



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

## **REPORT OF THE REAFFIRMATION COMMITTEE**

### **Statement Regarding the Report**

*The SACS Commission on Colleges 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 the SACS Commission on Colleges.*

**Name of the Institution:** University of South Carolina Upstate

**Date of the Review:** November 10-11, 2011

**COC Staff Member:** Dr. Marsal Stoll

**Chair of the Committee:** Dr. Susan L. Bosworth  
Associate Provost for Institutional Analysis and Effectiveness  
The College of William and Mary  
Williamsburg, VA

## Part I. Overview and Introduction to the Institution

*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)**  
*(Note: This requirement is not addressed by the institution in its Compliance Certification.)*

#### **Compliance**

There was no evidence to suggest that the institution is operating without 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 institution is one of seven schools in the University of South Carolina System, which is governed by a system-wide Board of Trustees. Degree-granting authority is provided by the South Carolina Commission on Higher Education. The Commission, established by the South Carolina Code of Laws (Title 59, Chapter 103, 59-103-35), is empowered to approve degree programs for colleges and universities in the State of South Carolina.

- 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 South Carolina System has a Board of Trustees consisting of seventeen members selected from the sixteen judicial circuits of the State and one elected at-large. The Governor, State Superintendent of Education, and Executive Officer of the Alumni Association are ex-officio members. The Board Bylaws empower it to define the mission, role and scope of each institution, and provide ultimate accountability to the public and the General Assembly. In addition, the Board (1) reviews and approves academic plans and major modifications or deletions in existing programs and units and (2) approves the annual budget request for each institution.

An examination of the minutes of the Board indicates that it is a policy-making entity which focuses on policies and procedures.

The staggered terms of the sixteen trustees guard against the possibility of a minority of the Board or outside organizations controlling the Board. Additionally, the Board's Bylaws state, and a review of minutes confirms, that the Board takes action as a body and therefore, no one individual or a few individuals can act on behalf of the Board.

The Board has a Conflict of Interest Report which identifies members with immediate family or business ownership or employment interests or other personal interests. Biographical summaries of trustees indicate that neither the Board Chair nor a majority of other voting members of the Board have contractual, employment, or person or familial financial interest 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. **(Chief Executive Officer)** *(Note: If an institution is part of a system and its chief executive officer is also the chief executive officer of the system, the institution must provide information requested in Commission policy "Core Requirement 2.3: Documenting an Alternate Approach." This information should be submitted as part of the Compliance Certification. The document can be found at <http://www.sacscoc.org/policies.asp>.)*

## Compliance

Each institution within the University of South Carolina System has a chancellor who is the chief executive office for his/her institution. As stated in the Authorities and Duties of the chancellor (Board Bylaws (X1, 3) the "chancellor shall have full authority to administer institutional affairs and to formulate and issue regulations and orders in accordance with the policies and rules of the Board and the System's President."

The chancellor is not a member of the Board and therefore, is not the Board's presiding officer. According to the Board's Bylaws (Article V, 1 and 2), "the Ex Officio Chairman of the Board is the Governor of the State and in his absence the Chairman of the Board is the presiding officer."

- 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 has a clearly defined and comprehensive mission statement which identifies the institution as a metropolitan university with strong connections to the upstate South Carolina region. The mission describes the educational goals; in particular, the global perspectives focus of both the institution and the region it serves. The mission also describes the institution's role as a leader in "promoting the Upstate's social, economic, and cultural development" through teaching, public service, research, and creative endeavors. The mission is published on the website, and in the Academic Catalog and Student Handbook.

- 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 has an integrated and institution-wide planning and assessment process which starts with the mission, vision, and values. The strategic plan serves to align the organization and budget structure with the mission. Unit level outcomes are built around each unit's relationship to the institutional mission. The current strategic plan began in 2003, evolves over time, and is reviewed annually by the Strategic Issues Advisory Committee (SIAC). Strategic plan goals are also reviewed by the chancellor's cabinet and strategic plan objectives are reviewed by the cabinet, deans, and directors. Annually, the cabinet members and their direct reports review the strategic plan tactics and each spring the tactics identified become the Annual Plan for the next academic year. The Annual Strategic Report shows how units support the tactics and objectives of the strategic plan. The connections between planning, evaluation, and budget were demonstrated in the 2010 Pastides Presentation, which shows connections between these activities.

The SIAC reviews the annual plan and institutional data such as NSSE results, enrollment data, facilities data, financial data, and student persistence data then produces organizational priorities and emerging issues for the next academic year as evidenced in the Strategic Issues Advisory Committee Report. Individual units in academic and administrative areas also identify outcomes and assess those outcomes annually.

Evidence provided in the 2009 Tactics Report and the 2009 Strategic Issues Committee Report shows that the institution is demonstrating continuing improvement in institutional quality and is accomplishing its mission.

- 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 its founding in 1967 and now offers more than 40 degree programs with a fall 2010 enrollment of over 5,500 students.

- 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 offers a baccalaureate degree (Bachelor of Arts, Bachelor of Science, Bachelor of Science in Business Administration, Bachelor of Science in Professional Nursing, Bachelor of Fine Arts) in 34 major programs of study and a Master's degree (Master of Education) in three majors. Documentation in Academic Catalogs and on the website confirms that the length of each program meets or exceeds the minimum required standards of 120 hours for a baccalaureate degree and 30 hours for a master's degree. At the baccalaureate level, credit hours range from 120 to 128. The MEd in Early Childhood Education and Elementary Education each include 36 credit hours, and the MEd in Special Education: Visual Impairment includes 39 credit hours.

- 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 mission statement emphasizes its primary responsibilities to offer baccalaureate education to the citizens of the region it serves and to offer selected master's degrees in response to regional demand. The mission statement also notes that the institution provides a broad range of major curricula in arts and sciences and in professional fields of study required by the regional economy, including such fields as business, education, and nursing. As noted in the institutional history presented in the Academic Catalog 2011-2012, the institution originated in response to the need to avert a looming shortage of health care professionals in the area served by the institution – this focus remains evident in the institution's current curriculum.

The Academic Catalog demonstrates that the programs offered are coherent in two ways: (1) by presenting an organized “student worksheet” that lays out program requirements in clear and full detail, and (2) by offering covering rational statements linking the particular program to the institution’s mission or to the possible occupational fields that student graduates would be prepared to enter. Most of the expected liberal arts and sciences programs are represented either as majors or minors, and a number of not so typical programs are offered as well (such as informatics, nonprofit administration, and commercial music). A review of the mission statement, the Academic Catalog, and other documents provided demonstrate that the institution offers degree programs in coherent fields of study that are compatible with its stated mission and appropriate to higher education.

- 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 general education component of the undergraduate degree program requires 43-46 credit hours, and constitutes at least one-third of each degree program. The general education program is a competency-based model that focuses on achievement of broad-based competencies rather than mastery of individual course content. The program includes five competencies and nine related student learning outcomes. The competencies and outcomes promote foundational and supportive skills and knowledge. Students are required to complete at least one course in each of eight general content areas: communication, mathematics and logic, information technology, natural sciences, arts and humanities, foreign language and culture, history, and social and behavioral sciences. Each course is broad-based and supports at least one student learning outcome in two competencies. The general education committee is responsible for reviewing courses for inclusion in the general education curriculum to determine “course contribution to the goals of the program and the University.”

- 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 Commission policy “Core Requirement 2.7.4: Documenting an Alternate Approach.”) **(Course work for Degrees)** **(Note:** *If an institution does not offer all course work for at least one degree at each degree level, it must request approval and provide documentation for an alternative approach that may include arrangements with other institutions. In such cases, the institution must submit information requested in Commission policy, “Core Requirement 2.7.4: Documenting an Alternate Approach.” This information should be submitted as part of the Compliance Certification. The document can be found at <http://www.sacscoc.org/policies.asp>.)*

## Compliance

The institution provides instruction for all coursework required for at least one baccalaureate and one master’s level program. The Academic Catalog 2011-2012 clearly outlines the requirements for the 28 undergraduate and three master’s degrees offered. The table of “Full-time and Part-time Faculty by Major” reveals several programs where 100% of the credit hours generated are taught by full-time faculty. Other programs are delivered by a mix of full-time and part-time faculty hired by the institution. A review of specific programs at each level indicates that all of the courses required for the degree are offered by the institution. The Academic Catalog presents those requirements and the accompanying course descriptions. All of the requirements for the Bachelor of Arts in Spanish, for example, involve courses listed in the Academic Catalog, as is the case for the Master of Education in Early Childhood Education. A student could complete either program by taking courses offered by the institution.

