



## **PRELIMINARY REPORT OF THE REAFFIRMATION COMMITTEE**

### **Statement Regarding the Report**

*The Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is responsible for making the final determination on reaffirmation of accreditation based on the findings contained in this committee report, the institution's response to issues contained in the report, other assessments relevant to the review, and application of the Commission's policies and procedures. Final interpretation of the Principles of Accreditation and final action on the accreditation status of the institution rest with SACSCOC Board of Trustees.*

**Name of the Institution:**      **Stephen F. Austin State University**

**Date of the Review:**      **November 3 – 4, 2020**

**SACSCOC Staff Member:**      **Dr. Stephanie L. Kirschmann**

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

**Dr. Karla L. Davis-Salazar**  
**Associate Professor of Anthropology**  
**University of South Florida**  
**Tampa, FL 33620**

## Part I. Overview and Introduction to the Institution

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

## Part II. Assessment of Compliance

*Sections 1-14 to be completed by the Off-Site Reaffirmation Committee and the On-Site Reaffirmation Committee. Standards 1.1, 2.1, 3.1, 4.1, 5.1, 6.1, 7.1, 8.1, 9.1, 9.2, 9.3, 11.1, 12.1, 13.1, and 13.2 are Core Requirements; they are formatted in Bold.*

### Section 1: The Principle of Integrity

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**1.1 The institution operates with integrity in all matters.**

*(Integrity) [CR; Off-Site/On-Site Review]*

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

#### **Compliance**

The Off-Site Reaffirmation Committee did not find evidence that the institution does not operate with integrity in all matters.

### Section 2: Mission

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**2.1 The institution has a clearly defined, comprehensive, and published mission specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service.**

*(Institutional mission) [CR]*

#### **Compliance**

The institution has a clear mission that includes teaching, research, scholarship, creative work, and service with an emphasis on teaching and a learner-centered environment. The mission statement is available on the institution's website and in the undergraduate and graduate bulletins. The institution's internship website, study abroad materials, leadership programs, and residential learning committees illustrate how the mission is carried out. The institutional vision statement within the strategic plan supports the mission.

### **Section 3: Basic Eligibility Standard**

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**3.1 An institution seeking to gain or maintain accredited status**

[Note: A member institution is not required to provide a comprehensive narrative and supporting documentation for the standards in Section 3 unless something has changed since its last comprehensive review. Institutions should, however, affirm in writing that no changes have occurred that would warrant providing a response to these standards.]

**3.1.a has degree-granting authority from the appropriate government agency or agencies.**

*(Degree-granting authority)* [CR]

#### **Compliance**

The institution documents that it has degree-granting authority from the state of Texas, the Texas Higher Education Coordinating Board, and the Board of Regents. In addition, beginning in 2016, the institution participates in the National Council for State Authorization Reciprocity Agreements (NC-SARA), which allows for use of the "Home State" authorization to offer online degree programs to students in other SARA member states.

**3.1.b offers all course work required for at least one degree program at each level at which it awards degrees.** (For exceptions, see SACSCOC policy "Documenting an Alternative Approach.")

*(Course work for degrees)* [CR]

#### **Compliance**

The institution offers all course work for one program at the bachelor's, master's, and doctoral levels, as evidenced in transcripts provided for students graduating with a BS in Nursing, MA in History, and PhD in Forestry. Each transcript showed students were able to complete the degrees with all courses taken at the institution.

3.1.c **is in operation and has students enrolled in degree programs.**  
(*Continuous operation*) [CR]

### **Compliance**

The institution holds SACSCOC accreditation, remains in continuous operation, and has students enrolled in degree programs. The institution indicates that no changes relevant to this standard have taken place since the last reaffirmation.

## **Section 4: Governing Board**

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- 4.1 **The institution has a governing board of at least five members that:**
- (a) **is the legal body with specific authority over the institution.**
  - (b) **exercises fiduciary oversight of the institution.**
  - (c) **ensures that both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, personal, or familial financial interest in the institution.**
  - (d) **is not controlled by a minority of board members or by organizations or institutions separate from it.**
  - (e) **is not presided over by the chief executive officer of the institution.**
- (*Governing board characteristics*) [CR]

### **Compliance**

The institution has a governing board of nine members, with staggered terms of six years, with legal body with authority over the institution, as documented in the Compliance Certification Report and supporting materials, such as Texas Education Code (TEC) (Chapter101) and TEC Chapter 95 (Powers and Duties of the Board).

The Board of Regents exercises fiduciary oversight of the institution, per TEC Section 51.352 Responsibility of Governing Boards, Rules and Regulations Board of Regents (April 2019) and Policy 1.4 stating items requiring Board of Regents approval.

Members of the governing board are to be free of contractual, employment, personal, or familial interest in the institution, per Texas Government Code (TGC) Section 572.001 Policy; TGC Section 572.058 (Private Interest in Measure or Decision; Disclosure; Removal from Office for Violation); and must file public financial statements annually, per TGC Section 572.021 Financial Statement Required. The Board orientation manual for 2020 addresses many topics including but not limited to fiscal and resource management, internal audit, risk management, and quality assurance. Per Texas Education Code (61.0841) governing board members must go through a training their within first year of service effective 2016. The Texas Higher Education Coordinating

Board (THECB) conducts this training. Evidence of Board member participation/attendance was a certificate of attendance/participation.

Items are approved by the governing board via majority voting, which, in combination with Board of Regents Rules and Regulations, works to prevent control by a minority of board members. Evidence noting majority members voting included meeting minutes. The institution's CEO does not serve on or preside over the governing board, per Texas Education Code Section 101.11 (Board of Regents) and Section 101.16 (University President); as well as Board of Regents Rules and Regulations (11. Election of University President).

#### 4.2 The governing board

- 4.2.a ensures the regular review of the institution's mission.  
(*Mission review*)

##### **Compliance**

The governing board annually reviews the institution's mission as part of the Board of Regents' annual self-evaluation and through the strategic planning process. This is documented in meeting minutes of the Board of Regents showing approval. The mission is stated in the strategic plan, which is approved by the governing board. The governing board employs a self-evaluation tool that includes evaluative items related to the institution's mission and the overarching goal, foundational goals, and supportive goals of the strategic plan. Policy 1.4 stipulates that long-range plans and strategic plans must be approved by the Board of Regents.

- 4.2.b ensures a clear and appropriate distinction between the policy-making function of the board and the responsibility of the administration and faculty to administer and implement policy.  
(*Board/administrative distinction*)

##### **Compliance**

There are clear and distinct roles and responsibilities of the Board of Regents as well as the roles of the administration and faculty to administer and implement policy. The organizational structure of institution reflects distinct lines of authority for the governing board and the administration and faculty. Faculty senate by-laws statement clearly defines the role of faculty. The Board of Regents Rules and Regulations has a clear statement as to the role of president. Reports of the Board of Regents demonstrate that the president presents items to the Board of Regents for approval. Faculty Senate Chair's report of January 2019 includes an

example of policy being implemented by faculty and administration with regards to a strategic plan foundational goal.

- 4.2.c selects and regularly evaluates the institution's chief executive officer.  
(*CEO evaluation/selection*)

### **Compliance**

Consistent documentation that the governing board selects and regularly evaluates the CEO is found in the Board of Regents Rules and Regulations, numerous minutes of Board of Regents' meetings over a two-year period, the president's evaluation memos, and the Texas Education Code stating that the governing board must evaluate the chief executive offer. Policy 2.4 also notes who acts when CEO cannot.

- 4.2.d defines and addresses potential conflict of interest for its members.  
(*Conflict of interest*)

### **Compliance**

The institution has a clear conflict of interest policy for its members, including the governing board (Policy 2.6 Ethics). Specific language in the Board of Regents Rules and Regulation addresses potential conflicts of interest, as does the governing board orientation manual. Texas Government Code addresses standards of conduct, including nepotism. Board of Regents meeting minutes document examples in which Regents recused themselves from votes. The institution has two policies regarding purchasing: Policy 17.21 addresses purchasing from officers or employees, and Policy 17.22 addresses purchasing ethics and confidentiality.

- 4.2.e has appropriate and fair processes for the dismissal of a board member.  
(*Board dismissal*)

### **Compliance**

The institution has clear processes and procedures for the dismissal of a board member, as described in the Texas Government Code and well as the Texas Education Code. Statements regarding removal of office are in the Texas Constitution. No board member has been dismissed, therefore, no evidence of implementation of these statutes is available.

