Dr. John T. Casteen, III  
President  
University of Virginia  
PO Box 400224, Madison Hall  
Charlottesville, VA 22904-4224

Dear Dr. Casteen:

Thank you again for the hospitality and helpfulness extended to the Reaffirmation Committee during its recent visit to the University of Virginia on March 20-22, 2007. Enclosed is the final report prepared by the Committee.

The report represents the professional judgment of the Reaffirmation Committee made in accordance with the Principles of Accreditation: Foundations for Quality Enhancement and subject to review by the Commission on Colleges and its standing review committees—the Committees on Compliance and Reports. Some parts of the report are directly related to the requirements of the Principles, while others may represent advisory comments offered by the visiting committee in a spirit of helpfulness. A formal recommendation is included when a visiting committee judges that the institution does not comply with principles stated in Section 1, or all or part of a Core Requirement or a Comprehensive Standard stated in Sections 2-4. All recommendations included in a visiting committee report have been adopted by the total committee and require an institutional response.

The Commission on Colleges and its Committees on Compliance and Reports meet officially in June and in December. Final decisions on accreditation are made public following each meeting. The report of the committee which visited your institution will be reviewed in December 2007. For that meeting, you should prepare a written statement of your responses to the recommendations contained in the Committee's report. Guidelines for the response are enclosed and it is critical that they be followed when developing your institutional response.

Please submit five copies of your written response to my attention at the office of the Commission on Colleges on or before Tuesday, August 21, 2007.

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

Please express my sincere appreciation to all members of your faculty and staff for their cooperation and assistance during the review process. As you develop your responses to the report, please feel free to call upon me if I can be of any assistance.

Take care and peace be with you.

Sincerely,

Joseph H. Silver, Sr.
Vice President
Commission on Colleges

JHS: cp

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

REPORTS SUBMITTED FOR COMMITTEE OR COMMISSION REVIEW

- Policy Statement -

Institutions accredited by the Commission on Colleges are requested to submit various reports to an evaluation committee or to the Commission for review. Those reports include:

A Focused Report
Response Report to the Visiting Committee
Monitoring Report
Fifth-Year Interim Report
The Impact Report of the Quality Enhancement Plan on Student Learning

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

Information Pertaining to the Preparation of All Reports

Preparation of a Title Page

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

1. Name of the institution
2. Address of the institution
3. Dates of the committee visit
4. The kind of report submitted
5. Name, title, and contact numbers of person(s) preparing the report

Presentation of Reports

For any report requested, an institution should

1. Copy all documents front and back, double-space the copy, and use no less than an 11 point font.

2. If the report requires binding beyond stapling, do not submit the report in a three-ring binder. Ring binders are bulky and must be removed before mailing to the readers.

3. Provide a clear, complete, and concise report. If documentation is required, ensure that it is appropriate to demonstrating fulfillment of the requirement. Specify actions that have been taken and, when possible, document their completion.
4. When possible, excerpt passages from text and incorporate the narrative into the report instead of sending an entire document. Provide definitive evidence, not documents that only address the process (e.g., do not include copies of letters or memos with directives).

5. Specify actions that have been taken and provide documentation that such actions have been completed. Avoid vague responses indicating that the institution plans to address a problem in the future. If any actions remain to be accomplished, the institution should present an action plan, a schedule for accomplishing the plan, and evidence of commitment of resources for accomplishing the plan.

6. When possible and appropriate, provide samples of evidence of compliance rather than all documents pertaining to all activities associated with compliance.

7. Reread the report before submission and eliminate all narrative that is not relevant to the focus of the report.

The Focused Report

Definition: A Focused Report addresses the findings of the Off-Site Review Committee. It provides updated or additional documentation regarding the institution's compliance with the Core Requirements, Comprehensive Standards, or Federal Requirements identified by the Off-Site Committee. Although it is optional that an institution prepare such a report, the Commission strongly encourages its submission.

Audience: The Focused Report is reviewed by the On-Site Review Committee and Commission staff.

Report Presentation: The narrative should focus on the areas identified by the Off-Site Review Committee. Repeat the findings of the Off-Site Committee, provide a narrative that leads the reader to a judgment of compliance, and provide documentation in support of the judgment. The report usually should not exceed three pages of narrative per citation, not including supporting documentation. Two print copies of the Focused Report should be submitted to Commission staff. Copies sent to the On-Site Review Committee may be print or electronic.

Due Date: The Focused Report is sent to the On-Site Review Committee and Commission office four to six weeks in advance of the Committee's visit to campus.

Number of Copies: One for each member of the On-Site Review Committee and two for the Commission staff member.

Response to the Visiting Committee Report

Definition: A Response Report addresses the findings of a visiting committee. It provides updated or additional documentation regarding the institution's compliance with the Principles of Accreditation.

Audience: The Response Report, along with the Committee Report and other documents, is reviewed by the Commission on Colleges and is subject to the review procedures of the Commission's standing committees, including the continuation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

Report Presentation: Structure the response so that it addresses committee recommendations in the order that they appear in the report. Tabs should separate each response to a recommendation.
For each recommendation, provide the number of the Core Requirement, Comprehensive Standard, or Federal Requirement and state the recommendation exactly as it appears in the visiting committee report. Describe the committee's concerns that led to the recommendation by either summarizing the concerns or inserting verbatim the complete narrative in the report pertaining to the recommendation. Provide a response with documentation.

