presented satisfactory evidence that its distance education activities are acceptable and do comply with the Commission's standards and expectations.**

**Review of the organization's quality assurance and oversight of distributed education (multiple campuses)**

KSU currently has a central campus located in Kent, Ohio, seven regional campuses, 12 locations in Ohio through which courses are offered, and two international locations (Nassau, Bahamas and Dresden, Germany). The Review Team visited three of the seven regional campuses: East Liverpool, Stark, and Trumbull. A Multi-Location Visit Report is provided.

The members of the Quality Checkup Team noted disparities in resources and facilities (age, condition, etc.), but despite these various differences, KSU is offering quality services to their students on their regional campuses and the level of satisfaction expressed by the students who met with the reviewers was consistently high including those offering distance education courses and programs.

Curriculum offerings are consistent across the campuses because all of the regional campuses are integrated into their home academic unit on the Kent campus. Planning and many operational processes are aligned across the entire institution (Kent campus and the regional campuses) through a broadly participatory system, including distance education courses. As a result, KSU provides an equivalent academic experience across all of its campuses, including learning, co-curricular activities, and student services.

**In the team’s judgment, the institution has presented satisfactory evidence that its distributed education activities (operation of multiple campuses) are acceptable and comply with Commission’s standards and expectations.**

### **Review of specific accreditation issues identified by the institution’s last Systems Appraisal**

The 2013 Systems Appraisal Team identified no accreditation issues.

### **Screening of Criteria for Accreditation and Core Components**

The following section identifies any areas in the judgment of the Quality Checkup Team where the institution either has not provided sufficient evidence that it currently meets the Commission’s *Criteria for Accreditation* (and the core components therein) or that it may face difficulty in meeting the *Criteria* and core components in the future. Identification of any such deficiencies as part of the Quality Checkup affords the institution the opportunity to remedy the problem prior to Reaffirmation of Accreditation.

Items judged to be “Adequate but could be improved” or “Unclear or incomplete” during the Checkup Visit screening will not require Commission follow-up in the form of written reports or focused visits. However, Commission follow-up will occur if the issues remain apparent at the point of reaffirmation of accreditation.

Criterion 1: Evidence found in the Systems Portfolio	Core Component				
	1A	1B	1C	1D	
Strong, clear, and well-presented.	X	X	X	X	
Adequate but could be improved.					
Unclear or incomplete.					
Criterion 2: Evidence found in the Systems Portfolio	Core Component				
	2A	2B	2C	2D	2E
Strong, clear, and well-presented.	X	X	X	X	X
Adequate but could be improved.					
Unclear or incomplete.					
Criterion 3: Evidence found in the Systems Portfolio	Core Component				
	3A	3B	3C	3D	3E
Strong, clear, and well-presented.	X	X	X	X	X
Adequate but could be improved.					
Unclear or incomplete.					
Criterion 4: Evidence found in the Systems Portfolio	Core Component				
	4A	4B	4C		
Strong, clear, and well-presented.	X		X		
Adequate but could be improved.		X			
Unclear or incomplete.					
Criterion 5: Evidence found in the Systems Portfolio	Core Component				
	5A	5B	5C	5D	
Strong, clear, and well-presented.	X	X	X	X	
Adequate but could be improved.					
Unclear or incomplete.					

In general the Quality Checkup Visit Team received additional information and documentation relative to all of the Core Components that had been identified as “Adequate but could be improved” by the appraisal team with the exception of Core Component 4B. The QCV was well organized, thorough and responsive to the questions posed. Through meetings with various stakeholders, KSU representatives acknowledged that improvement in the area of outcomes assessment is critically important. See page 4 for more discussion of this topic.

**In the team’s judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution’s approach to the issue, documentation, and performance were**

**acceptable and comply with Commission and AQIP’s expectations.**

**Review of the institution’s approach to capitalizing on recommendations identified by its last Systems Appraisal in the Strategic Issues Analysis.**

Many of the 2013 System Appraisal Team’s recommendations regarding data collection were meant to respond to the fact that the systems portfolio did not adequately describe or reflect the maturity and complexity of the institution’s planning processes and systems. The Quality Checkup Team was able to verify through its various meetings with university representatives, and provided materials including a written response to the 2013 Appraisal Team Report, that most, if not all, of the appraisal team’s recommendations were unnecessary. However, there remains the opportunity to expand the university’s efforts to “close the loop” by more intentionally documenting the rationale for making improvements and assessing its efforts to determine whether the improvement met their needs.