- 4.2.f protects the institution from undue influence by external persons or bodies.  
(*External influence*)

### **Non-Compliance**

The governing board has clear and concise means of protecting the institution from external influences, as evidenced by the Texas Higher Education Coordinating Board (THECB) online training guideline and manual, the Texas Government Code, and institution's policies on ethics (2.6), nepotism (11.16), and academic freedom (7.3). THECB online training is required of all governing board members. Texas Government Code describes standards of conduct and conflict of interest, including statements that employees are not allowed to accept gifts that may influence their duties. There are numerous state (Texas Education Code 51.352, 51.923), local policies (2.6 - Ethics, 11.16 - Nepotism, 7.3 – Academic Freedom & Responsibility), and Texas Higher Education Coordination Board (THECB) trainings listed; however, the Off-Site Reaffirmation Committee was unable to determine how these policies are implemented.

- 4.2.g defines and regularly evaluates its responsibilities and expectations.  
(*Board evaluation*)

### **Compliance**

The governing board evaluates itself annually and has a process and a procedure for this, as exhibited by the Board of Regents Rules and Regulations, which state that an annual self-evaluation of the governing board is required. Board meeting minutes also note self-evaluation as an agenda item. The Board of Regents employs a self-evaluation tool.

- 4.3 If an institution's governing board does not retain sole legal authority and operating control in a multiple-level governance system, then the institution clearly defines that authority and control for the following areas within its governance structure: (a) institution's mission, (b) fiscal stability of the institution, and (c) institutional policy.  
(*Multi-level governance*)

**Not applicable**

## **Section 5: Administration and Organization**

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- 5.1 **The institution has a chief executive officer whose primary responsibility is to the institution.**  
(*Chief executive officer*) [CR]

## **Compliance**

The institution's CEO's primary responsibility is to the institution, as evidenced in the CEO/president position description, the institution's outside employment policy (11.19) that states the process for engaging in outside employment, the Board of Regents guidelines outlining the authority and duties of the CEO, and the Board of Regents Rules and Regulations that explicitly note that the president holds this position at the pleasure of the board.

5.2 The chief executive officer has ultimate responsibility for, and exercises appropriate control over, the following:

5.2.a The institution's educational, administrative, and fiscal programs and services.  
*(CEO control)*

### **Compliance**

The CEO has ultimate responsibility for and appropriate control over institution's educational, administrative, and fiscal programs and services, as documented in the CEO position description, Board of Regents Rules and Regulations outlining the authority and duties of the CEO, and numerous institutional policies (e.g., 2.4 Authority to Act in the Absence of the President, 6.8 Commencement, 5.4 Credit and Contact Hours) that note the role of the CEO, among others.

5.2.b The institution's intercollegiate athletics program.  
*(Control of intercollegiate athletics)*

### **Compliance**

The CEO has ultimate responsibility for and appropriate control over intercollegiate athletics, as documented in the organizational chart, Intercollegiate Athletic Director position description, letter to NCAA regarding Academic Performance Plan data review, exhibit of a NCAA negotiated resolution regarding several violations, independent reports on athletics revenues and expenses for three years, review and approval of the governing board of athletics policy and procedure manual, and the athletics policy manual stating that the President has direct oversight of Intercollegiate Athletics.

5.2.c The institution's fund-raising activities.  
*(Control of fund-raising activities)*

## Compliance

The CEO has ultimate responsibility for and appropriate control over fundraising/advancement activities, as documented in the organizational chart, VP for University Advancement position description, institutional policies around naming (Policy 1.5), gifts (Policy 3.16), endowments (Policy 3.17), etc., and governing board regulations that state that the president assumes active leadership in developing private funds for the institution. A list of activities the president had participated in supports this.

- 5.3 For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs:
- (a) The legal authority and operating control of the institution is clearly defined with respect to that entity.
  - (b) The relationship of that entity to the institution and the extent of any liability arising from that relationship are clearly described in a formal, written manner.
  - (c) The institution demonstrates that (1) the chief executive officer controls any fund-raising activities of that entity or (2) the fund-raising activities of that entity are defined in a formal, written manner that assures those activities further the mission of the institution.

*(Institution-related entities)*

## Compliance

The institution has three independent related foundations with 501(c) (3) status, which exist in support of the institution: the Stephen F. Austin University Foundation, the Stephen F. Austin State University Alumni Association, and the Stephen F. Austin State Real Estate Foundation.

The Memo of Understanding between the institution and the University Foundation clearly outlines and stipulates the manner of the relationship in accordance with Chapter 2255 of the Texas Government Code, and Policy 3.25, Private Support Organizations or Donors. The president of the institution has ultimate authority over the VP of Advancement acting as the Foundation Executive Director. The president of the institution serves as ex-officio and non-voting member of the Foundation board.

A Memo of Understanding exists between the institution and the SFA State University Alumni Association, Inc., which clarifies the role of each organization and the status of the Alumni Association as an independent nonprofit 501 (c) (3) corporation in the State of Texas.

The Agreement between the institution and SFA Real Estate Foundation, Inc. stipulates that the Real Estate Foundation is a private support organization per Chapter 2255 of the Texas Government Code. Their sole purpose is to support the mission of the institution in the area of receiving, holding, management, and controlling real property purchases that benefit the institution. Management of the Real Estate Foundation is by a Board of Trustees and the president of the institution serves as ex officio, non-voting member of the Board of Trustees. The Vice President of University Advancement serves as the Executive Director of the Real Estate Foundation. All Real Estate Foundation activities are through the Vice President for University Advancement and Executive Director of the SFA University Foundation, Inc. who report directly to the president of the institution.

- 5.4 The institution employs and regularly evaluates administrative and academic officers with appropriate experience and qualifications to lead the institution.  
*(Qualified administrative/academic officers)* **[Off-Site/On-Site Review]**

#### **Compliance**

The institution's academic officers and administrative employees have the requisite credentials and experience for their leadership roles, as evidenced in job descriptions and resumes provided. Policy 4.8 Performance Review of Officers Reporting to the Provost and Vice President for Academic Affairs indicates that these leaders are regularly evaluated.

- 5.5 The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of non-faculty personnel.  
*(Personnel appointment and evaluation)*

#### **Compliance**

The institution developed and routinely publishes and implements policies regarding the appointment, employment, and regular evaluation of staff, as documented in Board of Regents agenda and minutes, published policy manuals, and a process for notifying stakeholders of decisions made by the Board.

## **Section 6: Faculty**

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- 6.1 **The institution employs an adequate number of full-time faculty members to support the mission and goals of the institution.**  
*(Full-time faculty)* **[CR; Off-Site/On-Site Review]**

#### **Compliance**

The institution employs an adequate number of full-time faculty members to support the mission and goals of the institution with 88% of all credit hours taught by full-time faculty. In programs such as Social Work, which employ a large number of part-time faculty who work with students in their field placements, the director of field placements is a full-time faculty member, and the work of the part-time faculty is coordinated by a full-time faculty member. In addition, the institution collects information on faculty research, creative acts, and service productivity that indicate there are sufficient full-time faculty to meet those aspects of the institutional mission.

6.2 For each of its educational programs, the institution

6.2.a Justifies and documents the qualifications of its faculty members.  
(*Faculty qualifications*)

**Non-Compliance**

The institution has a process for documenting the qualifications of its faculty members, including forms to justify exceptional credentials. Although an example of an exceptional credential form was provided, it was not clear that the credentials had been evaluated by an appropriate authority as being sufficient. The institution has indicated that the Office of Research and Graduate Studies reviews the credentials of those teaching graduate courses, but no evidence of this review was provided. In some instances, those teaching graduate courses did not appear to have appropriate credentials. The Off-Site Reaffirmation Committee was unable to determine whether the institution consistently implements its process for the justification and documentation of the qualifications of its faculty members.

The Off-Site Reaffirmation Committee has identified five individuals for whom appropriate qualifications have not yet been provided. These individuals are listed on the *Request for Justifying and Documenting the Qualifications of Faculty Form*.

6.2.b Employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review.  
(*Program faculty*) [**Off-Site/On-Site Review**]

**Compliance**

The institution employs a sufficient number of full-time faculty to ensure curriculum and program quality, integrity, and review. Data are provided for each

academic program at the bachelor's, master's, and doctoral levels. For most programs, between 80 and 100 percent of the courses are instructed by full-time faculty. For a handful of programs, such as Social Work, a higher reliance on part-time faculty is reported. Even in those cases, however, more than half of the instruction is provided by full-time faculty. The institution also provides information showing that the programs have enough full-time faculty members for reviewing the programs. In addition, the institution demonstrates a sufficient number of faculty for distance education and programs delivered at off-campus instructional sites.