- \*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 its academic programs. **(Faculty)**

## Non-Compliance

The number of full-time faculty members is adequate to support the mission of the institution, but it is unclear in several programs if the number of full-time faculty members is adequate to ensure the quality and integrity of the academic program. Some programs regularly have approximately 30% or more of the credit hours generated being taught by part-time faculty. While a number of circumstances might explain and justify such an outcome on an occasional basis, there was insufficient evidence for high reliance on part-time faculty nor did the institution provide evidence to ensure the quality of these programs.

Programs with substantially high rates of part-time teaching over several semesters are psychology (between 29% and 45%), elementary education (between 44% and 68%), the MEd in Special Education (between 25% and 54%), art/graphic design (46% to 59%), information management systems (33% to 55%), and interdisciplinary programs (26% to 100%). Of further concern is the high percentage (50%) of general education courses that were taught by part-time faculty over several years.

The faculty teach all distance education courses offered for credit. Support for faculty providing distance learning is provided by the Office of Distance Education, in partnership with the Center for Teaching Excellence, Department of Learning Technology, and Student Success Center. However, the institution

does not provide evidence to support the assertion that adequate numbers of full-time faculty teach distance education courses, especially in programs which are offered entirely online.

- 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)**

#### **Non-Compliance**

The institution through (1) its own collections, (2) university system, and (3) PASCAL and Carolina consortia provides a large and diverse array of library resources to students and faculty, including over 200 subscription databases, over 120,000 electronic books, and physical collections of books, journals, and archives. These resources are accessible to those users who may have disabilities as evidenced by the technological accommodations such as the Kurzweil reader.

The remote access to databases allows distance learners, students, and faculty from off-site locations, and other library users to access the electronic collections. Students at the Greenville campus have access to a small reference collection, and librarians visit the campus twice a week. Students at the Sumter campus have access to a juvenile collection at the Sumter library. Interlibrary loan services and the PASCAL "Pick-Up Anywhere" service allow off-site and distance students to have additional physical materials delivered to a library of their choice.

The library provides information literacy instruction via two electronic classrooms, as well as reference services that are performed by the majority of library personnel. Library personnel also serve as liaisons to the various academic departments on campus to identify materials for purchase and provide other appropriate library services.

Although the institution provides ample access to its collections and many useful services, there was no evidence to indicate how the collections are consistent with all of the degrees offered or how the collections, resources, and services are sufficient to support faculty research and public service.

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

#### **Non-Compliance**

The Divisions of Student Affairs and Academic Affairs work collaboratively to provide student support programs, services, and activities that promote student learning and support the mission to be recognized among metropolitan institutions for its commitment to its students. For example, the Student Success Center offers academic, career, and advising support. The Division of Student

Affairs organizes a first-year reading program (PREFACE) and a Sophomore Summit which are designed to promote student retention. Noteworthy also is an office dedicated to success of non-traditional students. Support for distance learning is provided by the Office of Distance Education in partnership with the Center for Teaching Excellence, Department of Learning Technology, and Student Success Center. The Academic Catalog 2011- 2012 describes these and other services that are embedded throughout the student experience. The Academic Catalog also highlights offices, programs, and activities in the Division of Student Affairs. These are designed to enhance the cognitive, moral, cultural, physical, social, civic, and interpersonal development of students, and the Division has enumerated Student Learning Outcomes associated with these areas.

While the institution makes mention of an advisor being available to assist students on the off-campus location in Greenville, however, no other student support services for this site are mentioned.

**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)**

**Non-Compliance**

Audited financial statements from 2006 to 2010, statements of net assets from 2007 to 2010, the strategic plan overview for 2010-2011, and the budget development process for 2010-2011, and other financial statements indicate that the institution has a sound financial base and financial stability to support its metropolitan mission and the broad array of programs and services designed to serve the Upstate community. However, the institution did not provide an audit or financial information for FY 2011. The external audit for FY 2010 was an unqualified opinion. Financial information from 2007 to 2010 shows a positive net asset increase of \$4.4 million with a total of \$43.7 million. Tuition and fee income increased by 36.3% from 2007 to 2010 and enrollment growth, which drove an overall revenue increase of 16.8%, even after a State revenue decline. In 2009 and 2010, State funding was reduced by \$4.7 million or 31%.

The budget development process is tied to the strategic plan which is updated annually. The annual budget is reviewed and approved by the Board of Trustees. However, no documentation was submitted to indicate the Board's approval.

- 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**

Analysis of land acquisitions, growth in campus facilities, and space allocations show overall space is sufficient to support the mission, but the institution does not provide analysis to show that the space is adequate to support the mix of programs offered in support of its mission, especially in such space intensive areas as nursing, sciences, engineering, and library.

The institution indicated that the square footage was approximately 300,000 below the average for other public comprehensive institutions in South Carolina. Rapid growth and lack of state funding for capital projects over the recent ten years has contributed to this deficit in space. A professional planning firm conducted a space study in 2008-2009. The results documented current and future needs based on program changes. New facilities and renovated space projects were then identified. A plan was developed and the institution indicated that it was incorporated within its strategic plan, the campus master plan, and the capital budgets. Some new buildings came online in 2010 and several departments moved to renovated space to better serve the students and improve academic support.

A report on deferred maintenance indicates that some state funding was provided for 2010-2011 for highest priority items, but does not indicate the dollar amount of deferred maintenance that is outstanding.

Over the past five years the institution has been in a building mode with educational and general space increasing by 55%. Land acquisitions were made by Spartanburg County on behalf of the institution. Several new buildings were funded through the USC Upstate Foundation, the federal government, and the institution. The institution indicated that over the past ten years, growth in space has increased 62% while growth in FTE students increased 61%. Most of the space was added in the last five years. Classrooms went from 64 to 108 and labs from 26 to 38. Instruction occupies 73% of the space, academic support 9%, and student support 8%. The percentage of instruction space was the highest of public comprehensive institutions in South Carolina.

The main campus consists of 330 acres and 1.1 million sf of which 809,612 sf is non-residential space consisting of 22 buildings. There is one building located in downtown Spartanburg. Residential buildings consist of two dormitory-style and 12 apartment-style buildings for a total of 286,060 sf. Residents housing can accommodate up to 1,044 students. Teaching Centers are located in Greenville and Sumter, SC. The institution indicated the amount of space at Greenville (15,504 sf) and Sumter (2,700 sf) but did not indicate if those spaces were adequate. The institution expressed concern that additional space will be needed to accommodate long-term growth.

- 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)**

*(Note: This requirement is not addressed by the institution in its Compliance Certification. If a recommendation(s) is warranted during the on-site review, include only the number and the recommendation under 2.12. Narrative, rationale, and evidence supporting the recommendation, as well as any other comments regarding the committee's assessment of this Core Requirement, should be included in Part III of this report. Delete this note prior to printing the final report.)*

Comment:

## 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)**.

### Non-Compliance

The institution has a mission statement that was approved by the South Carolina Commission on Higher Education (SCCHE) in 2006 as evidenced by the SCCHE letter of approval. The institution states that the Board of Trustees also approved the mission in 2006, but did not provide clear evidence to support the assertion (e.g., minutes or agenda). The mission is communicated to its constituencies through the website, Academic Catalog, and Student Handbook. The process for and frequency of mission review is not addressed nor is evidence provided; thus, it is unclear if review and update of the mission is periodic. The institution states that the mission is used to establish goals and prioritize tactics for strategic planning. However, no evidence or further narrative explains or demonstrates this process.

- 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)**

### Compliance

According to the Board Bylaws (Article III, 1M), the duty of the Board is to approve the appointment and salaries of principal officials who shall be defined as those persons elected by the Board as well as officers having the rank of vice president, chancellor, or equivalent rank. The System's president facilitates the selection process and makes recommendations to the Board for their approval.

The procedure for the evaluation of the chancellor is described in the Policies and Procedures Manual under Human Resources 1.34, Evaluation of the Officers of the University and Administrators Reporting to the president. Based on this policy the performance of the officers and those administrators reporting directly to the president is evaluated annually by the president. Among other factors, evaluations include an assessment of the individual's success in achieving goals articulated in the strategic plans for their respective offices or divisions. The results of the evaluation are reported to the Board. The evaluation and the chancellor's response are subject to release under the South Carolina Freedom of Information Act. A review of the performance letter for the chancellor demonstrates implementation of evaluation procedures.

- 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

Board Bylaws (Article III, 1) state that “the Board shall define the mission, role, and scope for each institution in the System.” The Board approved a revised mission statement for the institution on June 29, 2006.

3.2.2.2 the fiscal stability of the institution;

#### **Compliance**

The Board’s responsibilities for financial management and oversight, including the approval of annual budget requests for each institution in the System, are articulated in the South Carolina Code of Laws (59-117) and the Board’s Bylaws (Article III, 1.).