**In the team’s judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution’s approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP’s expectations.**

**Review of organizational commitment to continuing systematic quality improvement**

There was much evidence that KSU is committed to continuous quality improvement:

- KSU’s overall strategic plan and the alignment of the supporting planning efforts, with designated goals, strategy maps, metrics and measures guides and informs the university’s improvement model and demonstrates its commitment to excellence and quality improvement. The Academic Strategic Plan and the Equity Action Plan are two examples of this approach in action.
- The institution is committed to continuous improvement demonstrated through multiple activities. For example, the university recently completed a Kaizen process (from the Japanese indicating *improvement* or *change for the best*) through which it conducted an analysis of the student experience on the KSU campus. Improvements identified in that analysis have been initiated and are being assessed for their effectiveness.
- Students are involved in improvement efforts through solicitation of input, serving on institutional committees and boards, and institutional encouragement of student initiatives. For example, students were consulted about ways to make an annual event safer and suggestions were implemented with complete success.

- Regional campus personnel are involved in all aspects of strategic planning and have undertaken numerous improvement efforts on their campuses.
- The university's Board of Trustees works closely with academic affairs. Board members review the Chronicle of Higher Education for information on trends and concerns. Each agenda contains an informational item where the board receives academic updates. Deans meet with the trustees to discuss new construction initiatives and how they intend to utilize the opening itself and the space itself once open.
- The Board of Trustees broadly represents the region and key industries, and members have rich experience and talent to serve the organization well. They are committed to the principles of CQI.
- KSU is sensitive and committed to regional improvement and economic development. The town-gown collaboration has resulted in a revitalization of downtown Kent with shops, services and a hotel/convention center. Other examples, such as the CU at College program and the experiential learning opportunities available to students demonstrate the continuing effort to address local and regional concerns.
- Engagement of and input from external stakeholder is valued. External stakeholders participated in the visit and spoke with great respect and enthusiasm about the efforts the college has undertaken to incorporate the needs of the external constituencies in its improvement efforts.
- University employees consistently use the language of quality improvement in their discussion of day-to-day matters, not just in the context of high level strategic planning.

It is clear to the Quality Checkup Team that KSU has a strong organizational commitment to systematic quality improvement, institution wide. University employees, students, and external stakeholders who attended sessions during the checkup visit were candid and genuinely positive about the exiting developments that have occurred and are occurring for KSU and the communities it serves. However they were also candid about areas for improvement.

**In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.**

#### **Other AQIP Considerations or Concerns**

None noted.

# Federal Compliance Worksheet for Evaluation Teams

Effective for visits beginning January 1, 2013

## Evaluation of Federal Compliance Components

The team reviews each item identified in the Federal Compliance Guide and documents its findings in the appropriate spaces below. Generally, if the team finds in the course of this review that there are substantive issues related to the institution's ability to fulfill the Criteria for Accreditation, such issues should be raised in appropriate sections of the Assurance Section of the Team Report or highlighted as such in the appropriate AQIP Quality Checkup Report.

This worksheet outlines the information the team should review in relation to the federal requirements and provides spaces for the team's conclusions in relation to each requirement. The team should refer to the Federal Compliance Guide for Institutions and Evaluation Teams in completing this worksheet. The Guide identifies applicable Commission policies and an explanation of each requirement. **The worksheet becomes an appendix to the team's report.**

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## Assignment of Credits, Program Length, and Tuition

*Address this requirement by completing the "Team Worksheet for Evaluating an Institution's Assignment of Credit Hours and on Clock Hours" in the Appendix at the end of this document.*

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## Institutional Records of Student Complaints

*The institution has documented a process in place for addressing student complaints and appears to be systematically processing such complaints as evidenced by the data on student complaints since the last comprehensive evaluation.*

1. Review the process that the institution uses to manage complaints as well as the history of complaints received and processed with a particular focus in that history on the past three or four years.
2. Determine whether the institution has a process to review and resolve complaints in a timely manner.
3. Verify that the evidence shows that the institution can, and does, follow this process and that it is able to integrate any relevant findings from this process into its review and planning processes.
4. Advise the institution of any improvements that might be appropriate.
5. Consider whether the record of student complaints indicates any pattern of complaints or otherwise raises concerns about the institution's compliance with the Criteria for Accreditation or Assumed Practices.
6. Check the appropriate response that reflects the team's conclusions:

- ( √ ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
- ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
- ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
- ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: KSU has been successful in making the complaint process more accessible and visible to students. Their progress is evidenced by streamlined reporting, analysis of types of complaints, and centralized record keeping.