- 6.2.c Assigns appropriate responsibility for program coordination.  
(*Program coordination*) [Off-Site/On-Site Review]

### **Non-Compliance**

The institution assigns program coordination duties to either the department chair or a program coordinator. When program coordinators are responsible for program coordination, they are expected to have the same qualifications as department chairs. The institution indicates that department chairs must have appropriate academic credentials that would qualify them to teach in the department or school. Preference is given to those with administrative experience. The institution included vitas of each department chair or program coordinator. Many of the vitas did not include the titles of the individuals, making it hard to determine whether individuals were coordinators or department chairs (e.g., as in Business Communication and Legal Studies, Counseling, Engineering Physics, Nursing, and many others). The automated system used to generate vitas does not include administrative coordinators (e.g., chair or coordinator).

In addition, it was not always clear who had responsibility for programs when multiple individuals (chairs and coordinators) were identified. In Interdisciplinary Studies (BSIS), Special Education (MED), Rehabilitation Services (BSRHB), Kinesiology (MS), and Natural Sciences (MS), for example, multiple individuals are listed, and it is not clear who has primary responsibility. In addition, the materials provided did not always indicate that administrative positions (chair versus coordinator) held by the individual assigned with responsibility to oversee the program. Also, in some cases, program coordinators were identified as being responsible for multiple programs. In a few cases (in Human Sciences, for example), it was not clear if those delegated to have program coordination duties had the actual academic qualifications that would make them qualified to coordinate all the programs (e.g., the same person is responsible for Nutrition and Human Sciences; the same person is responsible for Fashion Merchandising, Interior Design, and Construction management; the same person is responsible for Child Development and Human Sciences). The Off-Site Reaffirmation

Committee was unable to determine whether the institution assigns appropriate responsibility for program coordination for each of its educational programs.

- 6.3 The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of faculty members, regardless of contract or tenure status.  
*(Faculty appointment and evaluation)*

### **Compliance**

The institution has established policies for the searching, hiring, appointment and employment of full-time and part-time faculty members. Sample letters document implementation of the tenure and promotion processes as well as the dismissal process. The institution also has policies regarding the evaluation of all faculty members, regardless of contract or tenure status (Policy 7.22 Performance Evaluation of Faculty, Policy 7.5 Administrative Evaluation of Adjunct Faculty Performance). Sample annual evaluations document implementation of Policy 7.22 and 7.5. Tenure-track faculty are evaluated annually by the respective academic unit head. Guidelines for the evaluation of adjunct faculty are also described. All teaching faculty are evaluated by students on a regular basis, as outlined in Policy 7.27 and documented by sample course evaluations. Policies for the maintenance of employment through tenure and contract extension are also documented.

- 6.4 The institution publishes and implements appropriate policies and procedures for preserving and protecting academic freedom.  
*(Academic freedom)*

### **Non-Compliance**

The institution publishes Policy 7.3 Academic Freedom and Responsibility. The policy is introduced to faculty at orientation and reviewed every three years. However, while supporting narrative regarding academic responsibility is offered, less information on academic freedom is provided. The institution indicates that they are not able to provide evidence that it has implemented the policy because they have not received any public complaints relevant to the policy. While no academic freedom grievance may have been filed, supporting details about the implementation of the policy, such as examples of the way academic freedom is preserved and protected are lacking. The policy is reviewed every three years by the institution's policy committee. However, it is not clear who is on the policy committee or the degree to which faculty are involved in reviewing the policy, making it difficult to determine the degree to which academic freedom is preserved. The Off-Site Reaffirmation Committee was unable to determine

whether the institution implements appropriate policies and procedures for preserving and protecting academic freedom.

- 6.5 The institution provides ongoing professional development opportunities for faculty members as teachers, scholars, and practitioners, consistent with the institutional mission. *(Faculty development)*

### **Compliance**

The institution provides professional development opportunities for faculty members through its Center for Teaching and Learning in a range of pedagogical topics, including an Online Instructor Certification Course. The Office of Research and Graduate studies provides training in developing grants and contracts. In addition, the institution has a faculty development leave policy and offers support for travel to support research.

## **Section 7: Institutional Planning and Effectiveness**

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- 7.1 **The institution engages in ongoing, comprehensive, and integrated research-based planning and evaluation processes that (a) focus on institutional quality and effectiveness and (b) incorporate a systematic review of institutional goals and outcomes consistent with its mission.** *(Institutional planning) [CR]*

### **Compliance**

The institutional planning and evaluation process is ongoing and comprehensive. The strategic planning process, as well as annual planning and assessment processes, reflect systematic evaluation of goals and outcomes at the institutional level, as well as unit- and process-level outcomes. Evidence of the breadth, quality, and ongoing improvement of these processes was provided in strategic plan documents, planning team concept papers, and revised strategic visioning documents. Institution-wide engagement in the planning and evaluation processes is evidenced through team lists as well as minutes from the Cabinet, Deans Council, and Faculty Senate.

The institution provided multiple examples of the use of evaluation to improve outcomes directly tied to the planning and evaluation process, including initiatives related to dual credit, internships and enrollment management. Additional

evidence related to those examples was provided in the team concept papers for the strategic goals. The institution also provided evidence of relevant data related to evaluation of goals through multiple dashboards, including dashboards for enrollment and credit hours.

- 7.2 The institution has a QEP that (a) has a topic identified through its ongoing, comprehensive planning and evaluation processes; (b) has broad-based support of institutional constituencies; (c) focuses on improving specific student learning outcomes and/or student success; (d) commits resources to initiate, implement, and complete the QEP; and (e) includes a plan to assess achievement.  
(*Quality Enhancement Plan*)

The institution has identified a Quality Enhancement Plan topic that will focus on reducing student debt. Stakeholders from the community and campus provided input in the selection of the topic. Strategies specific to the topic were aligned with student achievements and outcomes as well as the Texas Higher Education Coordinating Board goals. Examples of outcomes and expectation were addressed. The topic is a part of on-going comprehensive planning. The survey findings included in the report are hard to interpret. The institution may wish to include summary data from the surveys that make them easier to follow. Attachment 04 in 7.2, for example, is hard to interpret. Attachment 7 seems to show more support for Critical Thinking as a topic. Attachment 9 is just an announcement about the survey, making it impossible to determine the degree to which the topic has broad-based support.

As noted in the announcement from the President, the QEP – Reducing Student Debt -- is addressing financial literacy, increasing financial aid resources, reducing cost of course materials, and improving time to graduation. While broad-based support is evidenced by the types of individuals included on the QEP development committee, the four topics included may make it challenging for the institution to target resources for specific programming and seem to reflect more of a broad topic aiming to meet various individuals' interests rather than a specific topic designed to help students. The institution is applauded for its focus on reducing student debt. To fully realize the QEP, the institution may wish to narrow the focus among the four identified topics to strategically identify one or two programs that will be the primary focus for reducing student debt.

Regarding specific student success outcomes, it is not entirely clear what the goals are or how they will be assessed. The institution is encouraged to make sure those are clearly identifiable, measurable, and attainable. The metrics identified are not clearly linked to the four tenets of reducing debt or the strategies listed in the assessment plan. The institution is encouraged to make sure established metrics are clearly linked to the expected outcomes.

- 7.3 The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved.  
(*Administrative effectiveness*)

### **Compliance**

Administrative support units identify expected outcomes and demonstrates that those outcomes are measured, analyzed, and used to inform change or action. An annual reporting process is clearly established and followed. Examples units were provided in the report and reports for all units were provided as evidence in the binder. These reports indicate that the institution's administrative units consistently identify and evaluate expected outcomes, as well as use the results of that analysis to guide changes that will impact future outcomes.

## **Section 8: Student Achievement**

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- 8.1 **The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success.**

(*Student achievement*) [CR; Off-Site/On-Site Review]

[Note: Each member institution has chosen a specific metric with SACSCOC for measuring graduation rate and analyzing that measure of student success. As part of its response to this standard, the institution should identify its chosen metric; provide appropriate data regarding its performance as measured by that metric (including its baseline data, goals, and outcomes); and discuss any changes it has made based on its analysis of this graduation-rate data. Institutions are also required to disaggregate their graduation data in appropriate ways; they should discuss that disaggregated data and any changes made as a result of analyzing that data.]