3.2.2.3 institutional policy, including policies concerning related and affiliated corporate entities and all auxiliary services;

#### **Compliance**

The General Assembly’s annual appropriations act and Board Bylaws allow the institution to provide auxiliary services such as bookstore, housing, health services, vending and concessions, including dining services which are provided through an affiliation agreement with a national vendor.

3.2.2.4 related foundations (athletic, research, etc.) and other corporate entities whose primary purpose is to support the institution and/or its programs.

#### **Compliance**

The South Carolina Code of Laws (Section 59-117-10) and the Board Bylaws permit the institution to approve contractual relationships with foundations and other related entities. The University of South Carolina Upstate Foundation has the sole mission of supporting the institution’s mission. The Bylaws’ of the Foundation establishes a Board of Directors which prohibits any employee of the institution from serving as a director. Three members of the institution do serve in ex-officio capacity with the Foundation. These are the chancellor, vice president of advancement who serves as the Foundation’s executive director, and one faculty member.

The Spartanburg County Commission for Higher Education is a related organization with the purpose of providing necessary funds to develop, design, and construct physical facilities at the institution. The chancellor is an ex-officio member of the Commission’s Executive Committee.

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

#### **Non-Compliance**

The Board has a Conflict of Interest Policy which was updated on August 12, 2010. The Policy requires a trustee to file a Conflict of Interest Report with the institution's internal auditor if (1) the member or a member of his/her immediate family or business is employed by the institution or its associated entities or if (2) any of these listed received goods or services with a value exceeding \$100 from the institution or its related entities. Such report must be filed within 60 days of its occurrence or by June 30 or December 31 of each year. Documentation was not provided indicating that this policy was implemented (e.g., completed forms).

- 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)**

#### **Compliance**

The Board Bylaws address the composition and length of terms for trustees. Staggered terms for the seventeen trustees limit the influence of external entities upon individual trustees. Actions of the Board represent the Board as a whole and not of individual trustees thus, limiting the influence of external entities upon each member of the Board. The State's Freedom of Information Act requires that the business of the Board be open and transparent and that actions of the Board, unless exempt by law, must become part of the public record.

- 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)**

#### **Compliance**

On February 4, 2011, the Board adopted a policy whereby a trustee could be removed from office for malfeasance, breaking the law, or non-performance of duties. The policy provides a process by which a majority of the Board, in a public meeting, would request the Governor remove a trustee under provisions of the South Carolina Constitution Article XV, Section III. This Article provides a fair and public process including a list of the charges for removal, a hearing with an attorney present, if desired, and a two-thirds vote for removal by both houses of the General Assembly. The institution has not had to invoke this policy for dismissal of a trustee for cause.

- 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)**

#### **Non-Compliance**

Board Bylaws that the Board has the responsibility to establish broad institutional policy and that the administration and faculty are charged with implementing the policies and procedures within the Board's guidelines and rules. The Faculty Manual describes the process by which faculty and administration implement these policies and formulate new policies for consideration by the Board. However, the institution did not provide evidence that there is a clear and

appropriate distinction in practice between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and 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 organizational structure which delineates the responsibilities of the chancellor and senior administrative units. This structure is available in the Faculty Manual and online and is accompanied by a list of responsibilities for each administrative unit. The organizational structure and units are approved by the Board and the System's president.

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

#### **Compliance**

A review of job descriptions, transcripts, and CVs/resumes of the chancellor, vice and associate vice chancellors, deans, associate deans, directors, and chairs confirm that the administrative and academic leadership for the main campus and off-campus locations have the qualifications to hold such positions.

- 3.2.9** The institution defines and publishes policies regarding appointment and employment of faculty and staff. **(Faculty/staff appointment)**

#### **Non-Compliance**

The institution states that "Recruitment and appointment of faculty is a function of Academic Affairs under the leadership of the senior vice chancellor for academic affairs. Policies and standards for faculty and administrative appointments are outlined in the USC Policies and Procedures Manual, ACAF 1.00: Recruitment of Academic Personnel, and in the Faculty Manual. In addition, the associate vice chancellor for academic affairs meets with faculty search committees to review "guidelines." However, the Faculty Manual does not provide information about the hiring process, and the "guidelines" which the associate vice chancellor shares with search committees were not evident.

- 3.2.10** The institution evaluates the effectiveness of its administrators on a periodic basis. **(Administrative staff evaluations)**

#### **Non-Compliance**

The procedures for evaluating administrative staff in classified positions are specified in HR 1.36 "Performance Appraisal for Classified Employees." A University of South Carolina Employee Performance Management System form lists the general instructions for the evaluation. The institution indicates that

academic administrators also are evaluated annually by their supervisors, but did not provide documentation that shows that the process is implemented. The institution states that evaluations are available for review by the onsite reaffirmation committee.

- 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)**

#### **Non-Compliance**

As stated in the Board Bylaws (Article XI, 3G), the chancellor is responsible for fund-raising, intercollegiate athletics, and auxiliary and alumni activities. Further as stated in the Athletic Policy Manual, the chancellor is responsible for the administration of all aspects of the intercollegiate athletics program, including the budget and auditing of all expenses. The chancellor is also responsible for compliance with the rules and regulations of the National Collegiate Athletic Association which require that the chancellor be solely responsible for the oversight of intercollegiate athletic.

The Athletic Director reports directly to the chancellor and serves on the chancellor's Cabinet. However, there is no documentation that the chancellor exercises control over the intercollegiate athletic program (e.g., correspondences, minutes, calendar appointments).

- 3.2.12** The institution's chief executive officer controls the institution's fund-raising activities exclusive of institution-related foundations that are independent and separately incorporated. **(Fund-raising activities)**

#### **Non-Compliance**

As stated in the Board Bylaws (Article XI, 3G), the chancellor bears the responsibility for institutional fund-raising. The vice chancellor for university advancement reports directly to the chancellor and coordinates all fund-raising activities at the direction of the chancellor. However, there is no documentation that the chancellor controls the institution's fund-raising activities (e.g., correspondences, minutes, calendar appointments).

- 3.2.13** Any institution-related foundation not controlled by the institution has a contractual or other formal agreement that (1) accurately describes the relationship between the institution and the foundation and (2) describes any liability associated with that relationship. In all cases, the institution ensures that the relationship is consistent with its mission. **(Institution-related foundations)**

#### **Non-Compliance**

Two institution-related entities assisting the institution are USC Upstate Foundation and Spartanburg County Commission for Higher Education. Each has a separate Board of Directors and each has Bylaws which specify its relationship with the institution. However, documentation of a contractual or other formal agreement with the Foundation or the Commission was not provided to

show relationship with the institution and any institutional liability associated with the relationship.

The USC Upstate Foundation's sole purpose is to further the educational goals of the institution. The Bylaws outline specific purposes to build an endowment fund, assist with a program of annual giving, receive and administer grants and contracts in support of the institution's priorities, and to support appropriate projects, programs, and activities of the institution. The Foundation Bylaws also describes protection against personal liability to the Foundation and conditions of indemnification. USC Upstate Foundation was audited for the year ended June 30, 2010 with the result being an unqualified opinion (clean audit). The audit reflected that net assets grew by \$3 million to \$16.6 million from 2009 to 2010.

The Spartanburg County Commission for Higher Education takes a wider role to assist in securing the necessary educational facilities for higher education institutions in the area. The Bylaws state that the Commission assists "in the implementation of the contract between the Commission and University of South Carolina, to provide an institution of higher education in Spartanburg County, to serve Spartanburg County and adjacent areas." The Bylaws outline the fundamental powers and duties of the Commission to "enter into contracts, make binding agreements, negotiate with educators and educational institutions, ... and generally, to take such actions in its name as are necessary to secure for Spartanburg County and adjacent areas the necessary educational facilities to provide higher education." The chancellor serves as an ex-officio member of the Commission's executive committee and all committees.

- 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 a thorough set of policies and procedures with respect to intellectual property rights. These rights are outlined in intellectual property policies that apply system-wide and the institution has further emphasized these rights through additional documents relevant to its campus, such as the Student Handbook, and Faculty Manual. The Intellectual Property Policy clearly states that it is "intended to encourage and reward research and scholarship that results in the creation of intellectual property, and to recognize the rights and interests of the inventor or creator, the public, the external sponsor, and the University." The policy also defines key terms and to set forth principles of academic freedom, the preeminence of scholarly activities, equity, mutual trust, fair play, mutual participation, and faculty governance and review. The Faculty Manual outlines the "Patent and Copyright Policy" that applies to all faculty, staff, and students. It notes that "it is the explicit intent of the policy to exclude any university claim resulting endeavor not supported by the university or endeavors to which the university's contribution is negligible." The policy is administered by a committee of elected and appointed faculty members. The policy carefully outlines numerous instances in which it might be applied (e.g., patents, inventions, marketable discoveries, latent discoveries, and so forth).