Additional monitoring, if any:

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## **Publication of Transfer Policies**

*The institution has demonstrated it is appropriately disclosing its transfer policies to students and to the public. Policies contain information about the criteria the institution uses to make transfer decisions.*

1. Review the institution's transfer policies.
2. Review any articulation agreements the institution has in place, including articulation agreements at the institution level and program-specific articulation agreements.
3. Consider where the institution discloses these policies (e.g., in its catalog, on its web site) and how easily current and prospective students can access that information.

Determine whether the disclosed information clearly explains the criteria the institution uses to make transfer decisions and any articulation arrangements the institution has with other institutions. Note whether the institution appropriately lists its articulation agreements with other institutions on its website or elsewhere. The information the institution provides should include any program-specific articulation agreements in place and should clearly identify program-specific articulation agreements as such. Also, the information the institution provides should include whether the articulation agreement anticipates that the institution under Commission review: 1) accepts credit from the other institution(s) in the articulation agreement; 2) sends credits to the other institution(s) in the articulation agreements that it accepts; or 3) both offers and accepts credits with the other institution(s).

4. Check the appropriate response that reflects the team's conclusions:
  - ( √ ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

- ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
- ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
- ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: KSU has designed a system that provides access to an online course-course transfer, a dynamic student checklist that provides early awareness of transfer opportunities, efficient and timely appeals, walk in transfer consultation, and a transfer student orientation. KSU is continually refining transfer processes to better serve students.

Additional monitoring, if any:

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## Practices for Verification of Student Identity

*The institution has demonstrated that it verifies the identity of students who participate in courses or programs provided to the student through distance or correspondence education and appropriately discloses additional fees related to verification to students and to protect their privacy.*

1. Determine how the institution verifies that the student who enrolls in a course is the same student who submits assignments, takes exams, and earns a final grade. The team should ensure that the institution's approach respects student privacy.
2. Check that any fees related to verification and not included in tuition are explained to the students prior to enrollment in distance courses (e.g., a proctoring fee paid by students on the day of the proctored exam).
3. Check the appropriate response that reflects the team's conclusions:
  - (√) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
  - ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
  - ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
  - ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: The institution continually reviews new technologies and strategies to identify a process that will best meet the needs of the institution.

Additional monitoring, if any:

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## **Title IV Program Responsibilities**

*The institution has presented evidence on the required components of the Title IV Program.*

**This requirement has several components the institution and team must address:**

- **General Program Requirements.** *The institution has provided the Commission with information about the fulfillment of its Title IV program responsibilities, particularly findings from any review activities by the Department of Education. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area.*
- **Financial Responsibility Requirements.** *The institution has provided the Commission with information about the Department's review of composite ratios and financial audits. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area. (Note that the team should also be commenting under Criterion Five if an institution has significant issues with financial responsibility as demonstrated through ratios that are below acceptable levels or other financial responsibility findings by its auditor.)*

**Default Rates.** *The institution has provided the Commission with information about its three year default rate. It has a responsible program to work with students to minimize default rates. It has, as necessary, addressed any issues the Department raised regarding the institution's fulfillment of its responsibilities in this area. Note for 2012 and thereafter institutions and teams should be using the three-year default rate based on revised default rate data published by the Department in September 2012; if the institution does not provide the default rate for three years leading up to the comprehensive evaluation visit, the team should contact Commission staff.*

- **Campus Crime Information, Athletic Participation and Financial Aid, and Related Disclosures.** *The institution has provided the Commission with information about its disclosures. It has demonstrated, and the team has reviewed, the institution's policies and practices for ensuring compliance with these regulations.*
- **Student Right to Know.** *The institution has provided the Commission with information about its disclosures. It has demonstrated, and the team has reviewed, the institution's policies and practices for ensuring compliance with these regulations. The disclosures are accurate and provide appropriate information to students. (Note that the team should also be commenting under Criterion One if the team determines that disclosures are not accurate or appropriate.)*
- **Satisfactory Academic Progress and Attendance.** *The institution has provided the Commission with information about policies and practices for ensuring compliance with these regulations. The institution has demonstrated that the policies and practices meet state*