### **Non-Compliance**

The institution identifies student achievement goals, evaluates data for student achievement, and publishes both the goals and outcomes. Additionally, the institution uses five overall measures with multiple sub-populations to document student success. The institution provides evidence of data and external sources used to set two evaluation levels, a threshold of acceptability, and a target. That evidence provides significant justification for both evaluation levels. The trend data provided for each of the five overall measures shows that the institution is meeting the threshold of acceptability. Additionally, the institution is meeting its

more aggressive target in all but one measure—first-time undergraduate retention rate. Evidence outlining the setting of thresholds is provided in the student achievement table and trend data in the figures. Evidence for publication is provided by multiple screenshots of public-facing dashboards. The institution identified as their the specific Key Student Completion Indicator metric (IPEDS 150% within 6 years), provided data, and provided diasaggregated data for sub-populations. The Off-Site Reaffirmation Committee was unable to determine whether the institution made changes based either on the analysis of graduation-rate data or on the analysis of disaggregated data.

8.2 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:

8.2.a Student learning outcomes for each of its educational programs.  
(*Student outcomes: educational programs*) [Off-Site/On-Site Review]

#### **Non-Compliance**

Six example programs, as well as annual assessment reports for all academic programs, reflect that all programs have identified outcomes and ways to measure those outcomes, and that programs are conducting assessments and analyzing data. The examples provided, as well as other reports, demonstrate that a wide variety of assessment methods and analyses are used to measure and improve student learning across the programs.

However, evidence of seeking improvement based on analysis of results for multiple programs, including Agribusiness, Animal Science, Banking, Business Communication & Corporate Education BBA, is absent. Additionally, some programs have multiple outcomes identified with few of them providing evidence of seeking improvement—such as Economics, which has three outcomes/objectives, but only one outcome includes a report of use of results for any of the four years of reporting cycles. The Off-Site Reaffirmation Committee was unable to determine whether the institution consistently seeks improvement based on the analysis of results for educational programs.

8.2.b Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.  
(*Student outcomes: general education*)

## Non-Compliance

The Core Curriculum Assessment Committee (CCAC) oversees assessment of general education courses at the institution. The Texas Higher Education Coordinating Board mandates the core curriculum, and the institution developed general education objectives to address that core. The objectives focus on critical thinking, communication skills, empirical/quantitative skills, teamwork, social responsibility, and personal responsibility. Measures include the senior exit survey, artifact reviews, and standardized tests. The process for assessment is in place. However, the degree to which assessment evidence is used to seek improvements in learning is unclear. The institution identifies changes in learning resources but does not provide any evidence about how the results were used to improve learning. The institution provides significant detail about how the evidence was used to improve their assessment processes with the Faculty Trust Model. Less information was provided about how the results were used to improve student learning in general education courses.

In addition, the narrative highlights faculty reluctance to use core assignments approved by the Core Curriculum Assessment Committee consistently and identifies faculty control over the curriculum as a barrier. It is unclear how faculty control over the curricula limits the opportunity to assess student learning in general education courses.

The assessment plan includes a list of activities of the Core Curriculum Assessment Committee (e.g., meet to consider the results; facilitate meetings of faculty relevant to specific core objectives or component areas to consider action plans related to assessment plans based on the assessment results; develop institutional action plans for improvements in assessment methods and plans; communicate these actions to the faculty, chairs, deans, Provost; and monitor implementation and effectiveness of improvements in assessment of the core). However, no evidence is provided by the institution showing how the CCAC engages in these activities. The meeting minutes show approval of new general education courses and recertification, but it is not clear how these other activities are conducted. In addition, the combined core assessment data for the core focuses on academic years 2014-2016 (attachment 8). While some data provided post-date the 2014-2016 academic years, no assessment reports completed since that time and no example artifacts are included. It is unclear whether assessment is ongoing. Finally, no evidence of how distance learning and off-campus students and how courses are included in the assessment of the core is provided. The Off-Site Reaffirmation Committee was unable to determine whether the institution assesses the extent to which it achieves these outcomes and consistently seeks improvement based on the analysis of results for its general education competencies.

- 8.2.c Academic and student services that support student success.  
(*Student outcomes: academic and student services*)

### **Non-Compliance**

Six example academic and student services units, as well as annual assessment reports for all units, reflect that all programs have identified outcomes, ways to measure those outcomes, are conducting assessments, and analyzing data. The examples provided as well as the reports provided, reflect a wide variety of objectives, assessment methods, and analyses.

However, evidence of seeking improvement based on analysis of results for multiple units, including the College of Education Dean, English Chair, and Forestry Chair, is absent. Additionally, some units have multiple outcomes identified with few of them providing evidence of seeking improvement. For example, the Geology Chair has seven outcomes/objectives but only one with a report of use of results for the three years of reporting cycles included in the report. The Off-Site Reaffirmation Committee was unable to determine whether the institution consistently seeks improvement based on the analysis of results for academic and student services units.

## **Section 9: Educational Program Structure and Content**

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- 9.1 **Educational programs (a) embody a coherent course of study, (b) are compatible with the stated mission and goals of the institution, and (c) are based on fields of study appropriate to higher education.**  
(*Program content*) [CR; Off-Site/On-Site Review]

### **Compliance**

The institution classifies its educational programs using standard CIP codes recognized at the state and national level as indicative of programs appropriate to higher education. Furthermore, the institution is subject to the authority of the Texas Higher Education Coordinating Board, which reviews all programs to ensure that they are consistent with the mission and goals of the institution. Undergraduate degrees are composed of a core curriculum and a major area of study, while graduate programs are appropriately focused on the relevant discipline. In addition to regular review of each program of study by the institution, certain programs are subject to additional review by external accrediting bodies in fields, such as education, nursing, and business.

- 9.2 **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. The institution provides an explanation of equivalencies when using units other than semester credit hours. The institution provides an appropriate justification for all degree programs and combined degree programs that include fewer than the required number of semester credit hours or its equivalent unit.**

*(Program Length) [CR; Off-Site/On-Site Review]*

### **Compliance**

The institution follows Texas Education Code and requires all bachelor's programs to require at least 120 hours. A handful of the programs require more than 120 semester credit hours, as documented in the Undergraduate Bulletin. Each graduate program offered by the institution requires at least 30 semester credit hours, as documented in the Graduate Bulletin.

- 9.3 **The institution requires the successful completion of a general education component at the undergraduate level that:**

- (a) **is based on a coherent rationale.**
- (b) **is a substantial component of each undergraduate degree program. 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.**
- (c) **ensures breadth of knowledge. These credit hours include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics. These courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession.**

*(General education requirements) [CR; Off-Site/On-Site Review]*

### **Compliance**

The institution provides documentation and evidence that it requires the successful completion of general education that is based on a coherent rationale. The structure is composed of eight foundational areas (with an additional component area option) and six core curriculum areas. Forty-two hours are required. Content across humanities, fine arts, social and behavioral sciences, and natural sciences and mathematics is incorporated. Degree plan format and course descriptions demonstrate that the content is general and not specific to a profession.

- 9.4 At least 25 percent of the credit hours required for an undergraduate degree are earned through instruction offered by the institution awarding the degree.  
(*Institutional credits for an undergraduate degree*)

### **Compliance**

The institution requires that at least one third of the bachelor's degree be earned at the institution. The degree audit system clearly identifies whether the criteria are met or not on individual student reports.

- 9.5 At least one-third of the credit hours required for a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree.  
(*Institutional credits for a graduate/professional degree*)

### **Compliance**

The institution has policies and procedures in place to ensure that at least one-third of the credit hours are obtained there. The majority of credit hours required for a graduate or post-baccalaureate professional degree are earned at the institution. The Office of the Registrar audits degree programs and graduation plans to ensure compliance with policies, as evidenced in sample redacted transcripts. Policies (including transfer credit policies) are found in the institution's Policy Manual and Graduate Bulletin, which are accessible on the institution's website.

- 9.6 Post-baccalaureate professional degree programs and graduate degree programs are progressively more advanced in academic content than undergraduate programs, and are structured (a) to include knowledge of the literature of the discipline and (b) to ensure engagement in research and/or appropriate professional practice and training.  
(*Post-baccalaureate rigor and curriculum*)

### **Non-Compliance**

The institution cites the mission of its graduate school as an example of its commitment to providing rigorous graduate programming informed by disciplinary research. The institution provides examples of course descriptions and degree programs at different levels as evidence of a higher level of rigor in the graduate courses. In addition, the institution identifies how learning outcomes vary between cross-listed undergraduate/graduate and master's/doctoral courses.

