**Academic Transfer Programs**

*{Insert Name of Academic Program and Related Credentials, including Specializations, Certs, and CSCs}*

Report prepared by – XXX

XXX, XXX Division Dean

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# Signatures Page

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Department Chair or Program Coordinator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice-President of Learning and Student Success Date

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Director of Institutional Effectiveness Date

# Checklist for Completion

1. Initial Meeting with Office of Institutional Effectiveness (OIE) \_\_\_
2. Initial Meeting with Academic Dean \_\_\_
3. Mid-process Meeting with Academic Dean \_\_\_
4. Draft Review Meeting with Academic Dean \_\_\_
5. Submission to OIE \_\_\_
6. Presentation before Curriculum and Instruction (C&I) Meeting \_\_\_
7. Obtained Signatures \_\_\_
8. Final Report Accepted by OIE \_\_\_

# Executive Summary

*{Complete this section last. Please summarize the talking points of the program review process to help guide the presentation before C&I Committee. There should be a brief paragraph with the main points and/or conclusions for each part of the program review.}*

# Part I – Program Overview

1. What is the Program Purpose or Mission Statement?
2. How does the program fulfill the Mission and Strategic Goals of the College?
3. Does the program have smaller stackable credentials embedded in the program? If yes, what are they?

[ ] Yes

[ ]  No

1. Does the program have specialization tracks? If so, what are they?

[ ] Yes

[ ]  No

1. Are there any program milestones since the last program review cycle? Examples of milestones would include new or expanded external accreditation, moving to a different site, grants awarded, and/or expanding access to dual enrollment students or by a different type of course delivery.

[ ] Yes

[ ]  No

# Part II – Faculty

1. Please list (or attach) all full-time (FT) and part-time (PT) teaching and administrative faculty for your program, including their credentials. Please also include dual enrollment (DE) and/or off-site faculty who teach for your program in the table below. If there is any significant professional development (PD) faculty have completed that positively impact the program and/or their support their credentialing, please include this too. *The information requested in the table below is an internal review of faculty credentialing for regional accreditation purposes.*

## Table 3. Faculty Credentials Roster

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty** | **Title/Position** | **FT or PT** | **Dual Enrollment (DE) or Off-site Faculty?** | **Credentials** | **Alternative Credentials and/or PD** |
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1. Based on the faculty roster, do all faculty have the skills and/or credentials needed to support the program area? If not, what skills, credentials, and/or training is/are needed to bring the program into SACSCOC, external accreditor, and/or Federal compliance?

[ ] Yes

[ ]  No

1. Are the number of personnel adequate to support the program?

*To our regional accrediting body, Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), the term “adequate” describes whether the college employs a sufficient number of full-time faculty to ensure curriculum and program quality, integrity, and review; and whether the institution assigns appropriate responsibility for program coordination.*

If not, please explain what is needed to bring the program into SACSCOC, external accreditor, and/or Federal compliance.

[ ]  Yes

[ ]  No

1. Please list any outreach/college/instructional activities (e.g., club sponsorships, committees, advisory boards, organizations, etc.) in which your faculty or staff participate, in support of the program and/or College activities.

# Part III – Students

1. What is the annual program-related enrollment for the program since the last review cycle? Please refer to Table 1 from the program profiles data provided to you. Please summarize the enrollment trends since the last review cycle, using the data provided.
2. What is the annual full-time equivalent student (FTES) data since the last review cycle? Please refer to Table 2 from the program profiles. Please summarize the FTES trends since the last review cycle, using the data provided.
3. What are the trends in enrollment by part-time and full-time students, gender, ethnicity and campus? Please review Tables 3-6 from the program. Please summarize the trends, using the data, below.
4. Do your students need to apply to your program? If yes, please copy/paste the entrance requirements in the text box below, and/or attach the application requirements to this review. *Any programs that have application requirements typically do not have FTIC data.*

[ ]  Yes

[ ]  No

1. If the answer is “No” above, what are the trends in first-time-in-college (FTIC) program-placed students (e.g., disaggregated demographics, cohort retention, graduation and/or transfer)? Please review Tables 15-19 in the program profiles data. If your program requires an application process in which students must complete pre-requisites before being admitted into the program, please disregard the discussion prompt below.