*or federal requirements and that the institution is appropriately applying these policies and practices to students. In most cases, teams should verify that these policies exist and are available to students, typically in the course catalog or student handbook. Note that the Commission does not necessarily require that the institution take attendance but does anticipate that institutional attendance policies will provide information to students about attendance at the institution.*

- ***Contractual Relationships.*** *The institution has presented a list of its contractual relationships related to its academic program and evidence of its compliance with Commission policies requiring notification or approval for contractual relationships (If the team learns that the institution has a contractual relationship that may require Commission approval and has not received Commission approval the team must require that the institution complete and file the change request form as soon as possible. The team should direct the institution to review the Contractual Change Application on the Commission’s web site for more information.)*
  - ***Consortial Relationships.*** *The institution has presented a list of its consortial relationships related to its academic program and evidence of its compliance with Commission policies requiring notification or approval for consortial relationships. (If the team learns that the institution has a consortial relationship that may require Commission approval and has not received Commission approval the team must require that the institution complete and file the form as soon as possible. The team should direct the institution to review the Consortial Change Application on the Commission’s web site for more information.)*
1. Review all of the information that the institution discloses having to do with its Title IV program responsibilities.
  2. Determine whether the Department has raised any issues related to the institution’s compliance or whether the institution’s auditor in the A-133 has raised any issues about the institution’s compliance as well as look to see how carefully and effectively the institution handles its Title IV responsibilities.
  3. If an institution has been cited or is not handling these responsibilities effectively, indicate that finding within the federal compliance portion of the team report and whether the institution appears to be moving forward with corrective action that the Department has determined to be appropriate.
  4. If issues have been raised with the institution’s compliance, decide whether these issues relate to the institution’s ability to satisfy the Criteria for Accreditation, particularly with regard to whether its disclosures to students are candid and complete and demonstrate appropriate integrity (*Core Component 2.A and 2.B*).
  5. Check the appropriate response that reflects the team’s conclusions:
    - (√) The team has reviewed this component of federal compliance and has found the institution to meet the Commission’s requirements.
    - ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission’s requirements but recommends follow-up.

- ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
- ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: The KSU loan rate is 15%, below the national average. They offer entrance loan counseling, the dynamic checklist, and a midpoint degree debt assessment.

Additional monitoring, if any:

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## Required Information for Students and the Public

1. Verify that the institution publishes fair, accurate, and complete information on the following topics: the calendar, grading, admissions, academic program requirements, tuition and fees, and refund policies.
2. Check the appropriate response that reflects the team's conclusions:
  - (√) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
  - ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
  - ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
  - ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: Processes exist to ensure fair and accurate information for students and the public.

Additional monitoring, if any:

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## Advertising and Recruitment Materials and Other Public Information

*The institution has documented that it provides accurate, timely and appropriately detailed information to current and prospective students and the public about its accreditation status with the Commission and other agencies as well as about its programs, locations and policies.*

1. Review the institution's disclosure about its accreditation status with the Commission to determine whether the information it provides is accurate and complete, appropriately formatted and contains the Commission's web address.
2. Review institutional disclosures about its relationship with other accrediting agencies for accuracy and for appropriate consumer information, particularly regarding the link between specialized/professional accreditation and the licensure necessary for employment in many professional or specialized areas.
3. Review the institution's catalog, brochures, recruiting materials, and information provided by the institution's advisors or counselors to determine whether the institution provides accurate information to current and prospective students about its accreditation, placement or licensure, program requirements, etc.
4. Check the appropriate response that reflects the team's conclusions:
  - (  ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
  - (  ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
  - (  ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
  - (  ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: KSU uses a data-driven strategy to determine the most effective and strategic advertising, promotion, and recruitment materials that target specific populations.

Additional monitoring, if any:

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## Review of Student Outcome Data

1. Review the student outcome data the institution collects to determine whether it is appropriate and sufficient based on the kinds of academic programs it offers and the students it serves.
2. Determine whether the institution uses this information effectively to make decisions about academic programs and requirements and to determine its effectiveness in achieving its educational objectives.
3. Check the appropriate response that reflects the team's conclusions:
  - (  ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.

- ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
  - ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
  - ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).
4. Comments: The institution uses multiple sources of internal and external student outcome data to drive decisions concerning programs originating in both academic and student affairs that assist students and the institution in achieving their educational objectives.