The two syllabi provided for the cross-listed EPS courses show a difference in learning outcomes, but the rigor appears to be the same in both courses as the assignments are identical. It is not clear how an additional learning outcome can be met if the same assignments and same content is provided to all students in the cross-listed course. Examples of how the additional learning outcome is met and assessed through the same assignments for master's and doctoral courses are lacking. Rubrics and completed assignments by master's and doctoral students in cross-listed courses would help to determine whether the doctoral courses are progressively more advanced than the master's sections.

The Office of Research and Graduate Studies is responsible for ensuring that those teaching graduate courses are qualified for the rigors of graduate instruction. Ample evidence about the process for approving graduate instructors and their backgrounds is provided.

Periodic academic program reviews are also conducted to assess programs. An example of the Master of Music program review is provided. However, no evidence about how those reviews inform graduate level rigor is provided. In addition, no assessment data showing higher levels of rigor across degree program levels is provided. The Off-Site Reaffirmation Committee was unable to determine whether the academic rigor of doctoral programs was more advanced than master's programs offered by the institution.

- 9.7 The institution publishes requirements for its undergraduate, graduate, and post-baccalaureate professional programs, as applicable. The requirements conform to commonly accepted standards and practices for degree programs.  
*(Program requirements)*

### **Compliance**

The institution publishes its degree requirements in its undergraduate and graduate bulletins and on various websites across the institution. The institution provided samples of the types of information included in the bulletins. The institution describes a curricula review process that guides changes in the curricula. These processes align with requirements in Texas higher education institutions. The institution notes that no changes to the bulletins are made until all appropriate approvals are gained.

## **Section 10: Educational Policies, Procedures, and Practices**

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- 10.1 The institution publishes, implements, and disseminates academic policies that adhere to principles of good educational practice and that accurately represent the programs and services of the institution.

*(Academic policies)*

### **Compliance**

The institution develops academic policies through a collaborative process involving a representative group of faculty, and review by the deans and Provost before ultimate submission to the Board of Regents for approval. Policies that have been approved are published in the institutional policy manual. Faculty, staff, and students are alerted to any changes in policy or new policies following actions by the Board of Regents through email notification. In addition, academic policies for students are found in the General Bulletin and the Graduate Bulletin. Examples document the implementation of a representative sample of policies.

- 10.2 The institution makes available to students and the public current academic calendars, grading policies, cost of attendance, and refund policies.  
*(Public information)* **[Off-Site/On-Site Review]**

### **Compliance**

Academic calendars, grading policies, the cost of attendance, and refund policies are made available, as evidenced by the institution's bulletins, websites, practices (Student Financial Responsibility Agreement), and policies (Policy 5.5 Course Grades and Policy 6.3 Final Course Grade Appeals by Students). These policies are publicized on websites and therefore available to both the public and to students across locations and delivery methods.

- 10.3 The institution ensures the availability of archived official catalogs (digital or print) with relevant information for course and degree requirements sufficient to serve former and returning students.  
*(Archived information)*

### **Compliance**

Undergraduate bulletins beginning with AY2006-2007 and graduate bulletins beginning with AY2010-2011 are accessible via the institution's website. Printed issues dating back to 1923-1924 are archived in the Registrar's Office. Print issues are available for viewing in the Registrar's Office and the Ralph W. Steen Library. Appropriate policies and procedures are in place to update the bulletins to ensure currency with the curriculum, and revisions are made available to the public each year in the summer prior to the start of the fall semester.

- 10.4 The institution (a) publishes and implements policies on the authority of faculty in academic and governance matters, (b) demonstrates that educational programs for which

academic credit is awarded are approved consistent with institutional policy, and (c) places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty.

*(Academic governance)*

### **Compliance**

The faculty have primary responsibility for the content, quality and effectiveness of the curriculum, as demonstrated through the curriculum proposal process and the curriculum review process. These processes are outlined in the policy manual. Faculty play an integral role in the selection of faculty and administrators through the committee system, and faculty participate in the regular evaluation of administrators. The Faculty Senate is the most important avenue for faculty involvement in shared governance, providing membership for a wide array of committees across the institution and by reporting regularly to the Board of Regents on issues of faculty welfare and academic policy. The roles and responsibilities of the Faculty Senate are outlined in the Faculty Senate Constitution. Examples of evaluations, program review reports, minutes of Faculty Senate meeting minutes and other documents demonstrate the implementation of the institution's policies on the authority of the faculty in these matters.

- 10.5 The institution publishes admissions policies consistent with its mission. Recruitment materials and presentations accurately represent the practices, policies, and accreditation status of the institution. The institution also ensures that independent contractors or agents used for recruiting purposes and for admission activities are governed by the same principles and policies as institutional employees.

*(Admissions policies and practices)* **[Off-Site/On-Site Review]**

### **Compliance**

The institution's policies are consistent with its mission and are published online and in print, as evidenced by Policy 6.20 Transfer Admission and Credits, Policy 15.8 University Publications, and Policy 6.17 Graduate Admission. Policy 15.8 University Publications outlines an approval process designed to ensure that communications to the public are accurate and consistent. The institution's policies are accurately reflected in its recruitment presentations and materials. The institution does not employ independent agents or contractors for the purposes of recruitment or admissions.

- 10.6 An institution that offers distance or correspondence education:

- (a) ensures 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.
- (b) has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs.
- (c) ensures that students are notified, in writing at the time of registration or enrollment, of any projected additional student charges associated with verification of student identity.

*(Distance and correspondence education)* **[Off-Site/On-Site Review]**

### **Compliance**

The institution uses two-factor authentication and requires proctored exams for verification of student identity. Notices at the time of registration inform students that the distance education fee covers a portion of the costs associated with proctored exams, typically one proctored exam per semester. The institution's FERPA policies provide for the protection of student privacy, including those students who are enrolled in distance education only.

- 10.7 The institution publishes and implements policies for determining the amount and level of credit awarded for its courses, regardless of format or mode of delivery. These policies require oversight by persons academically qualified to make the necessary judgments. In educational programs not based on credit hours (e.g., direct assessment programs), the institution has a sound means for determining credit equivalencies.

*(Policies for awarding credit)* **[Off-Site/On-Site Review]**

### **Compliance**

Policies and procedures outlined by the Texas Administrative Code and the Texas Higher Education Coordinating Board define credit hours in the state. The specific credit hours of each of the institution's programs are consistent with the state's administrative code. The institution implements policies specific to the level of courses, undergraduate or graduate. Committees in Academic Affairs composed of designated stakeholders provide oversight and guidance in the development of new courses, as evidenced in meeting minutes.

- 10.8 The institution publishes policies for evaluating, awarding, and accepting credit not originating from the institution. The institution ensures (a) the academic quality of any credit or coursework recorded on its transcript, (b) an approval process with oversight by persons academically qualified to make the necessary judgments, and (c) the credit awarded is comparable to a designated credit experience and is consistent with the institution's mission.

*(Evaluating and awarding academic credit)*

## Compliance

The institution's transfer of credit policy applies to all students and each individual academic degree-granting program. The Texas Higher Education Coordinating Board mandates that students who meet core curriculum requirements at one member institution can transfer the credits to another. When transfer credit is sought, verification is provided by the Office of the Registrar. Policies and procedures for evaluating, awarding and accepting transfer credit are published and accessible in the student bulletins and policy manual.

- 10.9 The institution ensures the quality and integrity of the work recorded when an institution transcripts courses or credits as its own when offered through a cooperative academic arrangement. The institution maintains formal agreements between the parties involved, and the institution regularly evaluates such agreements.  
*(Cooperative academic arrangements)*

## Compliance

The institution has three cooperative agreements, each of which is governed by a Memorandum of Understanding, which is regularly reviewed. These agreements are with a group of Texas institutions of higher education known as the Family and Consumer Science Alliance, with Rose Bruford College of Theatre and Performance in England, and with the University of Tasmania Australia. In each instance, the course credit is reviewed by the institution's faculty before being transcribed for credit.

## Section 11: Library and Learning/Information Resources

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- 11.1 **The institution provides adequate and appropriate library and learning/information resources, services, and support for its mission.**  
*(Library and learning/information resources)* [CR]

## Compliance

Library resources are adequate and appropriate to support the curriculum and research at the institution. Policies and procedures, including collection profiles, the use of librarian subject specialists, and a committee of faculty to provide recommendations, are in place to guide collection development efforts. The library's information resources are supplemented by interlibrary loan, reciprocal borrowing via TexShare, and other borrowing agreements. The East Texas Research Center provides resources relevant to local history and culture, and the

Center for Digital Scholarship maintains the institutional repository. Library facilities and infrastructure are adequate. The Steen Library is ADA-compliant, offers appropriate spaces for teaching and learning activities, and provides a wireless network and access to 225 computer workstations. Access to the library's catalog and online resources is made available via the library's website. Surveys to gather feedback from faculty, staff, and students have been conducted, and appropriate activities were undertaken as a result of information learned via the surveys.