- \* **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**

The institution has a policy which requires all academic units to articulate student learning outcomes, assess the outcomes on an annual basis, and use the results for curricular improvement. The policy also requires that programs to break results down by subgroups (e.g., by location or emphasis). Assessment plans and results are reviewed and evaluated by Institutional Research Assessment and Planning as evidenced by the policy and the feedback reports provided as samples.

The institution provided five samples, one from the College of Business and four from the College of Arts and Sciences. A review of these reports demonstrates that these units establish outcomes, assess the extent to which outcomes are achieved and use the results for curricular improvement. However, no samples were provided from either the School of Education or the School of Nursing. Furthermore, no samples demonstrated this process for off-campus locations, distance education programs, post-baccalaureate certificate program, or graduate programs.

The institution also notes that professional accreditations of some programs (education, engineering, business, nursing, and computer science) provide additional evidence that academic units assess student learning and use results for improvement. However, no evidence was provided (e.g., accreditation reports or standards of the accrediting agency).

3.3.1.2 administrative support services

**Non-Compliance**

Administrative support services are distributed throughout seven divisions: Academic Affairs, Dean of Students, Enrollment Services, Administrative and Business Affairs, Athletics, Advancement, and Information Technology and Services. The institution asserts that all administrative support units participate in ongoing assessment activities but then says the reports are only available onsite.

A sample of three reports is provided, but no justification is provided for the sample and the sample only included units from one of the seven divisions listed above. None of the three samples provided assessment methods or criteria. Use of results for improvement does not appear to be connected to the results or improvement was to “continue” a service. It is not clear that that the institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and uses the results for improvement for all of its educational support services.

### 3.3.1.3 educational support services

#### **Non-Compliance**

Educational support services are distributed throughout five divisions: Academic Affairs, Dean of Students, Enrollment Services, Administrative and Business Affairs, and Information Technology and Services. The institution asserts that all educational support units participate in ongoing assessment activities.

A sample of reports is provided, but no justification is provided for the sample and the sample only included units from two of the five divisions listed above. None of the four samples provided assessment methods or criteria and two of the four did not provide any use of results. In the two reports that did provide use of results, there was either no clear connection between the assessment results and the suggested improvement or improvement was to “continue” a service. It is not clear that the institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and uses the results for improvement for all of its educational support services.

### 3.3.1.4 research within its educational mission, if appropriate

#### **Non-Compliance**

The institution provides research support services through the Office of Sponsored Awards and Research Support. Many programs are offered which support and enhance research efforts at the institution including: Scholarly Start up Packages, Student Travel Program, and the Faculty Course Reallocation Program. Faculty and students who receive funds from the Office of Sponsored Awards and Research Support are required to present their findings at the Annual SC Upstate Research Symposium, held every spring. The institution also produces an Undergraduate Research Journal. However, the institution did not discuss or provide any evidence that it identifies expected outcomes, assesses the extent to which it achieves these outcomes, and did not provide evidence of improvement based on the results in the area of research.

### 3.3.1.5 community/public service within its educational mission, if appropriate

#### **Non-Compliance**

The institution reports that community engagement is a core value and is incorporated into many programs and services. The primary unit which helps to achieve this public service mission is the Metropolitan Studies Institute, which provides data collection, analysis and reporting for the Spartanburg Community Indicators Project. However, the institution did not discuss or provide any evidence that it identifies expected outcomes, assesses the extent to which it achieves these outcomes, and did not

provide evidence of improvement based on the results in the area of public service or community engagement.

- 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)**  
*(Note: This requirement is not addressed by the institution in its Compliance Certification.)*

Comment:

- 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)**

### **Non-Compliance**

The institution has a defined process for the approval of programs for which academic credit is awarded and various levels of faculty governance and the administration are involved in the approval process. The process for curriculum revision, as outlined in the Faculty Manual, begins at the department level and proceeds through various layers of review and action (curriculum committees, colleges, deans, and so forth). The Faculty Governance website includes numerous program approval forms. As one example, the "Request a New Degree Program Form," outlines as the routing process the following: "Routing: (1) dean of the library, (2) vice chancellor for information systems, (3) division/school academic affairs Committee, (4) assistant dean or division chair, (5) school or college dean, (6) registrar, (7) academic and facilities Planning Committee, (8) Executive Academic Affairs Committee, (9) Faculty Advisory Committee, (10) Faculty Senate, (11) vice chancellor for academic affairs."

This process makes it clear that programs for which academic credit is awarded would have to be approved by the faculty and administration. However, the institution did not provide evidence that the approval process has been implemented, such as a variety of committee minutes.

- 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 Metropolitan Studies Institute supports the mission by conducting selected community-based projects and partnering with local agencies to conduct projects such as program evaluations and needs assessments. In addition, the institution encourages its academic units to offer continuing education and service programs which are consistent with its metropolitan mission. Examples of outreach programs provided by academic units include: Child Advocacy, Joint Center for Research, and Retail Management Certificate Program. Outreach

programs are reviewed to ensure that they are consistent with unit mission and priorities.

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

#### **Compliance**

The institution provides detailed admission policies in its Academic Catalog 2011-2012 for undergraduates and graduate students. This information also can be found on the Admissions website. The published admissions policies are consistent with its mission “to become one of the Southeast’s leading ‘metropolitan’ universities” and emphasize attracting qualified students who will benefit from and contribute to the institution.

- 3.4.4** The institution has a defined and published policy for evaluating, awarding, and accepting credit for transfer, experiential learning, 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. **(Acceptance of academic credit)** *(Note: In lieu of the previous Commission policy “The Transfer or Transcribing of Academic Credit,” refer to Commission policy “Collaborative Academic Arrangements: Policy and Procedures” as posted on the Web page at <http://www.sacscoc.org/policies.asp>.)*

#### **Compliance**

The Academic Catalog is published in print and electronically and presents the criteria and policies for Advance Placement Credit, Credit by Examination, Credit for Non-Collegiate Programs, and Military Credit. The Academic Catalog also presents clearly the criteria and policies for transfer credits. The transfer of credit procedure is administered by the college deans and the chief transfer officers. The institution employs recognized standards (e.g., American Counsel in Education, ACT/PEP, DAN TES, World Education Service) to determine credit and ensure work and outcome are at the collegiate level. Through the processes described, the institution assumes responsibility for the academic quality of all credit recorded on its transcript.

- 3.4.5** The institution publishes academic policies that adhere to principles of good educational practice. These 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 Academic Catalog and Student Handbook contain academic policies, and are disseminated to students, faculty, and other relevant groups in print and on the website. The content of the publications is consistent with good educational practice and institutional mission and accurately represent programs and services. Academic policies are reviewed by academic units, Faculty Senate (as

appropriate), and senior vice chancellor for academic affairs. The policies apply to all learning programs regardless of location or mode of delivery.

- 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 2011-2012 Academic Catalog presents criteria and policies for determining Advance Placement Credit, Credit by Examination, Credit for Non-Collegiate Programs, and Military Credit. The Academic Catalog also presents clearly the criteria and policies for transfer credits. The transfer of credit procedure is overseen by the college deans and the chief transfer officers.

The institution uses “historical Carnegie unit” to determine credit level, which in The Policy Document for the Creation and Revision of Academic Courses states that “each single course credit requires a minimum of 700 minutes or 14 hours of continuous and ongoing instructional time.” Credit is determined when a course is created and can be either fixed or a variable credit course. The policy defines standard and non-standard sessions and suggests that the standard fall or spring terms take place over 14 weeks, while summer session are five weeks. Any variation is considered non-standard and must be approved by the department chair and dean in consultation with the registrar. When the format is different from the lecture/laboratory format, credit is still determined based on contact or instructional hours. The policy sets forth additional approvals, monitoring, and/or assessment required for development of courses such as distance education, experimental, off-campus, independent study, internship, and the like. Non-standard courses, such as distance education delivery, “must be approved each semester by the department chair of the offering unit, the campus/college/school dean in consultation with the registrar of the appropriate campus.” In addition, all units must maintain a list of courses approved for off-site or alternative mode of delivery.

- 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 comprehensive requirements, and evaluates the consortial relationship and/or agreement against the purpose of the institution. **(Consortia relationships/contractual agreements)**

### **Not Applicable**

The institution provided information on its international articulation agreement, dual enrollment program, and its Scholar’s Academy which allows academically advanced high school students to take collegiate level courses on the main campus. The institution also identified Contract Courses offered to local school systems through the School of Education. However, none of these programs meet the definition of a consortia relationship or contractual agreement.