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## Standing with State and Other Accrediting Agencies

*The institution has documented that it discloses accurately to the public and the Commission its relationship with any other specialized, professional or institutional accreditor and with all governing or coordinating bodies in states in which the institution may have a presence.*

***Important note: If the team is recommending initial or continued status, and the institution is now or has been in the past five years under sanction or show-cause with, or has received an adverse action (i.e., withdrawal, suspension, denial, or termination) from, any other federally recognized specialized or institutional accreditor or a state entity, then the team must explain the sanction or adverse action of the other agency in the body of the Assurance Section of the Team Report and provide its rationale for recommending Commission status in light of this action. In addition, the team must contact the staff liaison immediately if it learns that the institution is at risk of losing its degree authorization or lacks such authorization in any state in which the institution meets state presence requirements.***

1. Review the information, particularly any information that indicates the institution is under sanction or show-cause or has had its status with any agency suspended, revoked, or terminated, as well as the reasons for such actions.
2. Determine whether this information provides any indication about the institution's capacity to meet the Commission's Criteria for Accreditation. Should the team learn that the institution is at risk of losing, or has lost, its degree or program authorization in any state in which it meets state presence requirements, it should contact the Commission staff liaison immediately.
3. Check the appropriate response that reflects the team's conclusions:
  - (√) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
  - ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.

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- ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
  - ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: The appropriate KSU administrators assured that KSU is in compliance with federal requirements.

Additional monitoring, if any:

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### **Public Notification of Opportunity to Comment**

*The institution has made an appropriate and timely effort to solicit third party comments. The team has evaluated any comments received and completed any necessary follow-up on issues raised in these comments. Note that if the team has determined that any issues raised by third-party comment relate to the team's review of the institution's compliance with the Criteria for Accreditation, it must discuss this information and its analysis in the body of the Assurance Section of the Team Report.*

1. Review information about the public disclosure of the upcoming visit, including sample announcements, to determine whether the institution made an appropriate and timely effort to notify the public and seek comments.
2. Evaluate the comments to determine whether the team needs to follow-up on any issues through its interviews and review of documentation during the visit process.
3. Check the appropriate response that reflects the team's conclusions:
  - (√) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements.
  - ( ) The team has reviewed this component of federal compliance and has found the institution to meet the Commission's requirements but recommends follow-up.
  - ( ) The team has reviewed this component of federal compliance and has found the institution not to meet the Commission's requirements and recommends follow-up.
  - ( ) The team also has comments that relate to the institution's compliance with the Criteria for Accreditation. See Criterion (insert appropriate reference).

Comments: KSU has made exceptional effort to solicit input from third party contributors. No significant complaints were filed.

Additional monitoring, if any:

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## **Institutional Materials Related to Federal Compliance Reviewed by the Team**

Provide a list of materials reviewed here:

Systems Appraisal Feedback Report  
Kent State University Quality Summary  
Federal Compliance Packet  
College web site, including:  
    College catalog  
    Admissions and transfer information  
    Program web sites  
    University Policy on Instructional Activities  
    Course Descriptions  
    Schedule of Classes (summer 2013, fall 2013, spring 2014)  
Office of Research, Planning & Institutional Effectiveness Report  
KSU parent resource packet  
Banner Overview  
Program Review Self Study Report  
Program Review Preliminary Action Plan  
Presidential Brief  
Kent City Council Goals and Objectives  
AQIP action project summaries  
WEAVE input sheet  
Flash Facts Fall 2013  
Academic Affairs Strategic Plan 2013  
Five-Year Equity Action Plan 2012-2017  
The Everything Book  
Detailed information on each Regional Campus  
HR Assessment materials  
    Wellness Executive Summary  
    Institute for Excellence  
    Employee Engagement  
    HR Assessment Report  
    HR Assessment Response  
Examples of Student Outcomes Assessment (not stored within WEAVEonline)  
Examples of Student Outcomes Assessment (stored on WEAVEonline)  
Division of Enrollment Management and Student Affairs strategic planning summary

## Appendix

# Team Worksheet for Evaluating an Institution's Program Length and Tuition, Assignment of Credit Hours and on Clock Hours

## Part 1: Program Length and Tuition

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### Instructions

The institution has documented that it has credit hour assignments and degree program lengths within the range of good practice in higher education and that tuition is consistent across degree programs (or that there is a rational basis for any program-specific tuition).