Due Date: The Response Report is due on the day indicated in the transmittal letter from Commission staff accompanying the visiting committee report.

Number of Copies: See the transmittal letter from Commission staff accompanying the visiting committee report.

**Monitoring Report**

**Definition:** A Monitoring Report addresses recommendations and continued concerns of compliance usually identified by the Committee on Compliance and Reports or the Executive Council. It usually follows the C & R Committee's review of an institution's response to a visiting committee report. The maximum period for submitting Monitoring Reports is two years.

**Audience:** The Monitoring Report is reviewed by the Commission on Colleges and is subject to the review procedures of the Commission's standing committees, including the continuation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

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

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

**Due Date:** The Monitoring Report is due on the date specified in the Commission President's notification letter. Requests for extensions to the date must be made to the President of the Commission two weeks in advance of the original due date. (See Commission policy "Deadlines for Submitting Reports.")

**Number of Copies:** See the letter from the President of the Commission requesting the Monitoring Report.

**Fifth-Year Interim Report**

**Definition:** A Fifth-Year Interim Report, submitted five years prior to the institution's next decennial review, requires an institution to complete (1) a mini-compliance certification that addresses all Federal requirements that are integrated in Sections 1-3 and are listed in Section 4 of the Principles, (2) an Impact Report on the Quality Enhancement Plan, (3) an abbreviated Institutional Summary Form Prepared for Commission Reviews, and, where applicable, (4) a report on off-campus sites initiated since the institution's previous reaffirmation but not
reviewed, and/or a report on issues identified at the completion of the institution's last review that required monitoring for verification of continued compliance. All institutions are requested to submit a report addressing items 1 thru 3 above. In addition, some institutions will be requested to submit information on one or both areas identified in item 4.

**Audience:**
The Fifth-Year Interim Report is reviewed by the Commission on Colleges and is subject to the review procedures of the Commission's standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation:**
The institution should follow the directions on the Report form.

**Due Date:**
The Fifth-Year Interim Report is due on the date specified in the Commission President's notification letter.

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

**Impact Report of the Quality Enhancement Plan (QEP) on Student Learning**

**Definition:**
The Impact Report, submitted five years prior to the institution's next decennial review, is a report demonstrating the extent to which the QEP has affected outcomes related to student learning. It is part of the institution's Fifth-Year Interim Report.

**Audience:**
The Impact Report is reviewed by the Commission on Colleges as part of the Fifth-Year Interim Report and is subject to the review procedures of the Commission's standing committees, including the initiation of a monitoring period, the imposition of a sanction, or a change of accreditation status.

**Report Presentation:**
When preparing the report, the following should be included in the narrative: (1) a brief description of the institution, including a description of its current mission and its geographic service area, a description of the composition of the student population and enrollment, governance structure, summary of academic programs offered, and a description of any unusual or distinctive features of the institution; (2) the title and a brief description of the institution's Quality Enhancement Plan as initially presented; (3) a succinct list of the initial goals and intended outcomes of the QEP; (4) a discussion of significant changes made to the QEP and the reasons for making those changes; and (5) a description of the QEP's direct impact on student learning including the achievement of goals and outcomes as outlined in item three above, and unanticipated outcomes of the QEP, if any.

The report should not exceed ten pages, including narrative and appendices.

**Due Date:**
The Impact Report is part of the institution's Fifth-Year Interim Report and is due five years prior to the institution's next decennial review. The institution will be notified by the President of the Commission regarding the specific due date.

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

*Edited and Revised for the Principles of Accreditation: December 2003
Updated: January 2007*
Commission on Colleges
Southern Association of Colleges and Schools

REPORT OF THE REAFFIRMATION COMMITTEE

Statement Regarding the Report

The 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 Commission on Colleges.

Name of the Institution: University of Virginia

Date of the Review: March 20-21, 2007

COC Staff Member: Dr. Joseph H. Silver, Sr.

Chair of the Committee (name, title, institution, city and state):

Dr. Robert E. Witt, President
The University of Alabama
Tuscaloosa, Alabama
Part I. Overview and Introduction to the Institution

The University of Virginia was founded in 1819 and enrolled its first class in 1825. The University’s values, goals, and perspective were significantly influenced by its founder, Thomas Jefferson. Today, the University enrolls 20,397 students in over 190 undergraduate, masters, and doctoral programs.

Undergraduates constitute 66% of a diverse student body. Approximately 69% of UVA undergraduates are Virginia residents.

The University’s 2006-2007 operating budget for the academic division is $1,098,086,000, which supports 2,102 full-time faculty and over 5,600 staff members. In 2005-2006, the University generated over $280,000,000 in external research support.

The University is located in Charlottesville on a campus internationally recognized for its design and beauty.

The purpose of this site visit is to prepare a recommendation on the reaffirmation of UVA’s accreditation.

Part II. Assessment of Compliance

Sections A thru E to be completed by the Off-Site Review Committee and the On-Site Review Committee.

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.)

_x_ Compliance
___ Non-Compliance

Comment:

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)

_x_ Compliance
___ Non-Compliance

2

MARCH 2007
Comment: The institution has degree-granting authority from the Virginia General Assembly as provided by the Code of Virginia, Title 23-76. The Board of Visitors has the plenary authority to govern the institution per the Code of Virginia. The institution has awarded degrees since 1828.