- 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)**

## Compliance

The institution identifies credit awarded by examination, military credit, and for non-collegiate programs. The Academic Catalog presents the criteria and policies for awarding credit for coursework or other experiences. The institution requires documentation and employs recognized standards for awarding credit to ensure the noncredit coursework or experience is at the collegiate level and equivalent to a designated credit experience. For non-collegiate educational experiences, the institution awards credit as recommended by the American Council on Education. The dean of the college or school in which the student is enrolled makes the final determination to award credit for non-collegiate programs.

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

### Non-Compliance

The institution offers a variety of offices and services to support the academic success of students. Examples of these services and offices include the Student Success Center which includes academic support, career support, advising, and an opportunity network to assist students who encounter challenges in completing their degree. Other services provided include a writing center, disability services, and information technology support. The institution notes that programs are available to all students independent of location or delivery mode, but does not indicate which programs are available or how students enrolled in distance education or at off-site locations access services.

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

### Non-Compliance

The Faculty Manual establishes that the process to make curricular changes begins with faculty members proposing changes to unit academic affairs committees, whose recommendations in turn proceed through the Deans to the Executive Academic Affairs Committee. Its recommendations in turn proceed to the Faculty Senate. Faculty Senate minutes from March 25, 2011 establish that the business of the Senate includes revisions to the curriculum. The webpage on Faculty Governance states that the Faculty Senate includes elected faculty representatives from all instructional divisions plus the library. The ratio is one representative for each seven faculty members.

The Faculty Manual describes the Assessment Committee as a standing faculty committee with one elected faculty member from each voting unit and one student representative. The executive vice chancellor for academic affairs and director of institutional analysis serve as ex-officio members. The Assessment Committee recommends to the Faculty Senate and the administration means and procedures for assessing institutional effectiveness and disposition of information gained through assessment. However, there is no discussion or demonstration as to how this committee is responsible for the quality and effectiveness of the

curriculum. The Program Assessment Report Feedback form for the Department of English is presented without context and it is unclear how the report demonstrates primary responsibility of the faculty for the quality and effectiveness of the curriculum.

- \*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**

The institution delegates program coordination responsibilities to individuals who are academically qualified in the program field that they serve to coordinate. For 30 of the 31 degree programs presented by the institution, the program coordinator had a doctoral degree in the subject field represented by the program (or a very closely related field, such as educational leadership for the person heading the elementary education program). In one case, the program coordinator possessed a master's degree but had extensive professional experience in the field (Engineering Technology Management).

However, one program listed on the Institutional Summary form (Non-Profit Organizational Management) has a major and a minor, but was not included in the list of programs with identified coordinators. The institution did not indicate why the program was not included or provide information about the coordinator.

- 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 has a well-developed technological infrastructure that supports its mission and student learning. Students have ample access to open access, instructional, and tutoring labs that house 533 computers. Most campus classrooms are classified as smart, enhanced, or distance learning classrooms. The institution indicates that staff members from Information Technology and Services provide training, tutorials and assistance in the use of classroom technologies. These services are offered to faculty, staff, and students.

Particularly notable is the campus priority to ensure that students are literate in information technology. Students have ample access to technology training as the library and all academic offerings incorporate this training into their programs. One of the 90 desktop computers housed in the library is dedicated for disability access with specialized software.

The institution maintains Blackboard for every course. Blackboard course management is used for all types of courses, including distance education and face-to-face. In addition, Blackboard is used to provide online communities that extend beyond academic programs to residence halls, student organizations, and faculty. Training events are scheduled throughout the year.

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

### Compliance

The institution has identified five general education competencies which are aligned with the mission. The Course Alignment Matrix identifies which courses provide students with the opportunities to master each of the competencies. The competencies are assessed in senior level seminar courses within the majors. Each competency has a Competency Assessment Team which evaluates the results of assessment and makes suggestions to improve student learning of the competency. Additionally a General Education Assessment Committee collects information from all competencies and writes an annual General Education Assessment Progress Report.

A review of the January 2011 Progress Report and data provided in the general education competencies chart demonstrate that the institution uses standardized tests such as the CAAP and Proficiency Profile in addition to institutionally designed rubrics and tests to evaluate the competencies. Each competency has at least two assessment measures and the measures are evaluated for their effectiveness and validity. The institution demonstrated in the competencies chart that it assesses the extent to which graduates have attained the competencies and the Progress Report demonstrates that each competency has an action plan for improvement. Although only one cycle of assessment has been completed, the assessment process is viable and should continue providing valuable data on student attainment of general education competencies.

- 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. In the case of undergraduate degree programs offered through joint, cooperative, or consortia arrangements, the student earns 25 percent of the credits required for the degree through instruction offered by the participating institutions. **(Institutional credits for a degree)**. *(Note: In lieu of the previous Commission policy "The Transfer or Transcribing of Academic Credit," refer to Commission policy "Collaborative Academic Arrangements: Policy and Procedures" as posted on the Web page at <http://www.sacscoc.org/policies.asp>.)*

### Non-Compliance

The institution has a clear academic residency requirement that is contained in the Academic Catalog. The requirement states that the last 25 percent of semester hours of the degree program must be completed in residence at the institution. The institution indicated that an audit of student records from three semesters indicated that the residency requirement was being adhered to in all but four cases. A review of waiver letters for those four students confirmed that the requirement was waived by the appropriate dean/chair. In those cases, the institution did not provide evidence that at least 25 percent of the credit hours required for the degree were earned through instruction at the institution.

- 3.5.3** The institution defines and publishes requirements for its undergraduate programs, including its general education components. These requirements conform to commonly accepted standards and practices for degree programs. **(Undergraduate program requirements)**

### **Compliance**

The Academic Catalog clearly states the requirements for its undergraduate programs. Each major is presented in the form of a check sheet indicating both the required general education units and the components of the major. Majors generally include 30 credits or more (out of the 120 required for graduation) and consist of both specified required courses and groupings of electives. Sometimes credits are organized into what amount to tracks or concentrations. This format for organizing a major is reasonably typical. Each major includes a capstone senior seminar and, unless otherwise specified, a grade of C is required for a course to count in the major.

The Academic Catalog is available in print and online. Departmental webpages also post major requirements and these usually link to the pages of the Academic Catalog where the major check sheets are found. This approach ensures consistency in the presentation of major requirements.

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

### **Non-Compliance**

A review of the tables with discipline course hours taught by faculty members holding the terminal degree and the Institutional Summary Form indicates three documentation shortcomings. The Institutional Summary Form lists degree programs that were not listed in either the fall 2010 or spring 2011 tables (e.g., chemistry, mathematics, information technology, liberal arts and science). Additionally, several specific and different majors were grouped together under broader headings such as education or art. However, the institution offers degrees in physical education as opposed to elementary education or secondary education and so forth. It was unclear if in every case at least 25% of the credits are delivered by terminally qualified faculty. Finally, the Engineering and Technology major is offered at two separate locations and in three of the four instances identified in the documentation of percentage of courses delivered by terminally qualified faculty, the percentage is less than 25%. One time (spring 2011, Spartanburg) the percentage was 51% and this had the effect of pulling the total for the two terms to above 25% (roughly 31%). Given that three of the four times reported the percentage was below 25%, it would have been helpful for the institution to explain the circumstances.

- 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)**

## **Non-Compliance**

The institution offers three master's degree programs, all within the School of Education, which the South Carolina Department of Education and the South Carolina Commission of Higher Education (SCCHE) approved. Each program was approved by the institutional faculty. The institution indicates that each approval required demonstration of "increased rigor for the graduate programs," but no documentation is provided to support the mandate. The institution presents a template for two graduate programs. The template differentiates undergraduate from graduate outcomes. However, in the descriptions it is unclear how the graduate program is progressively more advanced (e.g., at the baccalaureate level "Candidates reflect on their practice" and at the graduate level "The candidate will be reflective about his/her practice and its impact on student learning. The candidate will be an active learner and use reflection to determine areas for professional growth.")