[ ]  The program enrolls FTIC students.

[ ]  The program does not enroll FTIC students due to the program application process.

1. What are the graduate data trends? Please review Tables 9-12 to help you summarize the trends, using the data provided.
2. Based on the summary above, what, if any, recommendations would you suggest to address continuous improvement?
3. Does the program meet SCHEV Productivity Standards?

[ ]  Yes

[ ]  No

***Please review the SCHEV productivity standards below and the program profile data provided to assist you in completing Table 5, as evidence in support of your assertion above.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Transfer (AA, AS, AAS) | Agriculture & Natural Resources, Business, Arts & Design, Public Service Technologies AAS | Engineering, Mechanical, and Industrial Technologies AAS | Health Technologies AAS |
|  | FTES | Grads | FTES | Grads | FTES | Grads | FTES | Grads |
| SCHEV | 24 | 17 | 18 | 12 | 13 | 9 | 10 | 7 |

## Table 4 SCHEV Productivity Standards – Five Year Trend

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Program 5-Year Average |
| FTES |  |  |  |  |  |  |
| Graduates |  |  |  |  |  |  |

1. Using Table 21 in the program profiles data, please summarize trends on student success rates. Are students more or less likely to be successful in certain disciplines/course-levels? Where could students potentially become bottlenecked or blocked, in terms of program progression? How could this be addressed?

## Table 5. Faculty-Related Indicators

Using the faculty roster in Part II, please calculate the number of faculty for the last academic year.

|  |  |
| --- | --- |
| **Faculty-Related Indicators** | **Current AY** |
| Total # Faculty |  |
| FT Faculty |  |
| PT Faculty |  |
| DE/Off-site Faculty |  |
| Ratio of FT / PT and DE or Off-site Faculty |  |

1. If you run majors-related courses in the summer that cannot successfully run during a fall-spring AY sequence (and, therefore, the data is not captured above), please explain the rationale for doing so.
2. For two-year programs, have you developed advising guidance for students completing the program in 2, 3, 4, and/or 5 years? If you have, please cut/paste the advising guidance in the text box below.

[ ]  Yes

[ ]  No

1. What are the trends you found from the student success indicators in the *Student Success Indicators* table above? Are there any areas you found where you can seek continuous improvement for your program?
2. Based on the summary above, what, if any, additional recommendations would you suggest to address continuous improvement in student-related outcomes?

# Part IV – Transferability

1. Are more than half of all program students completing the degree before transferring? *Please refer to the column, Transfer Within 5 Years, in Table 8 in the program profiles data.* If not, what number and percent are graduating from the program before transferring?

[ ]  Yes

[ ]  No

1. Using Table 20 and/or data you have collected, what are the top five colleges program students transfer to?

1.

2.

3.

4.

5.

1. Do you have articulation agreements with all of these colleges? If not, please specify which college(s) with which the program does not have a formal articulation agreement.

[ ]  Yes

[ ]  No

1. Are there articulation agreements with any of the colleges above that do not accept the student into the transfer program as junior status? If so, please provide a discussion as to which college(s) and why.

[ ]  Yes

[ ]  No

1. Is there a plan to develop or revise articulation agreement(s) with any of these colleges? Please discuss any plans in the text box below.

[ ]  Yes

[ ]  No

1. Does the program have dual enrollment and/or off-site sections? If so, are faculty coordinators and/or lead faculty in contact with dual enrollment faculty to provide course- and/or program-related guidance? Please include evidence of this.

[ ]  Yes

[ ]  No

1. Are there any off-site locations where dual enrollment faculty do not engage with Tyler college faculty? If so, please list the sites/locations where faculty coordinators and/or lead faculty have faced ongoing challenges collaborating with dual enrollment faculty. Please discuss what those challenges are.

[ ]  Yes

[ ]  No

1. Based on the data and discussions in this section, what recommendations would you make to enhance and/or improve student retention, off-site communication, and/or transferability?

# Part V – Assessment and Continuous Improvement

1. Please list the Program-Level Student Learning Outcomes, as captured in the annual academic assessment reports and in the Academic Catalog.