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)

X Compliance
--- Non-Compliance

Comment: The institution is governed by a sixteen-member board appointed by the governor for staggered four-year terms per the Code of Virginia, Title 23-70. Plenary authority over the governance of the institution is vested in the Board of Visitors, including all powers given to corporations generally by the Commonwealth’s corporate laws (COV 23-76, COV 23-69). The institution was created as a public corporation in 1819 through COV Title 23, ch.9. Specific responsibilities of the Board of Visitors are enumerated in Section 2.4 of the Manual of the Board of Visitors and include policy-making, securing financial resources, and selecting the President. Examples of the exercise of those responsibilities are reflected in minutes of Board meetings.

Appointments to the sixteen-member Board of Visitors are made by the Governor of the Commonwealth at the rate of four per year. By virtue of the provision for a single four-year term as Governor, the Board is composed by appointments from more than one Governor. By COV 23-72, Board members can serve no more than two consecutive terms. Business of the institution conducted by the Board must be done so in full public disclosure and in compliance with the Virginia Freedom of Information Act (COV 2.2-3700-2.2-3714). The Manual of the Board of
Visitors requires a minimum of one annual meeting per year and such other regular meetings as the Board may determine (generally three).

Board members are prohibited by the Code of Virginia from engaging in any contractual, employment, personal or familial interest in the institution. As a public corporation, its financial and contractual affairs are governed by state law (COV 23-69, -76,76.1). Board members are subject to the State’s conflict of interest statute, COV 2.2, ch.31, and are required to complete and file annual disclosures forms. (COV 2.2-3114).

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)

X Compliance
___ Non-Compliance

Comment: The Code of Virginia grants “supreme administrative direction under the authority of the board over all the schools, colleges, and branches of the University” to the president of the institution. Specific responsibilities of the president are listed in Section 4.22 of the Manual of the Board of Visitors including the creation of an internal administrative structure, general operation, personnel management, financial oversight, and other duties as assigned by the Board. The presiding officer of the Board of Visitors is the Rector, who is elected by the Board for a two-year term, along with a Vice Rector. The Virginia Code prohibits the Rector from holding “any other office or position with the institution on the board of which he is serving (COV 2.2-2806).” Assuming the prohibition is not gender specific, the president of the institution would not be legally eligible to serve as the presiding officer of the governing board.

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)

X Compliance
___ Non-Compliance

Comment: The institution’s mission statement is clear and well defined. The Statement of Purpose and accompanying goals directly address teaching, research, and public service and specify how these objectives are carried out in the context of a large public research institution. The mission statement is published in a variety of paper and online publications, including catalogs, handbooks, and in various locations on the University’s website.
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)

_x_ Compliance  
___ Non-Compliance

Comment: The Off-Site Committee recognized the institution's broad-based planning, linked to its mission, and based on a comprehensive evaluation of the institution's strengths and weaknesses. A recommendation was made, however, that the On-site Committee confirm that these planning processes result in continuous improvement.

Based on the institution's Focused Report and on information contained in the institution's Assessment-Based Improvement Matrix, the On-Site Committee is satisfied that the institution uses results to improve policies, practices and programs. Thus, the On-site Committee determines that the institution is in compliance with Core Requirement 2.5.

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

_x_ Compliance  
___ Non-Compliance

Comment: The institution is in operation and enrolled 19,709 students in the 2005 fall term. All degree programs for undergraduates are clearly outlined in the Undergraduate Record and all degree programs for graduate students are listed in the Graduate Record. In 2004-05, the institution awarded a total of 5,877 degrees at the undergraduate and graduate levels and in law and medicine. In addition, the institution presented evidence of all degrees awarded at the institution since the 1990-91 academic year in an online Data Digest.

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)

_x_ Compliance  
___ Non-Compliance
Comment: An audit conducted by the University’s Office of Institutional Assessment and Studies has confirmed that all post-baccalaureate graduate and professional degree programs require at least 30 semester credit hours of study. In response to the Off-Site Committee’s finding, this requirement has now been made explicit in the current online version of the Graduate Record and will be incorporated into all future electronic and printed versions of the Graduate Record.

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)

X Compliance

Non-Compliance

Comment: The University offers the breadth of programs one would expect at a flagship institution. New programs are initiated at the departmental level and are subject to review and approval by the Faculty Senate, the UVA Board of Visitors, and the State Council of Higher Education for Virginia. Existing programs are subject to regular review according to published procedures.

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)

X Compliance

Non-Compliance

Comment: The College of Arts and Sciences, the academic home of the majority of Virginia undergraduates, has a clearly defined and appropriate 30-hour general education program, which includes the typical range of requirements in the natural sciences, social sciences and humanities, as well as competency in writing and foreign language. A small program within the College, the Echols Scholars program, does not have specific requirements, but it appears that most students in the program do meet those of the College as a whole, and given that the program
is for select, highly motivated students, it would be highly unusual for its graduates not to have a firm grounding across the breadth of academic disciplines.

Other schools enrolling undergraduates (Nursing, Architecture, Engineering and others) have their own general education requirements. In every case, it appears that students will complete an appropriate suite of these courses.

2.7.4 The institution provides instruction for all coursework 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 coursework 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.") *(Coursework for Degrees)*

**X** Compliance

__ Non-Compliance

Comment: Review of the undergraduate and graduate catalogs confirms that the institution offers at least one full degree at each level at which it is accredited. The institution controls all aspects of its educational programs leading to certificates, undergraduate, master, and doctoral degrees. Transfer hours are accepted according to University policies.