Review the “*Worksheet for Use by Institutions on the Assignment of Credit Hours and on Clock Hours*” as well as the course catalog and other attachments required for the institutional worksheet.

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### Worksheet on Program Length and Tuition

#### A. Answer the Following Questions

Are the institution's degree program requirements within the range of good practice in higher education and contribute to an academic environment in which students receive a rigorous and thorough education?

Yes       No

Comments:

Are the institution's tuition costs across programs within the range of good practice in higher education and contribute to an academic environment in which students receive a rigorous and thorough education?

Yes       No

Comments:

## **B. Recommend Commission Follow-up, If Appropriate**

Is any Commission follow-up required related to the institution's program length and tuition practices?

Yes

No

Rationale:

Identify the type of Commission monitoring required and the due date:

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## **Part 2: Assignment of Credit Hours**

### **Instructions**

In assessing the appropriateness of the credit allocations provided by the institution the team should complete the following steps:

1. Review the Worksheet completed by the institution, which provides information about an institution's academic calendar and an overview of credit hour assignments across institutional offerings and delivery formats, and the institution's policy and procedures for awarding credit hours. Note that such policies may be at the institution or department level and may be differentiated by such distinctions as undergraduate or graduate, by delivery format, etc.
2. Identify the institution's principal degree levels and the number of credit hours for degrees at each level. The following minimum number of credit hours should apply at a semester institution:
  - Associate's degrees = 60 hours
  - Bachelor's degrees = 120 hours
  - Master's or other degrees beyond the Bachelor's = at least 30 hours beyond the Bachelor's degree
  - Note that one quarter hour = .67 semester hour
  - Any exceptions to this requirement must be explained and justified.
3. Scan the course descriptions in the catalog and the number of credit hours assigned for courses in different departments at the institution.

- At semester-based institutions courses will be typically be from two to four credit hours (or approximately five quarter hours) and extend approximately 14-16 weeks (or approximately 10 weeks for a quarter). The description in the catalog should indicate a course that is appropriately rigorous and has collegiate expectations for objectives and workload. Identify courses/disciplines that seem to depart markedly from these expectations.
  - Institutions may have courses that are in compressed format, self-paced, or otherwise alternatively structured. Credit assignments should be reasonable. (For example, as a full-time load for a traditional semester is typically 15 credits, it might be expected that the norm for a full-time load in a five-week term is 5 credits; therefore, a single five-week course awarding 10 credits would be subject to inquiry and justification.)
  - Teams should be sure to scan across disciplines, delivery mode, and types of academic activities.
  - Federal regulations allow for an institution to have two credit-hour awards: one award for Title IV purposes and following the above federal definition and one for the purpose of defining progression in and completion of an academic program at that institution. Commission procedure also permits this approach.
4. Scan course schedules to determine how frequently courses meet each week and what other scheduled activities are required for each course. Pay particular attention to alternatively-structured or other courses with particularly high credit hours for a course completed in a short period of time or with less frequently scheduled interaction between student and instructor.
5. **Sampling.** Teams will need to sample some number of degree programs based on the headcount at the institution and the range of programs it offers.
- At a minimum, teams should anticipate sampling at least a few programs at each degree level.
  - For institutions with several different academic calendars or terms or with a wide range of academic programs, the team should expand the sample size appropriately to ensure that it is paying careful attention to alternative format and compressed and accelerated courses.
  - Where the institution offers the same course in more than one format, the team is advised to sample across the various formats to test for consistency.
  - For the programs the team sampled, the team should review syllabi and intended learning outcomes for several of the courses in the program, identify the contact hours for each course, and expectations for homework or work outside of instructional time.
  - The team should pay particular attention to alternatively structured and other courses that have high credit hours and less frequently scheduled interaction between the students and the instructor.
  - Provide information on the samples in the appropriate space on the worksheet.

6. Consider the following questions:

- Does the institution's policy for awarding credit address all the delivery formats employed by the institution?
- Does that policy address the amount of instructional or contact time assigned and homework typically expected of a student with regard to credit hours earned?
- For institutions with courses in alternative formats or with less instructional and homework time than would be typically expected, does that policy also equate credit hours with intended learning outcomes and student achievement that could be reasonably achieved by a student in the timeframe allotted for the course?
- Is the policy reasonable within the federal definition as well as within the range of good practice in higher education? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)
- If so, is the institution's assignment of credit to courses reflective of its policy on the award of credit?