- 11.2 The institution ensures an adequate number of professional and other staff with appropriate education or experiences in library and/or other learning/information resources to accomplish the mission of the institution.  
*(Library and learning/information staff)*

### **Non-Compliance**

The qualifications, job assignments, responsibilities, and duties of librarians and library support staff are relevant and effectively support the library's mission. All librarians, including the library director, have an earned master's degree from an institution accredited by the American Library Association. A policy is in place governing criteria for appointment as a librarian, promotion eligibility, annual evaluations of librarians, compensation, and workload. Librarians attend conferences and workshops to stay abreast of current technologies and to present their research.

The Off-Site Reaffirmation Committee was unable to find evidence of whether the institution evaluates and provides professional development and training activities for support staff.

- 11.3 The institution provides (a) student and faculty access and user privileges to its library services and (b) access to regular and timely instruction in the use of the library and other learning/information resources.  
*(Library and learning/information access)*

### **Compliance**

The library's hours of operation are sufficient; the library is open 106 hours per week during regular academic sessions. Students both on and off-campus have 24/7 access to online resources via the library's website. Borrowing privileges are appropriate and vary according to borrower category and type of material borrowed. Students enrolled in online courses receive the same borrowing

privileges as students on-campus. Books, journal articles, and other resources are provided electronically or via the mail to students in online and remote site courses. Access to the library's online resources is managed via proxy authentication, a common method utilized by academic libraries. The library provides appropriate and sufficient instruction in the use of library resources and services. Library instruction is provided by the library's Research and Instructional Services Department, consisting of seven librarians and one support staff. The library's instructional model is based on the information literacy competencies developed by the Association of College and Research Libraries (ACRL). Instruction sessions are tailored to faculty specifications for class assignments, and include online as well as on-campus courses. One-on-one instruction is provided via individual consultations with a librarian in-person, by phone, or email.

## **Section 12: Academic and Student Support Services**

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- 12.1 **The institution provides appropriate academic and student support programs, services, and activities consistent with its mission.**  
(*Student support services*) [CR Off-Site/On-Site Review]

### **Compliance**

The institution's organizational structure is conducive to providing appropriate support programs, services, and activities. The institution provides these in a manner consistent with its mission. The institution provides programs and services that are designed to support specific student populations. These include first time freshman (Jack's Pass, Freshman Success Seminar), first generation college students (Generation Jacks), student athletes (Champs/Life Skills), transfer students (Transfer Lumberjack Orientation Programs), international students (International Student Organizations and Cultural Experience Presentations), veterans (Veterans Resource Center), and graduate students (Graduate Council and Graduate Assistants). This support is wide ranging and includes academic support (Student Success Center and Re-Imagining the First Year of College), professional development (Center for Career and Professional Development, Graduate and Undergraduate Research Conference, and Certified Student Leader Program), and health and wellness (Counseling Services, Campus Recreation, and Lumberjacks Care Team). Support programs, services, and activities are widely available to all students regardless of their campus location or instructional modality. The institution also provides support to faculty and staff (CTL and PAAC Advisor Training).

- 12.2 The institution ensures an adequate number of academic and student support services staff with appropriate education or experience in student support service areas to accomplish the mission of the institution.  
(*Student support services staff*)

### **Compliance**

The institution employs an appropriate number of academic and student support services staff, as evidenced by the institution's organizational charts and information provided regarding the individuals employed and their education, relevant experience, and professional development. The staff have the requisite credentials and experience to effectively provide these services to accomplish the institution's mission. Results of the Student Satisfaction Inventory, the NSSE 2019 Engagement Indicators, and the Beyond the Classroom Spring 2020 Data suggest that the institution is able to satisfactorily meet the needs of its students with the current number of support services staff. The institution offers employees an array of opportunities to further their professional development. These include the Go2Knowledge platform, CTL Master Sessions, University Affairs Professional Development Series, and the Diversity & Inclusion Certification Program. Review of *Policy 11.20 Performance Management* suggests that the institution has an established process for the regular evaluation and promotion of its employees. This process is enhanced with tools that include the Must List and the SFA Team Leadership Charge.

- 12.3 The institution publishes clear and appropriate statement(s) of student rights and responsibilities and disseminates the statement(s) to the campus community.  
(*Student rights*)

### **Compliance**

The institution has comprehensive policies governing student rights and responsibilities. The foundation for these policies is 'The SFA Way', a philosophy that promotes striving for personal excellence. Policies, which include Policy 10.4 Student Code of Conduct, Policy 2.13 Title IX, Policy 2.11 Nondiscrimination, and Policy 10.3 Hazing, collectively reflect the principles of The SFA Way: Respect, Caring, Responsibility, Unity, and Integrity. The institution's policies are made available to the public online and in print, and are highlighted at various points along a student's entrance into the community, such as at orientation (Orientation Guide), from the bulletins and the Policy Manual, and through participation in student organizations (Policy 10.10 Student Organization Risk Management Training). The institution provides multiple mechanisms by which students can make a complaint or file a grievance (Tell Jack, Hazing Hotline, University Affairs Formal Student Complaints). Students

can make complaints anonymously and these processes are available to students regardless of their location or mode of delivery.

- 12.4 The institution (a) publishes appropriate and clear procedures for addressing written student complaints, (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC.

*(Student complaints)* [Off-Site/On-Site Review]

[Note: As part of its response to this standard, the institution should include information about the individual(s)/office(s) responsible for maintaining these records, elements of a complaint review that are included in the record(s), and whether the records are centralized or decentralized.]

### **Compliance**

The institution has an established definition of a ‘written student complaint,’ and students are made aware of these policies through emails each semester from various units (Office of Community Standards and Vice President for University Affairs). Policies are published in the undergraduate and graduate bulletins, the Student Handbook, and the Orientation Programs Guide, and posted on a variety of websites (University Affairs, Office of the Dean of Student Affairs, Orientation, and University Policies). The institution’s policies and procedures apply equitably to all students regardless of their location or mode of delivery, and there are various channels through which students can make a complaint (mySFA Portal, EthicsPoint, and Tell Jack). Policies are reviewed and revised every three years with approval from the Board of Regents. The Student Complaint Log and the examples provided indicate that the institution follows its procedures. Retention of records is decentralized and the institution’s General Counsel reviews complaints to discern any patterns.

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

### **Compliance**

The institution stores various types of student records and protects the security, confidentiality, and integrity of these records. Policy 2.10 Student Records outlines the rights of the student to inspect and review their record, and specifies that these records are disclosed only in the event of the students’ written consent. This policy, in concert with Policy 14.1.4 Security Awareness Training, also governs who has access to student records and sets requirements for training (initial training within 30 days employment; FERPA training completed annually;

Registrar's Office trainings). Specific custodians are identified and responsible for the maintenance of specific records, and this data is regularly backed up and archived on an established schedule. The Emergency Operations Plan and the Business Continuity Plan delineate the institution's course of action in the event of a disaster. Information about these policies and procedures is made available to students in the undergraduate and graduate bulletins.

- 12.6 The institution provides information and guidance to help student borrowers understand how to manage their debt and repay their loans.  
(*Student debt*)

### **Compliance**

The institution provides comprehensive support and education to its students related to financial literacy and debt management. These educational opportunities are offered both in a mandated manner (Entrance and Exit Loan Counseling), through information provided to the whole student body (Orientation Presentations, Freshman Seminar Presentations) as well as additional voluntary opportunities (One-on-one financial planning with peer advisors – Marleta Chadwick Student Financial Advisors). Various offices on campus contribute to this effort, including the Office of Financial Aid and Scholarships, the Nelson Rusche College of Business, the Office of Student Affairs, and the Center for Career and Professional Development. Collectively, these offices provide Debt Letters, the Financial Reality Fair, a Building Wealth Handbook, and a training program called CashCourse. Additionally, student financial advisors use social media to answer questions and provide resources to fellow students. Notably, debt management is the topic of the institution's QEP.

## **Section 13: Financial and Physical Resources**

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- 13.1 **The institution has sound financial resources and a demonstrated, stable financial base to support the mission of the institution and the scope of its programs and services.**  
(*Financial resources*) [CR]

### **Compliance**

The institution has sound financial resources and a sound financial base to support the mission of the institution and its programs and services. For fiscal year 2018, GASB statement No. 75, along with changes in current year actuarial assumptions and Other Post-Employment Benefits caused an increase in accumulated liability of \$125,819,972.00. A correction to the benefits appropriation caused a further restatement of \$12,488,91.00, resulting in a decrease to the total Net Position for FY2019.