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)*

**X** Compliance

__ Non-Compliance

Comment: The institution provides evidence of an adequate number of full-time faculty members to support its mission and to ensure the quality of its programs. Full-time faculty members generated 80 percent or more of the student credit hours for the 2005-2006 Academic Year. During the 2005-2006 Academic Year, the ratio of full-time equivalent students to full-time equivalent instructional faculty (including graduate and professional) was 10.2. In 2005, half of the classes enrolled 20 or fewer students, and only 16 percent enrolled 50 students or more.

The institution has a sufficient number of qualified faculty to support its graduate and professional programs. The institution has policies and processes to ensure that faculty are qualified academically and capable of offering quality academic programs. Additionally, the formal university program review process monitors...
the qualifications, productivity, and strengths of the faculty in addition to its programmatic review emphasis.

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)

x Compliance
Non-Compliance

Comment: The University of Virginia has library/learning resources adequate to support the degrees offered. As of June 30, 2005, the UVA Library System’s printed collections contained 5,053,162 printed volumes, 53,370 serial subscriptions, 5,541,742 microforms, 151,461 maps, 676,334 government documents, and 17,013,606 manuscript items. The Library System’s non-print materials included 465,037 slides, photographs, and other graphic materials; 65,043 sound recordings, 29,667 film and video materials, and 264,989 digital objects. Expenditures for the Library System’s collections during the 2005 fiscal year were more than $10 million. For the 2004 fiscal year, the University ranked 24th among 113 universities in the Association of Research Libraries (ARL), 41st in volumes added, 18th in serial subscriptions, 33rd in microform units, 21st in government documents, and 39th in expenditures for collections.

UVA supplements its library collections through collaborative associations with other institutions. UVA is a member of The Virtual Library of Virginia that provides access to digital resources, including journals, reference sources, and citation/indexing/abstracting databases. The University also participates in ad hoc collaborations with other college and university libraries in Virginia to purchase access to high-impact and expensive materials, such as Elsevier’s Science Direct and GeoRef.

A collections group is responsible for the development of collections in all formats; materials fund allocation and management and coordination of selectors. More than thirty subject librarians manage over 300 funds accounting for 70 percent of the collections budget. The subject librarians serve as liaisons to academic departments and programs. Subject librarians work with faculty and students to obtain library resources that meet their curricular and research needs. The Library maintains, on its web pages, subject guides, relevant to each academic department, that identify digital, print, and non-print resources located at the University and elsewhere.

Assessment activities are used to determine the adequacy of library/learning resources. Assessment activities include: reviews of user needs, as indicated through user requests; interactions between the various schools and the library’s departmental liaisons; reviews of the University’s academic programs and
services; reviews of course curricula by the library’s subject area specialists; and
reviews of use statistics required by the ARL Standards for Libraries in Higher
Education. An annual review of library collections, collection size, number and
types of resources, and expenditures is prepared as part of each university budget
cycle. One goal established as part of assessment activities was met by
determining that between 50 and 60 percent of newly cataloged books would
circulate within two years.

The UVA Libraries won the 2005 “Excellence in Academic Libraries Award,”
given annually by the Association of College and Research Libraries. According
to the compliance certification, the award is to recognize “academic librarians and
staff who work together as a team to develop an academic library that is
outstanding in furthering the educational mission of its parent institution.”

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)

_x_ Compliance

_non-Compliance_

Comment: The institution has provided a comprehensive outline of student
support programs, services and activities that comprise what the institution
defines as “The Student Experience.” The institution addresses the total
development of students, ensures that students experience diversity in all corners
of the institution, and strives to provide students with multiple opportunities to
participate in the affairs of the institution. A report entitled The Student
Experience 2020 outlines how students participate in institutional self-
governance, how the institution encourages student participation in public service,
how the residential experience integrates living and learning, how the institution
is committed to diversity and student learning from multiple perspectives, and
how the institution is at the forefront of addressing health and wellness issues
facing students. In addition to experiences for undergraduate students, the
institution has demonstrated an equal commitment to the success of students in
graduate programs and professional studies. The institution also demonstrated
that it is committed to the assessment of these programs, services and activities
and has provided examples of how this information is used to enhance the quality
of these opportunities.

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

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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)

_ x_ Compliance
___ Non-Compliance

Comment: The University received an unqualified opinion on its institutional
audit for fiscal year 2005-2006 conducted by the Virginia Auditor of Public
Accounts and issued on November 3, 2006. The auditor’s report also indicated
that there were no material weaknesses of internal controls identified, nor were
there any instances of non-compliance or other reportable issues. The
management letter did identify an immaterial internal control matter related to
student system access procedures for which the University has implemented
corrective action.

The University provided 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.

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)

_ x_ Compliance
___ Non-Compliance

Comment:

2.12 The institution has developed an acceptable Quality Enhancement Plan (QEP) that
(1) includes a broad-based institutional process identifying key issues emerging
from institutional assessment, (2) focuses on learning outcomes and/or the
environment supporting student learning and accomplishing the mission of the
institution, (3) demonstrates institutional capability for the initiation,
implementation, and completion of the QEP, (4) includes broad-based
involvement of institutional constituencies in the development and proposed
implementation of the QEP, and (5) identifies goals and a plan to assess their
achievement. (Quality Enhancement Plan)

_ x_ Compliance
___ Non-Compliance
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).