7. If the answers to the above questions lead the team to conclude that there may be a problem with the credit hours awarded the team should recommend the following:

- If the problem involves a poor or insufficiently detailed institutional policy, the team should call for a revised policy as soon as possible by requiring a monitoring report within no more than one year that demonstrates the institution has a revised policy and evidence of implementation.
- If the team identifies an application problem and that problem is isolated to a few courses or single department or division or learning format, the team should call for follow-up activities (monitoring report or focused evaluation) to ensure that the problems are corrected within no more than one year.
- If the team identifies systematic non-compliance across the institution with regard to the award of credit, the team should notify Commission staff immediately and work with staff to design appropriate follow-up activities. The Commission shall understand systematic noncompliance to mean that the institution lacks any policies to determine the award of academic credit or that there is an inappropriate award of institutional credit not in conformity with the policies established by the institution or with commonly accepted practices in higher education across multiple programs or divisions or affecting significant numbers of students.

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## **Worksheet on Assignment of Credit Hours**

**A. Identify the Sample Courses and Programs Reviewed by the Team** (see #5 of instructions in completing this section)

**Official Course Outlines and course syllabi (multiple campuses, delivery formats)**

BSCI 10001  
CHEM 10030  
CHEM 10031  
COMM 20000  
ECON 22060  
ENG 21011  
HIST 11050  
JMC 20006  
NURS 10050  
PHIL 21001

**Program Sheets for:**

Accounting  
Business Management  
Computer Science  
Nursing  
Educational Studies  
Fashion Design  
Pan-African Studies

**B. Answer the Following Questions**

**1) Institutional Policies on Credit Hours**

Does the institution's policy for awarding credit address all the delivery formats employed by the institution? (Note that for this question and the questions that follow an institution may have a single comprehensive policy or multiple policies.)

Yes

No

Comments:

Does that policy relate the amount of instructional or contact time provided and homework typically expected of a student to the credit hours awarded for the classes offered in the delivery formats offered by the institution? (Note that an institution's policy must go beyond simply stating that it awards credit solely based on assessment of student learning and should also reference instructional time.)

Yes

No

Comments:

KSU policy meets the requirements of Ohio state law.

For institutions with non-traditional courses in alternative formats or with less instructional and homework time than would be typically expected, does that policy equate credit hours with intended learning outcomes and student achievement that could be reasonably achieved by a student in the timeframe and utilizing the activities allotted for the course?

Yes

No

Comments:

Is the policy reasonable within the federal definition as well as within the range of good practice in higher education? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)

Yes

No

Comments:

## 2) Application of Policies

Are the course descriptions and syllabi in the sample academic programs reviewed by the team appropriate and reflective of the institution's policy on the award of credit? (Note that the Commission will expect that credit hour policies at public institutions that meet state regulatory requirements or are dictated by the state will likely meet federal definitions as well.)

Yes

No

Comments:

Are the learning outcomes in the sample reviewed by the team appropriate to the courses and programs reviewed and in keeping with the institution's policy on the award of credit?

Yes

No

Comments:

When learning outcomes were present there were appropriate to the courses and programs. However, the team found some syllabi were missing learning outcomes and/or course descriptions.

If the institution offers any alternative delivery or compressed format courses or programs, were the course descriptions and syllabi for those courses appropriate and reflective of the institution's policy on the award of academic credit?

Yes  No

Comments:

If the institution offers alternative delivery or compressed format courses or programs, are the learning outcomes reviewed by the team appropriate to the courses and programs reviewed and in keeping with the institution's policy on the award of credit? Are the learning outcomes reasonably capable of being fulfilled by students in the time allocated to justify the allocation of credit?

Yes  No

Comments:

Is the institution's actual assignment of credit to courses and programs across the institution reflective of its policy on the award of credit and reasonable and appropriate within commonly accepted practice in higher education?

Yes  No

Comments:

### C. Recommend Commission Follow-up, If Appropriate

*Review the responses provided in this section. If the team has responded "no" to any of the questions above, the team will need to assign Commission follow-up to assure that the institution comes into compliance with expectations regarding the assignment of credit hours.*

Is any Commission follow-up required related to the institution's credit hour policies and practices?

Yes  No

Rationale:

Identify the type of Commission monitoring required and the due date:

**D. Identify and Explain Any Findings of Systematic Non-Compliance in One or More Educational Programs with Commission Policies Regarding the Credit Hour**

None found.