The institution suggests that with the requirement of graduate students to have a valid teaching certificate and to have secured a teaching position, that the graduate programs are "characterized by rigorous theory to practice, documented in coursework and the Professional Portfolio, a program requirement." The institution does not describe coursework. Content of the Professional Portfolio is described and examples of graduate student portfolios are available for onsite review

- 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 offers three master's degrees, one of which is offered in collaboration with the South Carolina School for the Deaf and Blind. Each program has a structured set of requirements. Each requires an introductory research course. Some of the courses required have titles suggesting that applications of theory and research will be covered with respect to particular subject matter identified in the title of the course. A graduate portfolio is produced as a part of the requirements for achieving the degree. The portfolio, as described in the Graduate Handbook, serves as "the comprehensive assessment of candidate performance in their programs and as the comprehensive assessment of the quality of their programs." Furthermore, the portfolio serves as the mechanism whereby graduate students engage in activities related to "The Teacher as Reflective Professional" – identified as the distinguishing metaphor separating the graduate program expectations from those of undergraduates. Course descriptions emphasize examination of theory and research findings within identified subject areas, and often point to analysis and synthesis of theory and research as the objectives of particular courses.

- 3.6.3** The majority of credits toward a graduate or a post-baccalaureate professional degree are earned through institution offered by the institution awarding the degree. In the case of graduate and post-baccalaureate professional degree programs offered through joint, cooperative, or consortia arrangements, the student earns a majority of credits through instruction offered by the participating

institutions. **(Institutional credits for a degree)** *(Note: In lieu of the previous Commission policy “The Transfer or Transcribing of Academic Credit,” refer to Commission policy “Collaborative Academic Arrangements: Policy and Procedures” as posted on the Web page at <http://www.sacscoc.org/policies.asp#policies>.)*

### Compliance

The institution offers three graduate degrees. The Master of Education degree in Early Childhood or Elementary Education requires 36 hours of graduate credit and the Master of Education degree in Special Education: Visual Impairment requires 39 hours of graduate credit. The Academic Catalog states that to complete a master’s degree, a candidate must complete a minimum of 24 hours of program courses at the institution. This requirement ensures that the majority of courses toward a graduate degree will be completed at the institution. The Academic Catalog also states that a maximum of twelve transferred credit hours may be considered.

- 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 a Master of Education in three programs. The requirements for the graduate programs are defined and published in the Academic Catalog and on the website. The University Graduate Committee oversees and recommends to the Faculty Senate action on graduate programs and graduate standards. Adherence to accepted standards and practice is demonstrated by successful accreditation by the National Council for the Accreditation of Teacher Education (NCATE), and programs approval by the South Carolina Commission on Higher Education (SCCHE) and the South Carolina State Department of Education (SCSDE).

- 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. **(Faculty competence)** *Note: When an institution defines faculty qualifications using faculty credentials, institutions should use Commission guidelines “Faculty Credentials.” The document can be found at <http://www.sacscoc.org/policies.asp#guidelines>.*

### Non-Compliance

System Policies and Procedures on Recruitment and Appointment of Tenured, Tenure-Track and Non-Tenure-Track faculty outline the search procedures for hiring new faculty. The hiring process requires that hiring documentation includes information such as verifications of degree(s). In faculty searches, the

institution places primary emphasis on educational credentials. Faculty candidates who do not meet minimum guidelines on degree and coursework must provide documentation of alternative credentials and exceptional expertise. The candidate must submit a memo of justification or alternative credentials and supporting evidence to the Senior Vice chancellor for Academic Affairs.

A review of credentials of faculty teaching in fall 2010 and spring 2011 left lingering concerns about the qualifications of twenty-one faculty members. See Evaluation of Faculty Qualifications and Request for Justifying Documentation Worksheet.

- 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)**

#### **Non-Compliance**

The Faculty Manual identifies the purpose of faculty evaluation as providing “a basis for professional improvement.” The Manual identifies the evaluation process for full-time faculty members as including teaching effectiveness, service, and scholarly research, with the emphasis being on teaching effectiveness. One requirement of the review is that each course is evaluated by Student Opinion Polls. All full-time non-tenured faculty members are evaluated annually and tenured faculty are evaluated every six years. Additionally all tenure track faculty are evaluated by peers during the year of their review for promotion or tenure but no less than once every six years. Annual review also includes a faculty self-evaluation. Specific disciplines can add additional evaluation requirements

Although the process for evaluating adjuncts could not be found in the Faculty Manual provided, the institution states in the narrative that adjuncts are evaluated by their dean or chair in the first year of teaching and “periodically thereafter.” It is not clear what periodically means.

No evidence was provided by the institution that it actually follows its evaluation procedures in practice. Student Opinion Polls and faculty evaluation results are available onsite only, so it is not possible to determine if the institution regularly evaluates the effectiveness of each faculty member in accord with published criteria.

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

#### **Compliance**

The institution has an array of opportunities for faculty development ranging from the traditional sabbatical program to a center for teaching excellence, and documentation demonstrates faculty participation in these programs. An average of four sabbatical leaves per year is awarded annually. Additionally, the Office of Sponsored Awards and Research’s total sponsored funding has increased over the last three years (from 1.8 to 2.6 million). The Department of Learning Technology provides professional development for on- and off-campus faculty.

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

#### **Compliance**

The institution has a clear statement on the value and priority of the principles and rights of academic freedom. A Faculty Welfare Committee is a standing committee that makes recommendations when deemed necessary in this area, and it may convene a Faculty Grievance Committee to hear grievances filed by a faculty member or librarian holding rank. Specific and coherent policies exist to regulate the tenure and post-tenure review processes so that academic freedom is protected in these reviews.

- 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 publishes policies outlining the authority of faculty in governance. Minutes from Faculty Senate meetings demonstrate adherence to those policies. The Faculty Manual states that the faculty has “legislative powers” in a variety of academic areas such as “standards of admission, registration, requirements for the granting of degrees earned in course, the curricula, instruction, research, extracurricular activities, discipline of students, the educational policies and standards of the university, and all matters pertaining to faculty affairs.” The Policy Manual, available online, also provides numerous other areas of academic affairs in which faculty play a significant governance role such as the selection process for department chairs and the establishment and modification of academic administrative units. Examples provided by the selected minutes from Faculty Senate meetings illustrate faculty governance action to revise sections of the Faculty Manual, to create new courses, or to modify existing ones.

- 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 library facilities are scheduled to expand when funding is available from the state. Currently, the library occupies approximately 59% of a building or approximately 36,643 net square feet. Within that space, the library provides access services (circulation, reserves, interlibrary loan), a reference desk, two library classrooms, a 24/7 computer lab, technical services, group study rooms and individual carrels, circulating collections and in-house use collections (including reference, archives, and special named collections), and work space for library faculty and staff.

The library is open with full services 82.5 hours per week, and available with no services an additional ten hours per week. The 24/7 lab is available through secure access using a student ID. Library users with disabilities have access to

an Assistive Equipment Study Room equipped with adjustable lighting and a computer with appropriate software. As noted by the institution, Information Technology and librarians provide ongoing development opportunities in workshops, seminars, webinars on various topics, customized programs, as well as individual and group consultation and instruction for faculty, staff, and students

Faculty, students, and staff have electronic access to more than 36,000 journals via subscription to more than 200 databases along with 121,747 electronic books, 584 print journal subscriptions, over 131,000 print books, 51,182 microforms, and more than 6,000 CD/DVDs. Through the University of South Carolina System, faculty and students have access to 2.6 million books, 3.5 million microform items, and 14,000 current serials in print.

The Greenville off-campus location library is essentially a virtual library with access to all online resources that are available on the main campus. Facilities at the Greenville campus include 6,144 square feet of physical space with eight group study rooms and separate seating for 50 people, print reference material of 115 volumes, sixty computers with 12 reserved specifically for students of the institution. Librarians from the institution are available onsite at least two days each week.

Students attending the education program on Sumter off-campus location use the system library in Sumter and have full access to the institution's electronic library resources.

- 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 uses the American Library Association's Information Literacy Competency Standards for Higher Education to develop the library's instruction and information literacy program that ensures users have access to regular and timely instruction on the use of the library and other resources. The library provides on its website individual online tutorials on conducting library research and over 80 online library guides created by the library faculty to assist students, faculty, and staff in using library resources effectively. These resources are available to distance learners and learners at all campus locations.

The library's outreach to freshmen through a First-Year Information Literacy Program as well as to students in many courses indicates a strong commitment to ensuring the information literacy of the student population. The library tracks the number of library instruction sessions and attendance in those sessions. For each of the last five years since 2009-2010, the library has offered several hundred sessions for well over four thousand attendees. Sessions are offered on the main campus as well as at off-campus locations.

- 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 institution employs eleven full-time and 1.5 FTE part-time library faculty members, fourteen full-time and .5 FTE support staff and student workers. Technical support for Academic Cataloging and processing select materials is provided by library staff from University of South Carolina Columbia. All library faculty members have Master in Library Science degrees and support staff has appropriate educational qualifications or experiences to support the mission of the institution. Each academic unit is assigned a library faculty liaison who helps identify materials for purchase, provides information literacy instruction, and assists with other needs of the unit. The librarians serve all students at all locations as well as distance learners. The main library is staffed 87.5 hours, seven days a week and the Greenville off-campus location library is open 66.5 hours. Remote reference services are also available.