   _X_ Compliance
   ____ Non-Compliance

Comment:

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)

   _X_ Compliance
   ____ Non-Compliance

Comment:

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;
3.2.2.2 the fiscal stability of the institution;
3.2.2.3 institutional policy, including policies concerning related and affiliated corporate entities and all auxiliary services;
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.

   _X_ Compliance
   ____ Non-Compliance

Comment:

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

   _X_ Compliance
   ____ Non-Compliance

Comment:
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
- Non-Compliance

Comment:

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
- Non-Compliance

Comment:

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

- Compliance
- Non-Compliance

Comment:

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

- Compliance
- Non-Compliance

Comment:

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

   ✔ Compliance
   ___ Non-Compliance

Comment:

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

   ✔ Compliance
   ___ Non-Compliance

Comment:

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

   ✔ Compliance
   ___ Non-Compliance

Comment:

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).

   ✔ Compliance
   ___ Non-Compliance

Comment:

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)

   ✔ Compliance
   ___ Non-Compliance
Comment:

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
- Non-Compliance

Comment:

3.3.1 The institution identifies expected outcomes for its educational programs *(including student learning outcomes for educational programs)* and its administrative and educational support services, assesses whether it achieves these outcomes, and provides evidence of improvement based on analysis of those results. **(Institutional effectiveness)**

- Compliance
- Non-Compliance

Comment: The Off-Site Committee noted that the institution provided evidence of recent efforts to systematize assessment plans and the use of assessment results for improvement in academic units. Citing information provided in the University’s WEAVEonline system, the committee noted that data collection efforts were to be implemented in 2006-07 and, therefore, there were no findings or reports on how results of assessment were used for improvements. Thus, the Off-Site Committee asked that the On-Site committee confirm that the institution has evidence of improvement based on the analysis of results of assessment activities.

The On-site committee reviewed not only WEAVEonline but also the information provided in the *Assessment-Based Improvement Matrix*. That matrix describes assessment work and the use of assessment results in both academic and non-academic areas of the University. In addition to that information, the institution provided an extensive summary, with many examples, of how assessment of academic programs and non-academic programs has resulted in improvement.

The assessment of student learning outcomes has been an ongoing activity, especially for those programs associated with external accrediting agencies, for many years. While the type of assessments has varied in quality, there is evidence that the results of assessment have been used to make improvements. In addition to the previously mentioned work associated with external accrediting agencies, the institution’s Program Review process requires the inclusion of reporting on student learning outcomes and the use of the results for improvement.
The Off-Site Committee’s concerns regarding the information based primarily on what was found in the WEAVEonline system were accurate, but reflect only relatively new efforts of the University to improve the assessment process. The information provided to the On-Site Committee provides sufficient documentation of prior assessment efforts, and of the use of assessment to make improvements in programs, to allow for a judgment that the institution is in compliance with Comprehensive Standard 3.3.1.

Having reached the decision that the institution is in compliance, we feel it is important to encourage the University to continue its efforts at strengthening the assessment program, as evidenced by information being assembled in the WEAVEonline system. Also, examination of the University’s website for assessment activities, as well as documentation of the organization of assessment activities provided on campus during our visit, indicates that the institution is committed to the assessment process and to making decisions for improvement using this information. It will be important that, even though the institution is judged in compliance with Comprehensive Standard 3.3.1, the institution continue its efforts to continually improve and refine the way that assessment, especially assessment of student learning outcomes, takes place on campus.

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)

   _x_ Compliance
   ___ Non-Compliance

   Comment:

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

   _x_ Compliance
   ___ Non-Compliance

   Comment:

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

   _x_ Compliance
   ___ Non-Compliance

   Comment:
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 coursework 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 coursework or credit recorded on the institution’s transcript. (Acceptance of academic credit)

- Compliance
- Non-Compliance

Comment:

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
- Non-Compliance

Comment:

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
- Non-Compliance

Comment:

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)

- Compliance
- Non-Compliance

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

- Compliance
- Non-Compliance

Comment:

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

- Compliance
- Non-Compliance

Comment:

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

- Compliance
- Non-Compliance

Comment: The faculty at UVA have primary responsibility for curricular matters. The process of initiating new courses, making changes to existing courses, and organizing/creating courses for a new major includes the full input of the faculty at the departmental level, as clearly outlined in each school’s protocol for proposal submission. Each school has a curriculum reviewing body, consisting of faculty from different areas of the given school, which must approve the current curricular changes prior to being submitted to the Faculty Senate. These procedures appear to be published such that no questions may be raised about approval of curricula in given units. A significant strength of the approval process appears to be that a review of the course syllabus takes place to ensure course compatibility of the new/revised course with the goals of each discipline.

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)*

- Compliance
- Non-Compliance

Comment: Each program is required to have a faculty coordinator. A list of all undergraduate and graduate coordinators has been provided; with a single
exception, all possess terminal degrees. In a few cases, the degree is from a related discipline, however, the alternative qualifications of all of these exceptions are well documented.

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
☐ Non-Compliance

Comment: The University has a program to ensure that most classroom instructors have access to instructional technology. Wireless network access is available in classrooms and instructional spaces plus many public areas on campus. The University defines and assesses computer competency through its core competency assessment program. Every two years the University assesses competency of undergraduates in two of the six competency areas.