P-SLO 1 –

P-SLO 2 –

P-SLO 3 –

P-SLO 4 –

P-SLO 5 –

P-SLO 6 –

P-SLO 7

1. In addition to graduate testing and indirect surveys, the VCCS expects for two-year programs to assess general education outcomes. For your two-year degree programs (AA, AS, AAS, AFA), how are general education outcomes measured? If your program is not a two-year program, please indicate that below. Please select all that apply.

[ ]  Course-embedded assessments in majors-related courses (e.g., quizzes, tests, projects);

[ ]  Course-embedded assessments in general education core courses;

[ ]  Clinical experiences (i.e., Civic Engagement); and/or

[ ]  Internships (i.e., Civic Engagement).

[ ]  Graduate testing

1. If you assess general education outcomes in your majors-related courses, please summarize the results of your assessments or indicate you do not measure general education outcomes in these courses, by selecting Not Applicable.

[ ]  Not Applicable

1. Are there specializations, as part of the parent program of study? If so, in the text box below, please list the specializations with unique P-SLOs (only those P-SLOs that differ from the parent program), and explain the differences between the parent program and specialization(s).

[ ]  Yes

[ ]  No

1. Are there short-term credentials (i.e., certificates), as part of the parent program of study? If so, in the text box below, please list the stackable credentials with unique P-SLOs (only those P-SLOs that differ from the parent program) and explain the differences between the parent program and short-term credential(s).

[ ]  Yes

[ ]  No

1. Using the annual academic reports since the previous cycle, please summarize the results of program-level assessments over time. What changes have been made? What trends in student learning have you documented? How have you measured continuous improvement in your program?
2. Are there any changes to the P-SLOs and/or academic assessments you would recommend for the next review cycle, and why (if there are changes)?

[ ]  Yes

[ ]  No

1. Are there any short-term credentials or specializations that you would like to add in the next five years, related to the parent program? If so, please explain the need for the additional credential(s) below.

[ ]  Yes

[ ]  No

# Part VI – Facilities and Physical Resources

1. SACSCOC requires that facilities and physical resources are adequate to support your program.

*The measure of the term, adequate, refers to whether the institution ensured the needs of educational programs, support services, and mission-related activities, in respect to facilities and physical resources (e.g., laboratory instruments, classroom or laboratory space, lighting, computers, etc.) at both on-campus and off-campus sites. Facilities and physical resources do not need to be identical to be adequate, but must be similar enough to be effective, meet the needs of students and programs, support mission-related activities, and be available to students (i.e., academic and student support services).* *If facilities and physical resources are inadequate, then program and student needs are not met.*

Are the following facilities and physical resources in compliance with SACSCOC requirements?

## Table 6. Facilities and Physical Resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilities or** **Physical Resources** | **Yes** | **No** | **Don’t Know or Not Applicable** |
| Classrooms |  |  |  |
| Offices |  |  |  |
| Laboratories |  |  |  |
| Computers |  |  |  |
| Major-specific Instruments or Equipment |  |  |  |
| General utilities (heating, electrical, plumbing, air conditioning, lighting, access to water, etc.) |  |  |  |
| Safety |  |  |  |
| Security |  |  |  |
| Accommodations for students with disabilities |  |  |  |
| Testing Center and/or testing services |  |  |  |
| Access to other Academic Support and Student Support Services |  |  |  |
| Storage |  |  |  |
| Other: |  |  |  |

1. Are there additional facilities and/or physical resources that you believe would benefit students in the program? What are they, and what impact do you anticipate they will have on student success?

# Part VII – Recommendations

1. What changes would you recommend to demonstrate continuous improvement in the parent program in the future? Please provide a timeline with milestones.
2. What changes would you recommend to demonstrate continuous improvement of program-related specialization in the future? Please provide a timeline with milestones. If there are no specializations for this program, please select the Not Applicable box below.

[ ]  Not Applicable

1. What changes would you recommend to demonstrate continuous improvement of program-related short-term credentials in the future? Please provide a timeline with milestones. If there are no specializations for this program, please select the Not Applicable box below.

[ ]  Not Applicable

1. Based on the evidence captured in this report, what additional recommendations would you suggest for continuous improvement of this program over the next review cycle?
2. Please attach the program profiles data and any other supplementary data used to complete this review to the document. This can be included (cut/paste) in the Appendix section.

# Appendix