In addition to the restatement, there was a slight decrease in fall 2019 and spring 2020 enrollments, causing a budget shortfall. The institution stabilized the budget with cost reductions efforts. In order to move forward with strategic initiatives, and due to the decrease in operational revenue, the Board of Regents authorized the institution to increase the university services fee from \$49 to \$73 per semester hour and a \$1 per semester credit hour increase in the student services fee effective for fiscal year 2019.

The institution also had an increase of \$42.3 million in cash and cash equivalents due to the sale of bonds for various building projects.

13.2 **The member institution provides the following financial statements:**

- (a) **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 system-wide or statewide audit) 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.**
- (b) **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.**
- (c) **an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board.**

*(Financial documents)* [CR]

**Compliance**

The institution offers unaudited financial statements for the institution because the institutional audit of their financial reports is completed as part of the statewide audit by the office of the State Auditor of Texas. Evidence of compliance by the institution is provided by an independent accounting firm whose report concludes that the institution's financial reports require no material modifications as of and for the year ending August 31, 2019.

Expense adjustments pertaining to GASB 75 requirements caused an overall decrease in net position of \$13 million in FY2018. Repairs and maintenance increased as did materials and supplies of \$2 million for the new STEM building opening in summer 2018. Enrollment increase for FY2018 and revenue bonds of \$125 million for construction provided some offset to the increase in expenses.

Financial highlights for FY2019 presented a similar picture with implementation of GASB 75 causing an increase in pension expense of \$21 million. A calculation error by the state required a correction of a negative restatement of \$12.8

million. A five-year capital fundraising campaign began to coincide with the 100-year anniversary in 2023.

Annual budgets are planned and executed using a thoughtful budget calendar, including forecasting, training of staff, and review by proper department and division heads. After a review and approval by the institution's President, the budget is submitted to the Board of Regents for final approval.

13.3 The institution manages its financial resources in a responsible manner.  
(*Financial responsibility*)

### **Compliance**

Financial resources are responsibly managed. In addition to the basic financial statement, the institution provided data to show the effect with and without adjustments caused by complying with GASB Statements No 68 and 75. The financial ratio history table proved the institution's financial health. Credit rating from Fitch was AA- and Moody's was A1, and the institution received approval from the state to sell tuition revenue bonds for the construction of a STEM building.

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

### **Compliance**

The institution exercises appropriate control over financial resources as is shown by a summary of the experience and responsibilities of the financial staff, accounting and budgetary controls, and internal audit organization.

Real-time reports are available through the financial systems to each approved and trained account manager to assure continuous budget monitoring. The Office of the Controller provides monthly interim financial reports to the Board of Regents, including a Statement of Revenue, Expenditures for Budgeted Funds, a Statement of Net Position and Revenue and a Statement of Expenditures and Changes in Net Position. The Board of Regents approves the institution's investment policy as well.

Employees who collect and/or deposit funds to the institution must complete cash receipt training on an annual basis. All cash, checks, and point of sale credit card payments are routed through the Bursar's Office by 3:00pm each day.

Purchase orders, expenditures, and payroll are controlled through management review, but more importantly by online, real-time budgetary controls.

Internal Auditing reports directly to the Board of Regents and is independent from other institutional offices.

- 13.5 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 and programs. Financial control and review of externally funded or sponsored research is under the direction of one of several offices, including the Office of Research and Graduate Studies (ORGS), Dean of Research and Graduate Studies, President, Office of the Vice President for Finance and Administration, Controller's Office, Provost and Vice President of Academic Affairs, Vice President for University Affairs, Athletic Director, and Vice President of University Advancement.

Office of Research and Graduate Studies (ORGS) reports to the Vice President of Academic Affairs, and the oversight of external programs and research funds is performed by a group of experienced employees. ORGS supply the training and written procedures for setting up new awards, requesting and revising budgets, and effort reporting and certification.

The Dean of Research and Graduate Studies establishes the procedures for grants, contracts, and other sponsored agreements.

- 13.6 The institution (a) is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended and (b) audits financial aid programs as required by federal and state regulations. In reviewing the institution's compliance with these program responsibilities under Title IV, SACSCOC relies on documentation forwarded to it by the U. S. Department of Education.

*(Federal and state responsibilities)* **[Off-Site/On-Site Review]**

### **Non-Compliance**

The Approval letter from the United States Department of Education provided as evidence states in the Automatic Termination of Approval section that the approval for the institution's participation in Title IV, HEA programs automatically terminates on September 30, 2020. A Program Participation agreement shows a reapplication date of June 30, 2020. While several years of the

annual Fiscal Operations Report and Application to Participate (FISAP) are presented, none for the current period are provided.

Audit findings in 2017 resulted in the institution taking corrective action to accurately determine return of Title IV funds. The institution was selected to be included in the Texas Statewide Single Audit in September of 2020 with results available in Spring of 2021. The Off-Site Reaffirmation Committee was unable to determine if corrective actions required by the state auditing office have been implemented.

- 13.7 The institution ensures adequate physical facilities and resources, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities.

*(Physical resources)* [Off-Site/On-Site Review]

#### **Non-Compliance**

The Building Inventory lists the 157 buildings and 4.8 million gross square feet of space and includes a column labeled "Cond" for condition. However, no explanation of its definition or the meaning of the scores in the column are provided, therefore it is difficult to assess the condition and adequacy of all buildings supported by the institution.

Building assessment seems to be conducted through general inspection and by asking each member of the physical plant team to report issues on a regular basis. Aging buildings and infrastructure are part of a systematic approach to grade systems needing replacement and are presented to the Board of Regents on an annual basis for funding.

The Master Plan presents an informed and flexible avenue to guide institutional leadership in making sound decisions consistent with their mission in a time of economic uncertainty. The institution's Space Usage Efficiency report should serve as a valuable tool in educating faculty, staff, and students on the availability of laboratories or classroom space. The Off-Site Reaffirmation Committee was unable to determine the condition and adequacy of all building supported by the institution from the evidence provided.

- 13.8 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community.

*(Institutional environment)*

[Note: An institution should also include information about the status of any open or closed investigations by the U.S. Department of Education's Office of Civil Rights related to sexual violence that were active at the time of, or have occurred since, the institution's last comprehensive review. If there have been no such investigations, the institution should indicate as much.]

### **Compliance**

The National Council for Home and Safety ranked the institution at number 55 for the safest colleges in America for 2018. Reasoning behind the award are the plethora of surveillance cameras (900) and the availability of the 300 emergency call boxes. The accolades for this accomplishment go to the community team effort used by institution to take care of the faculty, staff, and students.

It is the policy of the institution, in accordance with federal and state law, to prohibit unlawful discrimination on the basis of race, color, religion, national origin, sex, age, disability, genetic information, citizenship, and veteran status. Additionally, the institution prohibits discrimination on the basis of sexual orientation, gender identity, and gender expression. Unlawful discrimination based on sex includes discrimination defined as sexual harassment.

To ensure compliance with state and federal regulations related to sexual misconduct and gender-based violence, the institution provides training and resources through the Lumberjack Care Office as the central repository of training and other resources for Title IX. There have been no USDE Office of Civil Rights investigations into sexual violence since the last SACSCOC comprehensive review.

## **Section 14: Transparency and Institutional Representation**

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- 14.1 The institution (a) accurately represents its accreditation status and publishes the name, address, and telephone number of SACSCOC in accordance with SACSCOC's requirements and federal policy; and (b) ensures all its branch campuses include the name of that institution and make it clear that their accreditation depends on the continued accreditation of the parent campus.  
(*Publication of accreditation status*) [Off-Site/On-Site Review]

### **Compliance**

The institution publishes its SACSCOC accreditation status and contact information for SACSCOC in the Undergraduate and Graduate Bulletin and on the institution's website. The institution does not have branch campuses.

- 14.2 The institution has a policy and procedure to ensure that all substantive changes are reported in accordance with SACSCOC’s policy.  
(*Substantive change*)

### **Compliance**

The institution has policies (e.g., Policy 4.10 Substantive Change) and procedures (e.g., questions built into the online curriculum change platform) to ensure that substantive changes are reported in a timely manner to SACSCOC. Responsibility for reporting substantive changes lies with the institution’s president or president’s designee, typically the associate provost serving as SACSCOC liaison.