Instructional media production support is provided to faculty, students, researchers, and staff by the Department of Information Technology and Communication (ITC) led by the Vice President and Chief Information Officer. This vice president is a member of the President’s Cabinet and reports to the University’s Executive Vice President and Chief Operating Officer. The ITC Training Service Group addresses faculty instructional needs and skills development. Students have access to ITC resources including drop-in assistance, tutoring, and seminars. A Help Desk is available 45 hours per week.

The University has established Instructional Toolkit as its electronic course management system. Faculty members have convenient access and use has become nearly universal. In fall 2005, faculty used the Instructional Toolkit in about 4,400 courses (approximately 84 percent of courses offered). ITC offers brief training sessions to assist instructors in the Instructional Toolkit’s use. Instructional Toolkit is administered and supported by the ITC Instructional Technology Group, which also provides additional resources and training for faculty. Training ranges from one-on-one consultation to brief training sessions and workshops on use of Instructional Toolkit features.

Students and faculty in all units use computers, the internet, and special software applications. Each program expects all students to have basic computer literacy, including the ability to communicate via e-mail, to access web resources, to create word processing documents and presentations, and to manipulate data in spreadsheets.

3.5.1 The institution identifies college-level competencies within the general education core and provides evidence that graduates have attained those competencies. (College-level competencies)
Compliance

Comment:

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).

Compliance

Comment:

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

Comment: As noted above (2.7.3), guidelines for general education programs are established in each individual school enrolling undergraduates and are generally completed in the first two years of study. These requirements are published in the Undergraduate Record. Course content is approved at all appropriate levels within the institution and is externally validated as part of the program review process. In addition, departmental assessment plans (see 3.3.1) incorporate elements of the general education program into desired student learning outcomes. Where appropriate, requirements are also reviewed by disciplinary accrediting bodies.

Requirements for the general education core are published extensively. In addition to being defined in the Undergraduate Record, they are also reported in documentation for given majors. Likewise, the major requirements for both undergraduate and graduate programs are outlined in the respective catalogs. In all cases, the requirements—both general education and major program requirements, including graduate/professional degrees—meet the standards of commonly accepted courses for the degree sought.

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)
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)

_X_ Compliance  
___ Non-Compliance

Comment:

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)

_X_ Compliance  
___ Non-Compliance

Comment:

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)

_X_ Compliance  
___ Non-Compliance

Comment:

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)

_X_ Compliance  
___ Non-Compliance
Comment: The major requirements for both undergraduate and graduate programs are outlined in the respective catalogs. In all cases, the requirements—both general education and major program requirements, including graduate/professional degrees—meet the standards of commonly accepted courses for the degree sought.

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)

_x_ Compliance
___ Non-Compliance

Comment:

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)

_x_ Compliance
___ Non-Compliance

Comment:

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

_x_ Compliance
___ Non-Compliance

Comment:

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

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

_____ Compliance
_____ Non-Compliance

Comment:

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
_____ Non-Compliance

Comment:

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
_____ Non-Compliance

Comment:

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
_____ Non-Compliance

Comment: A review has indicated that the University provides a sufficient number of qualified staff with appropriate degrees and/or experience in library administration and/or other learning/information resource areas to accomplish the mission of the institution.
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)

  x  Compliance
  ___ Non-Compliance

  Comment:

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).

  x  Compliance
  ___ Non-Compliance

  Comment: The institution provides evidence that it protects the security, confidentiality, and integrity of its student academic records. The institution follows FERPA guidelines, other regulations from the Department of Education, and requirements outlined in the State Code that govern both paper and electronic records. All admissions, financial, financial aid, and academic information for students are contained in one integrated database known as the Integrated Student Information System. The institution also maintains an Information Warehouse that contains copies of the same stored data. Both of these databases are under the purview of the Registrar. The institution provides guidelines to faculty, staff and others on maintaining the privacy and security of academic records. Data not stored electronically are stored on “strip” files at an off-site location managed by the institution’s central information technology office. Access to strip file data and to older academic records on microfilm is also managed by the Registrar. In addition, the institution maintains other policies designed to protect the security, confidentiality and integrity of student records. These include an institutional policy on “Protecting Privacy Rights of Students,” an “Administrative Date Access Policy,” an institutional “Computer Usage Policy,” and an “Electronic Access Agreement.”

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

  x  Compliance
  ___ Non-Compliance

  Comment:

3.10.1 The institution’s recent financial history demonstrates financial stability. (Financial stability)
Compliance
Non-Compliance

Comment:

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
Non-Compliance

Comment:

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

Compliance
Non-Compliance

Comment:

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

Compliance
Non-Compliance

Comment:

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

Compliance
Non-Compliance

Comment:

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

Compliance
Non-Compliance
Comment: The committee’s review confirms that the institution exercises appropriate control over all of its financial and physical resources. The institution has up-to-date policies and procedures that adequately addresses the control of financial resources. It also has a fully functioning internal audit department as well as a property office that maintains and confirms physical inventories on a regular basis. The Risk Management Office ensures that the University manages its risk efficiently and effectively.

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
- Non-Compliance

Comment: The committee’s review confirms that the institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community. The Office of Environmental Health and Safety has experience in hazardous waste management, biological safety, radiation safety, industrial hygiene, fire and life safety and indoor air quality including asbestos. The institution also has a fully functioning police department as well as a Crisis Management Plan and published emergency procedures.