- 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**

Student rights and responsibilities are published in print and electronically in Undergraduate and Graduate Student Handbooks and the Academic Catalog. Print publications are provided to students on the main campus and off-campus locations during the first week of classes. The policies that address student rights and responsibilities cover a wide variety of areas from academic and non-academic grievance rights to parking, and mental health disturbances. Special populations are also provided with rights and responsibilities such as student athletes and those receiving financial aid. The rights and responsibilities are clear and appropriate as are the student grievance policies and disciplinary procedures. The System's General Counsel reviews policies that address rights and responsibilities.

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

## **Compliance**

The institution maintains student records according to the South Carolina Family Privacy Protection Act of 2002 and FERPA. By System policy all computerized student academic records must be maintained on a system-wide mainframe. Each week, data are backed up with tapes on- an off-site rotation. At the institution, data are backed up each weekday and success/failure reports are run. The institution is transitioning from a legacy system to a Banner-based software system. Most student records currently are stored in an Information Management System (IMS) or Visual Information Processing (VIP), with associated security measures for each.

Offices that control student records restrict access and grant permission only to those who need access as determined. For example, to request data access is

approved from the registrar, the request is discussed with the appropriate personnel who have oversight for the area (a request for access to financial aid data would be discussed with the director of financial aid). Only when need has been determined and access approved, is a user id assigned. Passwords expire monthly. Those with access are instructed in FERPA regulations.

The institution described safeguards for restricting access, storing and destroying data paper and electronic records, and complying with various regulations and industry standards. Specific policies and procedures were described for the following offices associated with various records: Admissions, Financial Aid, Health Services, Counseling Center, Disability Services, Center for International Studies, Student Life, Athletics and NCAA Compliance, Career Services, Housing and Residential Life, Dean of Students, Discipline and Policies, Department of Public Safety, and Data Warehouse, OnDemand, CMS, and other Reporting Systems.

- 3.9.3** The institution employs qualified personnel to ensure the quality and effectiveness of its student affairs programs. **(Qualified staff)**

### **Compliance**

Student services are provided by the Division of Student Affairs, Division of Enrollment Services, and Student Success Center. The Division of Enrollment Services includes Financial Aid and Records, Registration, and Veterans Affairs. The Division of Student Affairs includes Drug Education Programs, Counseling Services, Disability Services, Health Services, Student Life, and Wellness Center. The Student Success Center includes Academic Support Center, Career Center, and Opportunity Network.

For each division and in each unit, a review of job descriptions, transcripts, and CVs/resumes of staff at the director and assistant director levels suggest that the staff are qualified to ensure the quality and effectiveness of the relevant programs. Staff members are encouraged to engage in professional growth and training opportunities and departments are provided funds to support professional development. Each staff member is evaluated annually on performance and effectiveness.

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

### **Compliance**

The institution relies on strategic planning and budgeting to allocate funds within a balanced budget approach. Net assets have increased from 2006-2007 to 2009-2010 by \$4,404,653 or 11.2% to \$43,663,000. Unrestricted funds within net assets were \$9.5 million or 14.8% of operating expenditures, which represents a healthy financial situation. Other signs of stability are seen with additional bonding capacity and the assistance from the USC Upstate Foundation. At the same time State appropriations have decreased during this period of time by \$4.7 million or 31% through 2010. A large increase in tuition and fees rates plus continued enrollment growth in 2010 helped to offset the decline in state funding. The institution also limited the growth of expenditures from 2009 to 2010 to 1.3%.

- 3.10.2** The institution provides financial profile information on an annual basis and other measures of financial health as requested by the Commission. All information is presented accurately and appropriately and represents the total operation of the institution. **(Submission of financial statements)**.

#### **Compliance**

Financial profile information was submitted to the Commission on an annual basis. This financial information has been deemed accurate and represents the financial activities as reported in the institution's financial statements. Evidence is found in the external audit report of 2010 which discloses that the financial statements present fairly, in all material respects, the financial position of the institution. This signifies an unqualified opinion with no material findings.

- \*3.10.3** The institution audits financial aid programs as required by federal and state regulations. **(Financial aid audits)**

#### **Compliance**

A yearly independent audit is conducted for the University of South Carolina System and its components on the federal and state financial aid programs. This audit is conducted to determine compliance with the Federal Office of Management and Budget (OMB) Circular A-133. Audit reports from 2006 through 2010 were presented. In the 2010 system-wide audit there were two findings: (1) failure to demonstrate compliance with Davis-Bacon Act (compliance with prevailing wage rates on contract work) and (2) failure to demonstrate compliance with Section 1605: Buy American. Both findings are not directly related to federal financial aid or this institution. The institution did receive an unqualified opinion on its independent audit for 2010. State financial aid is provided through lottery funded scholarships. The funds come to the institution as appropriated in the annual state budget. Periodically the South Carolina Commission on Higher Education will audit this state financial aid. The last audit was in 2007.

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

#### **Compliance**

A review of the organizational structure, budget development and monitoring process, policies and procedures, external audits, and financial reports indicate that the institution controls all its financial resources. The institution complies with the system policies procedures, and has developed institutional policies and procedures for managing campus operations. A graph of the budgeting process demonstrates the primary role of the chancellor and the Cabinet in reviewing budget requests and developing a budget plan for submission to the USC President and Budget Office and ultimately to the USC Board of Trustees for approval.

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

**Compliance**

The institution maintains financial control over externally funded or sponsored research programs through the Sponsored Awards Office and the Contract and Grant Accounting Office (CGA). All proposals are submitted for final approval to the Sponsored Awards Management Office (SAM). Restricted accounts are assigned by the CGA within the institutional accounting structure for grants awarded. The academic affairs budget manager is responsible for proper accounting controls for all grants in Academic Affairs. CGA is responsible for establishing, monitoring, and reporting on externally restricted funds. The director of sponsored awards, with the assistance of the CGA, completes all reporting. Policies and procedures are in place. The external audit for 2010 did not indicate any negative internal control issues over financial reporting and compliance.

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

**Compliance**

The institution controls and manages its physical resources in compliance with state laws and regulations and USC System policies and guidelines that govern capital planning and construction, acquisition of equipment, inventory control, and disposal of surplus property. Facilities Management plans, designs, and implements capital projects and is responsible for building maintenance, custodial services, and landscaping. Information Technology and Services is responsible for addressing technology needs and keeping track of equipment. The Purchasing Department controls acquisition of equipment with procurement authority up to \$50,000, inventory control, and disposal of surplus property. Office of Risk Management maintains appropriate insurance through the Insurance Reserve Fund of the State Coverage. The Office of Special Events and Facilities Scheduling controls use of non-academic facilities.

A review of the following specific references illustrates state laws and regulations and system and institutional policies and procedures and provides examples of institutional control of physical resources: 2010 Equipment Inventory; Facilities Use Policies and Procedures; Policies for Property Accountability; 2011 Procurement Services Manual for Planning and Execution of State Permanent Improvements; Strategic Plan; 2011 Insured Values for Buildings and Contents; websites for Facilities Management, Information Technology, Purchasing, and Special Events and Facilities Scheduling.

- 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 uses of the USC System Office of Environmental Health and Safety and the USC fire marshal for onsite inspections and training in such areas as departmental environmental audits, campus safety, and campus facilities. The institution has an Office of Risk Management, Department of Public Safety, and Health Services to oversee areas for compliance, risk management, safety, and health issues. An Emergency and Safety Procedures Guide was developed to address the National Incident Management System (NIMS) guidelines on handling all hazards. The institution is in compliance with the Clery Act on reporting crime statistics.

- \*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**

The institution demonstrates that it operates and maintains facilities on- and off-campus but it did not align space with the mix of programs offered, especially in such space intensive areas as nursing, the sciences, and engineering and in library space. Also, there is no indication of the dollar amount of deferred maintenance that is outstanding. The institution does state that the general condition of facilities is very good. Another concern is that State funding through a bond bill has not occurred in over ten years to handle major renovations and new construction.

The institution indicates that the campus has grown to 330 acres and 1.1 million square feet with 48% being added since 2000. The strategic planning process is used to identify needed construction. Education and general space has increased 62% over the past ten years. Teaching space increased by 104% over this same period to 108 classrooms and 38 labs. There currently seems to be adequate space at the teaching center in Greenville, although the institution is concerned that additional space will be needed to accommodate long-term growth. Residential facilities comprise 26% of the total square feet. The institution indicates that a preventative maintenance program is utilized.