In fall 2016, the phase-out of the Environment and Health Occupational MS track offered at the University of Texas Health Science Center in Tyler, Texas, was initiated without notification to SACSCOC. Once the oversight was noted, the institution submitted a substantive change proposal to close the program in fall 2018. Institutional Policy 4.10 was subsequently revised to include mandatory substantive change workshops for all academic unit heads. The institution has since implemented two of these workshops, in May and October of 2019. The workshop presentation was included as supporting documentation.

- 14.3 The institution applies all appropriate standards and policies to its distance learning programs, branch campuses, and off-campus instructional sites.  
(*Comprehensive institutional reviews*) [**Off-Site/On-Site Review**]

### **Compliance**

Students can access all support services, including library services and student support services, online and at all physical locations. Student outcome data from off-campus instructional sites and distance learning programs are included in program review, both as a whole and with the distance learning program data disaggregated to ensure program standards consistency. Policies regarding qualified faculty are consistently implemented across all sites and distance education, including dual enrollment instructional sites. The institution has no branch campuses.

- 14.4 The institution (a) represents itself accurately to all U.S. Department of Education recognized accrediting agencies with which it holds accreditation and (b) informs those agencies of any change of accreditation status, including the imposition of public sanctions. (See SACSCOC policy “Accrediting Decisions of Other Agencies.”)  
(*Representation to other agencies*) [**Off-Site/On-Site Review**]  
[\[Note: Institutions responding to part \(a\) of this standard should provide evidence \(e.g., appropriate portion of the most recent self-study, report from the other accreditor, etc.\)](#)

that demonstrates the accurate representation to other U.S. DOE recognized agencies with regard to such things as institutional purpose, governance, programs, and finances.]

### **Non-Compliance**

The institution maintains its accreditation statuses on a publicly available institutional website, and has procedures in place to remind academic units of the need for accurate and consistent reporting of its SACSCOC accreditation status. The institution has not been involuntarily terminated nor received any negative action by any accrediting agency. In 2018, the institution voluntarily withdrew its English Language Institute from the Commission on English Language Program Accreditation without notifying SACSCOC. SACSCOC learned of this through an unsolicited information. Since that time, the institution has implemented additional measures to ensure that all changes are reported in a timely manner. However, the Off-Site Reaffirmation Committee was unable to determine whether the institution accurately represents itself to all U.S. DOE recognized accrediting agencies other than SACSCOC.

- 14.5 The institution complies with SACSCOC’s policy statements that pertain to new or additional institutional obligations that may arise that are not part of the standards in the current *Principles of Accreditation*.  
(Policy compliance)  
(Note: For applicable policies, institutions should refer to the SACSCOC website [<http://www.sacscoc.org>])

#### **14.5.a “Reaffirmation of Accreditation and Subsequent Reports”**

**Applicable Policy Statement.** If an institution is part of a system or corporate structure, a description of the system operation (or corporate structure) is submitted as part of the Compliance Certification for the decennial review. The description should be designed to help members of the peer review committees understand the mission, governance, and operating procedures of the system and the individual institution’s role with in that system.

**Documentation:** The institution should provide a description of the system operation and structure or the corporate structure if this applies.

(Policy compliance: “*Reaffirmation of Accreditation and Subsequent Reports*”)

### **Not applicable**

#### **14.5.b “Separate Accreditation for Units of a Member Institution”**

**Applicable Policy Statement.** If the Commission on Colleges determines that an extended unit is autonomous to the extent that the control over that unit by the parent or its board is significantly impaired, the Commission may direct that the extended unit seek to become a separately accredited institution. A unit which seeks separate accreditation should bear a different name from that of the parent. A unit which is located in a state or country outside

the geographic jurisdiction of the Southern Association of Colleges and Schools and which the Commission determines should be separately accredited or the institution requests to be separately accredited, applies for separate accreditation from the regional accrediting association that accredits colleges in that state or country.

**Implementation:** If, during its review of the institution, the Commission determines that an extended unit is sufficiently autonomous to the extent that the parent campus has little or no control, the Commission will use this policy to recommend separate accreditation of the extended unit. No response is required by the institution.

*(Policy compliance: "Separate Accreditation for Units of a Member Institution")*

**Not applicable**

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

Preliminary

### Part III. Assessment of the Quality Enhancement Plan

*To be completed by the On-Site Reaffirmation Committee.*

#### **Brief description of the institution's Quality Enhancement Plan**

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#### **Analysis of the Quality Enhancement Plan**

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- A. **Topic Identification.** *The institution has a topic identified through its ongoing, comprehensive planning and evaluation processes.*
- B. **Broad-based Support.** *The plan has the broad-based support of institutional constituencies.*
- C. **Focus of the Plan.** *The institution identifies a significant issue that focuses on improving specific student learning outcomes and/or student success.*
- D. **Institutional Capability for the Initiation, Implementation, and Completion of the Plan.** *The institution provides evidence that it has committed sufficient resources to initiate, implement, and complete the QEP.*
- E. **Assessment of the Plan.** *The institution has developed an appropriate plan to assess achievement.*

#### **Analysis and Comments for Strengthening the QEP**

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## Part IV. Third-Party Comments

*To be completed by the On-Site Reaffirmation Committee.*

If an institution receives Third-Party Comments, the institution has an opportunity to respond to those comments and the On-Site Reaffirmation Committee reviews the response as part of its comprehensive evaluation of the institution.

The Committee should check one of the following:

\_\_\_ No Third-Party Comments submitted.

\_\_\_ Third-Party Comments submitted. (*Address the items below.*)

*1. Describe the nature of the Comments and any allegations of non-compliance that may have been part of the formal Third-Party Comments;*

*2. Indicate whether the Committee found evidence in support of any allegations of non-compliance.*

*If found to be out of compliance, the Committee should write a recommendation and include it in Part II under the standard cited with a full narrative that describes why the institution was found to be out of compliance and the documentation that supports that determination. In this space, reference the number of the Core Requirement, Comprehensive Standard, or Federal Requirement and the recommendation number cited in Part II.*

*If determined to be in compliance, explain in this space the reasons and refer to the documentation in support of this finding.*

## APPENDIX A

<b>Roster of the Off-Site Reaffirmation Committee</b>	<b>Roster of the On-Site Reaffirmation Committee</b>
<p><b>Dr. Lauren E. Bland</b> Associate Professor, Communication Sciences and Disorders Western Kentucky University Bowling Green, KY</p> <p><b>Dr. Kelli R. Brown</b> Chancellor Western Carolina University Cullowhee, NC</p> <p><b>Dr. Karla L. Davis-Salazar</b> Associate Professor of Anthropology University of South Florida Tampa, FL 33620</p> <p><b>Dr. Chaudron Gille</b> Provost and Senior Vice President University of North Gainesville, GA 30501</p> <p><b>Alena C. Hampton</b> Associate Dean for Student Success College of Health Professions Virginia Commonwealth Glen Allen, VA 23059</p> <p><b>Dr. Beth R. Jones</b> Associate Vice President Finance and Administration Georgia State University Kennesaw, GA</p> <p><b>Dr. Brian K. Payne</b> Vice Provost Old Dominion University Norfolk VA</p> <p><b>Dr. Tanlee T. Wasson</b> Vice President Student Success, Student Affairs and Institutional Effectiveness Eastern Kentucky University Richmond, KY</p> <p><b>Mr. Joseph E. Weber</b> Director of Library Services Austin Peay State University Clarksville, TN</p> <p><b>Dr. Stephanie L. Kirschmann</b></p>	

**Vice President  
SACSCOC  
Decatur, GA**

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

Preliminary

## **APPENDIX B**

### **Off-Campus Sites or Distance Learning Programs Reviewed**

*(Refer to “Directions for Completion of the Report of the Reaffirmation Committee.”)*

Preliminary

## APPENDIX C

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

Preliminary

## Request for Justifying and Documenting Qualifications of Faculty

**Institution:** Stephen F Austin State University

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

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

1	2	3	4	5
Name of Faculty Member	Course(s) in Question	Inadequate Academic Qualifications	Insufficient Justification of Other Qualifications	Comments (if needed)
Hollie Smith	COU 544 COU 546	x		Ed.D. in curriculum and instruction does not seem adequate for graduate courses in Counseling.
Kelli Barrios	NUR 531		x	For graduate courses, no terminal degree
Lauren Gaudette	NUR 542P NUR 561P		x	For graduate courses, no terminal degree
Dusty Jenkins	PSY 153 PSY 301		x	
John Janda	ELE 441 SLE 442	x		No degree listed

*Form Adopted: January 2007  
Updated: January 2020*