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)

- Compliance
- Non-Compliance

Comment: The committee’s review confirms that the institution operates and maintains its physical facilities and they are adequate to serve the needs of the institution. The institution has a Campus Master Plan that is updated as needed with a comprehensive review every five years with appropriate input from all interested parties. The Physical Facilities Office maintains preventative maintenance schedules and a deferred maintenance list that is regularly reviewed. The University has adopted a policy of additional funding to help meet the deferred maintenance backlog.

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
_x__ Non-Compliance

Comment: The University notified the Commission in its focused report that (a) it is offering its Bachelor of Interdisciplinary Studies (BIS) program at Tidewater Community College, (b) it is offering 60% of the coursework for its M.S. in Management of Information Technology program at the Bechtel Center in Reston, and (c) that it is offering 100% of the curriculum of two tracks of its M.S. in Nursing Program online. However, the University has not formally requested approval under the substantive change policy.

President Casteen has affirmed his belief in and commitment to the substantive change approval process and has indicated that the programs cited above would be submitted to the Commission in time for approval in June 2007.

Recommendation: The Committee recommends that the programs cited above be submitted to the Commission for review and approval.

3.13.1 The institution complies with the policies of the Commission on Colleges. (Policy compliance)
(Note: This requirement is not addressed by the institution in its Compliance Certification.)

Comment: The Committee finds no evidence of non-compliance.

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)

_x__ Compliance
__ Non-Compliance

Comment: The University of Virginia consistently and accurately publishes the name of its primary accreditor, the Commission on Colleges of the Southern Association of Colleges and Schools, along with the accreditor’s address and telephone number in print and online catalogs. In the Undergraduate Record and the Graduate Record, the information appears in an introductory section on the University under a subheading: Accreditation.

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)
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
☐ Non-Compliance

Comment:

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

☐ Compliance
☐ Non-Compliance

Comment:

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

☐ Compliance
☐ Non-Compliance

Comment:

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
☐ Non-Compliance

Comment:

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

☐ Compliance
Non-Compliance

Comment:

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
Non-Compliance

Comment: In response to the concern raised by the Off-Site Committee, the University of Virginia will require that all future online and printed catalogues will note that inquiries to SACS should pertain only to accreditation issues.

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 Review Committee.

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

The University of Virginia has selected “Enhancing Student-Faculty Engagement” as its Quality Enhancement Plan’s focus. The QEP addresses the need to expand the University’s current efforts in support of student learning by “creating new opportunities for student-faculty engagement” based on the premise that rich and diverse student-faculty engagement is conducive to student learning. The plan is based on extensive discussions within the University community as well as evidence from recent assessments and a review of the current literature on student learning.

The QEP is designed to build on recent and significant strategic planning efforts by focusing on increased student engagement in the University community. This commitment gives full recognition to the fact that students are “partners in the learning process.” To accomplish this objective, the University has identified three primary initiatives each of which entails a number of specific action steps. The initiatives are to:

1. Create more opportunities for student-faculty interaction,

2. Improve the quality of student-faculty interactions,

3. Strengthen systems to develop and communicate opportunities.

B. Analysis of the Acceptability of the Quality Enhancement Plan

1. **Focus of the Plan.** The plan is divided among seven major initiatives to increase the quality and quantity of student-faculty interactions. Student-faculty interaction in itself is not a learning outcome, but it is related to improvements in a set of 27 learning outcomes articulated in the plan (pp. 36-41), including student abilities to review and critique each other’s work, lead peers fairly and effectively, demonstrate confidence in their ability to understand and conduct research, analyze data collected and clearly articulate their findings, demonstrate commitment and motivation to learn through personal involvement in creating knowledge through research, and a variety of other outcomes. The plan links together improvement across this array of student learning outcomes to improved student-faculty interactions. In this sense, a wide range of student learning outcomes that appear quite diffuse are placed under the umbrella of a delivery process: their close interaction with faculty members. The extent to which this focus is acceptable in many ways is related to the institution’s capacity to measure the outcomes of increased student-faculty interactions across the 27 learning outcomes articulated, rather than simply the increase in the number and quality of student-faculty interactions overall (see B.3 below).
There are two objectives ("Create Student Academic Affairs Standing Committee" and "Develop Awareness Campaigns") within the QEP which do not identify student learning outcomes, but are seen as critical to the successful implementation of the plan.

Recommendation: Specific student learning outcomes should be defined for each objective of the QEP. Objectives which do not lend themselves to clear student learning outcomes should be characterized as management requirements for the plan, rather than objectives of the work.

2. *Institutional Capability for the Initiation and Continuation of the Plan.* The institution has allocated $3,540,241 over five years to implement this plan. In the first year (2007-08), $654,500 would be allocated to implement the plan (p. 46), which represents about 0.006% of the 2006-07 projected budget of $1.069 billion (p. 44). This level of budgetary impact appears negligible and certainly should be sustainable for the long-term.

Leadership and responsibility for overall implementation of the plan lies with the Office of the Vice President and Provost, although a variety of other institutional units have responsibility for implementation of various portions of the plan. This dispersion of responsibilities, particularly those associated with assessment activities, will call for additional training and enhanced coordination, as well as increased funding, at the unit level. The resources associated with these activities are not currently articulated in the plan.

Recommendation: Training and financial resources available for assessment of student learning outcomes at the unit level should be more clearly identified in the QEP.