- 3.12.1** The institution notifies the Commission of changes in accordance with the substantive change policy and, when required, seeks approval prior to the initiation of changes. **(Substantive change)**

#### **Compliance**

In a list of programmatic changes, the institution provides dates when the institution sent correspondence to SACSCOC and when SACSCOC responded. Of the 38 changes listed, two are substantive changes and associated prospectuses are in progress.

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

*(Note: Institutions are responsible for reviewing the following Commission policies and providing evidence of compliance with those that are applicable. Policies can be accessed at <http://www.sacscoc.org/policies.asp#policies>.*

\*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.

**Compliance**

On the Institutional Summary Form, the institution lists seven agencies that currently accredit the institution or specific programs and the date of the last visit. The institution also describes actions that required follow up and status of the review. Three of the listed agencies are recognized by the U.S. Department of Education: Commission on Collegiate Nursing (CCNE) Education, National Association of Schools of Art and Design (NASAD), National Council for the Accreditation of Teacher Education (NCATE). In CS 3.13.3.1, the institution identifies two of the three DOE-recognized agencies (CCNE and NCATE) and provides self-studies from the 2010 NCATE and the pending 2012 CCNE visits. The NASAD website lists the institution as an accredited member.

2. **“Collaborative Academic Arrangements: Policy and Procedures”**

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

**Not Applicable**

\*3. **“Complaint Procedures Against the Commission or Its Accredited Institutions”**

**Applicable Policy Statement.** Each institution is required to have in place student grievance and public 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.

**Compliance**

As noted in *FR 4.5*, the institution has in place adequate procedures for addressing written student complaints and demonstrates the use of such procedures. Those procedures are reasonable and fair and publicized in the Academic Catalog and Student Handbook. In addition, the institution

provides an opportunity for anyone to provide comments or complaints on its SACSCOC website. The complaint process originates in the appropriate office and resolved. The chancellor's office maintains the institutional aggregate record of complaints.

\*4. **“Distance and Correspondence Education”**

**Applicable Policy Statement.** At the time of review by the Commission, the institution must demonstrate 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 (1) a secure login and pass code, (2) proctored examinations, and (3) new or other technologies and practices that are effective in verifying student identification.

The institution makes it clear in writing that (1) it has processes that protect student privacy and (2) it notifies students of any projected additional student charges associated with verification of student identity at the time of registration or enrollment.

**Compliance**

The institution has adequate security procedures and practices that verify the identity of students. The institution's security consists of four systems each requiring independent logins created and maintained by students (network login, wired/wireless); Visual Information Processing (VIP) intranet data system; Blackboard course content management system; and Microsoft Outlook Live student email system. In addition, the institution provides for a testing center that proctors examinations for online courses.

An electronic handout of Computing Guidelines covers areas such as authorized access, privacy, and securing files. The Academic Catalog includes the Family Educational Rights and Privacy Act (FERPA) with institution-specific details about protecting student records and exercising student rights. There are no additional student charges associated with identity verification.

5. **“Reaffirmation of Accreditation and Subsequent Reports”**

**Applicable Policy Statements.**

a. An institution includes a review of its distance learning programs in the Compliance Certification.

**Non-Compliance**

The institution offers a RN-BSN program and several graduate programs in education through distance learning. A Review of Distance Education Programs seems to indicate that some majors offer more than 25% of credits and at least one major over 50% of credits through distance education and that over 75% of general education is available through distance education. Although the institution reviews academic programs annually as part of its assessment plan, these reports did not seem to

include distance education. For example there was no comparison of BSN degrees through traditional instruction and RN-BSN through online education. The institution also did not explain how its online students receive access to student support services or academic support services.

Additionally, the institution notes multiple times throughout its compliance certification that its definition of distance education only includes courses that are 100 percent online. This definition is not consistent with common practice definition of hybrid courses, which often is defined as 50% or more of the work in a course being delivered through distance education technologies.

**b.** 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 with in that system.

Compliance       Non-Compliance       Not applicable

Comment:

**6. "Separate Accreditation for Units of a Member Institution"**

**Applicable Policy Statements.**

a. 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.

**Compliance**

The institution provided documentation verifying its unique mission, role, and scope within the University of South Carolina System. The System's organizational chart delineates the reporting process for the chancellor within the System. System-wide policies and procedures allow the institution to develop specific procedures for its unique programs and responsibilities.

b. For an extended unit to be eligible for accreditation as a separate institution, it is located in and chartered or incorporated within one of the eleven states, Latin America, or other international sites approved by the Commission on Colleges. Furthermore, if the institution is part of a system covering more than one accrediting region, the locus of administrative control for the institution is within the geographic jurisdiction of the Southern Association of Colleges and Schools.

**Not Applicable**

c. 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

**Not Applicable**

**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**

In a review of the Academic Calendar, Student Handbook, and website the institution represents its accredited status accurately in and publishes the name, address, and telephone number of the Commission 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 including, as appropriate, consideration of course completion, state licensing examinations, and job placement rates. **(Student achievement)**

### Compliance

The institution regularly reports to the South Carolina Commission on Higher Education NCLEX and Praxis II results. The institution also reports things such as retention (full-time = 65%) and graduation rates (6 year = 38%) to IPEDS as evidenced by the IPEDS data feedback report. Freshman course completion rates are provided annually to deans and department chairs that use the information to improve student success. Transfer success is evaluated by Institutional Research, Assessment and Planning in a Transfer Analysis. The executive summary from a 2008 report shows that measures include the percent of transfers who graduate in four years, retention of transfers with less than 30 hours transferred in, and which feeder schools have students with better outcomes. Graduate success such as job placement rate is shown through an alumni survey. The institution lists many institutional surveys, which potentially include valuable student success data (e.g., academic department graduate surveys; employer surveys for Engineering Technology Management and Graduate Education). The education department's surveys of alumni and employer surveys were attached as samples of these surveys.

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

### Compliance

Consistent with its metropolitan mission and its primary responsibility to "to offer baccalaureate education to the citizens [in the region]... and to offer selected master's degrees in response to regional demand," the institution offers a baccalaureate degree in 34 major programs of study and a Master of Education in three majors. A set of institutional processes involving faculty governance and the administrative structures and system level review ensure new or modified programs are directly related and appropriate to the institution. The Commission on Higher Education Policies and Procedures for New Academic Program Approval and Program Termination asks explicitly whether the proposed program is compatible with the mission, role, and scope of the institution. The institution provides specific examples from the College of Business, School of Nursing, School of Education, and College of Arts and Sciences that demonstrate how curricula are directly related to the mission and serving regional higher educational needs.

- \*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 makes available its academic calendar, grading policies, and refund policies in its Academic Catalog which is published in print and on the website. In addition, academic calendars are published in the Student Handbook.

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

**Compliance**

All undergraduate programs are at least 120 credits and all master's programs are at least 36 credit hours. These are consistent with South Carolina System requirements. At the baccalaureate level, credit hours range from 120 to 128. At the graduate level the MEd requires from 36-39 credit hours.

- \*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. **(Student complaints)**

**Compliance**

The institution has in place adequate procedures for addressing written student complaints and demonstrates the use of such procedures. Procedures are in place for academic and non-academic complaints. Information on the procedures is provided in the Academic Catalog and Student Handbook. The institution demonstrated that the procedures are implemented with an example of an academic grievance in a grade discrimination case and a non-academic grievance in a case of theft.

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

**Compliance**

Recruitment materials accurately represent practices and policies. The institution maintains a checks and balance system to assure that the information provided to prospective students and parents is accurate. The associate vice chancellor for enrollment management and the director for university communications are responsible for checking the materials. Division heads, department chairs, and directors are responsible for information relating to their respective areas.

The information is provided through a variety of publications such as the Viewbook, Travel Brochure, Search Brochure, Greenville Viewbook, Financial Aid and Scholarship Brochure, and Housing and Residential Life Brochure. Such information is also available on the website.

- \*4.7** The institution is in compliance with its program responsibilities under Title IV of the *1998 Higher Education Amendments*. **(Title IV program responsibilities)**

**Compliance**

The Eligibility and Certification Approval Report from the U. S. Department of Education (USDE) dated June 14, 2006 indicated that the institution was approved for ten years through March 31, 2012. The Greenville off-campus location was also approved by USDE. The institution will shortly be in the process of seeking reauthorization. Documentation provided from the USDE included the Eligibility and Certification Approval Report; Fiscal Operations Report, Application to Participate; Program Participation Agreement; Reauthorization; and Default Rate Calculation. The Financial Aid Office website was also included. The most current default rate was 3.7% for 2008 with the highest rate year being in 2007 with a rate of 5.1%.

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

### 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 complete 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.*