An additional challenge in the complete implementation of the Plan may lie in the wide range of initiatives. The seven major initiatives listed cross a number of institutional boundaries and require the participation and cooperation of multiple constituencies. This involvement of faculty, staff, and students constitutes appropriate broad-based campus involvement for a QEP. However, the wide range of disparate activities may lend itself to a prioritization of these items and defer implementation of the elements of the plan that are more difficult to realize, such as the broad database of faculty research interests, requiring continual updating by a revolving population of students. Additionally, expansion of the Center for Undergraduate Excellence in order to serve hundreds of students a year, and to "touch the lives of nearly all undergraduate students at some point during their time at UVA" (p. 28), may appear overly ambitious and might benefit from a more quantified set of targets for undergraduate contacts.

3. *Assessment of the Plan.* A variety of assessment strategies are articulated in the Plan, using multiple measures to track progress on inputs (first year survey), processes (number of course sections, dollars spent, NSSE student-faculty interaction index), and outcomes (assessment of writing and critical thinking core
competencies). The NSSE Student-Faculty Interaction index should provide a broad-based campus-wide measure to determine whether the planned initiatives increase the number of and quality of interactions that students have with faculty members.

In a number of areas, especially outcome metrics, these measures or indicators have yet to be developed. Perhaps most importantly, the research competency referenced on p. 36-37 has not been articulated nor metrics established. The centrality of students’ participation in research with faculty and their development of research skills to the QEP suggest that direct measurement of the development of these competencies would seem to be necessary to demonstrate how well the plan is working. In addition, the more specific objectives for student learning outcomes listed in the matrix would benefit from direct measurement by faculty members or other qualified professionals rather than just by students’ self assessment on first- and fourth-year surveys that will first be administered in 2008-09 to establish baselines. Such measurement of learning outcomes at this level would seem to be necessary to use the evaluation findings to improve student learning, not simply the level of interactions. In any case, it would make sense to establish survey baselines earlier — at least in 2007-08 — to precede implementation of the plan as much as possible.

4. **Broad-based Involvement of the Community.** Development of the plan involved a broad cross-section of the UVA community. Groups involved in development of the plan are listed on pp. 12 ff. and include the senior leadership, the Dean’s Council, the Faculty Senate Executive Council, the Faculty Senate planning and development committee, the full Faculty Senate (updates by the Provost), student leaders from a variety of student groups, student committee representatives, student focus groups, and student involvement on search committees.

Development of the plan also involved review of student and alumni surveys, work of the Board of Visitors and its Educational Policy Committee, the UVA Families group, and University planning documents. Local leaders in the immediate community outside of UVA, in business, industry, and government, are not referenced in this development, although they may be valuable allies to include, especially in the internship initiative specified on p. 26

C. **Analysis and Comments for Strengthening the QEP**

UVA’s QEP should be strengthened by focusing more on the assessment of learning outcome and achievement measures. Student-faculty interactions are the means by which student learning will be promoted, but in the end, it is the knowledge, skills, abilities, and values that students develop from these interactions that are important. Direct measurement of these student outcomes where possible, especially the research competency, are necessary to the development of action plans and more enhanced assessment activities. For example, the UVA’s Faculty Senate calls for “exceptional opportunities for undergraduate research.” In the Assessment Plan, the learning outcomes chart presents a good list of outcomes for students in research but these
outcomes do not clearly speak to students gaining or achieving an “exceptional” experience.

Additionally, the plan would be strengthened by the establishment of the number of undergraduates to be engaged in new ways through these initiatives, whether as a percentage or as a number of individuals. The initiative to increase research grants to 300 by 2011-12, for example, would affect 2.2% of the undergraduate population (assuming enrollment comparable to the 13,401 enrolled in 2005-06). Similarly, the number of current or targeted participants in student-faculty lunch and dinner programs is not specified. Estimated participation in the Leadership Scholars Program and increased internships is not specified.

The initiative for the Center for Undergraduate Excellence to expand services to hundreds of students a year to “touch the lives of nearly all undergraduate students at some point during their time at UVA” deserves more detail in terms of what services undergraduates actually use through the Center.
APPENDIX A

Roster of the On-Site Review Committee

Dr. Robert E. Witt, Chair
President
The University of Alabama

Ms. Susan Brooks
Associate Vice Chancellor for Finance
University of North Carolina – Charlotte

Dr. Cheryl M. Callahan
Associate Vice Chancellor for Student Affairs
University of North Carolina – Greensboro

Dr. Gerard A. Dizinno
Associate Vice Provost for Institutional Research
University of Texas at San Antonio

Dr. Mark E. Workman
Provost & Vice President for Academic Affairs
University of North Florida

Dr. Thomas L. Hallman*
Chancellor
University of South Carolina – Aiken

Dr. Judith L. Smith*
Dean and Vice Provost for Undergraduate Education
University of California at Los Angeles (UCLA)

COC Staff Representative

Dr. Joseph H. Silver, Sr.
Vice President
Commission on Colleges

*QEP Lead Evaluators
APPENDIX B

Off-Campus Sites or Distance Learning Programs Reviewed

None
APPENDIX C

List of Recommendations
Cited in the Report of the Reaffirmation Committee

3.12.1 Recommendation 1:
The Committee recommends that the programs cited above be submitted to the Commission for review and approval.

QEP B1 Recommendation 2:
Specific student learning outcomes should be defined for each objective of the QEP. Objectives which do not lend themselves to clear student learning outcomes should be characterized as management requirements for the plan, rather than objectives of the work.

QEP B2 Recommendation 3:
Training and financial resources available for assessment of student learning outcomes at the unit level should be more clearly identified in the QEP.