MEMORANDUM

TO: Institutional Executive Officers

FROM: Alfred Rankins, Jr., Ph.D.
Commissioner of Higher Education

DATE: June 25, 2019

SUBJECT: **Board Meeting Materials**

Thank you for all you do to ensure the Board of Trustees has all the information necessary to make fully informed decisions for the universities within the system. As you know, we have developed and used templates for each of the program areas to ensure that the Trustees have the information they need for each item placed on the Board Agenda.

To assist you and your staff with preparing items for the Board agenda, we have compiled all templates into the attached document, along with contact information for the IHL staff members who are responsible for the various committees and components of the Board Agenda.

Thank you for the time and careful attention you and your staff devote to submitting items for Board consideration and ensuring the submissions are made in a timely manner with complete information. I hope this document will help you streamline the process at the campus level and prevent the need for additional questions from IHL staff once submitted.

Please contact Marcus Thompson if you have questions about the template or the process for submitting items for consideration.

Guidelines and Templates
for
Board Agenda Submissions

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Contact List

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July - Dec 2019 Submission Deadlines
MS Board of Trustees of State Institutions of Higher Learning

Board Meeting Dates 2019	July 18	Aug 15	Sept 19	Oct 17	Nov 21	Dec 19	Jan 2020
Location	Subject to Call	Board Office	Board Office	Board Office	MVSU	Subject to Call	
Universities email cover letter, agenda items, & supporting documents to designated IHL staff by 2:00 p.m.	6/6	7/2	8/1	9/5	10/3	11/7	12/5/19
Distribute DRAFT Board Book via BoardEffect	7/10	8/7	9/11	10/9	11/13	12/11	
Distribute Board Book via BoardEffect (Subject to change)	7/17	8/14	9/17	10/16	11/20	12/18	

Revised 6/25/19

Naming Convention Guidelines for Agenda Items

Mississippi Institutions of Higher Learning

Agenda Submissions

Agenda items should be submitted according to the schedule provided by the Commissioner's Office. Naming conventions were developed to assist IHL staff with organizing the numerous files submitted by the universities.

Email   <u>Include the following files with the email to the IHL staff:</u>
Cover Letter (1 file providing a list of the items for consideration)
Agenda Summary (1 file listing each item with a detailed description)
Contracts and related documents (multiple files described below)

Note: Some agenda items will not have separate files and will only be included on the "agenda summary" document. For instance, personnel items usually don't require additional documentation.

Cover Letter & Agenda Summary Files   The cover letter and agenda summary files should begin the naming convention style starting with the university's initials followed by "00", then the letter, the title of the document and ending with the month, year. The cover letter can be submitted in MS Word or PDF. The agenda summary should always be submitted in MS Word.

General Example   MSU00A Cover Letter April 2019
MSU00B Agenda Summary April 2019

Note: The university initials to be used are as follows: ASU, DSU, JSU, MSU, MUW, MVSU, UM, UMMC, USM.

Finance Agenda

Financial Contracts

Contracts should be listed in alphabetical order. The university initials should be the first letters followed by the order of the contracts as they fall by alphabetical order. The first contract will receive the number "O1". The second contract would receive the number "02."

Each submission document is a separate PDF file (unless noted otherwise) and has its own letter designation (A – Ownership Disclosure; B – Agenda Item Write Up; C – Contract Submission Form; D – Contract; E – Certificate of Insurance; F – Supplemental Financial Information; G – MS Word file of the agenda item; H – MS Word file of the contract). If a document is not applicable with a contract, skip that letter.

General Example   ASU01A Ownership Disclosure "Vendor Name" Month Year
ASU01B Agenda Item "Vendor Name" Month Year
ASU01C Contract Submission Form "Vendor Name" Month Year
ASU01D Contract "Vendor Name" Month Year
ASU01E Certificate of Insurance "Vendor Name" Month Year
ASU01F Supplemental Financial Information "Vendor Name" Month Year
ASU01G Agenda Item Word File "Vendor Name" Month Year
ASU01H Contract Word File "Vendor Name" Month Year

Specific Example   This example is for a contract for Alcorn State University with "Alpha File Service, Inc." There is no supplemental financial information with this contract, so there will be no "F" file.

> ASU01A Ownership Disclosure Alpha File Service Inc April 2019
> ASU01B Agenda Item Alpha File Service Inc April 2019
> ASU01C Contract Submission Form Alpha File Service Inc April 2019
> ASU01D Contract Alpha File Service Inc April 2019
> ASU01E Certificate of Insurance Alpha File Service Inc April 2019
> ASU01G Agenda Item Alpha File Service Inc April 2019
> ASU01H Contract Alpha File Service Inc April 2019

A second contract for Alcorn State University with "Beta Testing Service LLC" would follow the same convention above, except it would receive the designation "02" in the place of "01" above because it is the 2nd contract in alphabetical order. This convention continues until all contracts are named ("03," "04," etc.)

Other Finance Items

These documents may be resolutions, purchase agreements, statement of work, or any other finance items. Use the naming conventions noted above as are applicable. For instance, B will be the agenda item write up in PDF. D will be the resolution, purchase agreement, statement of work, etc. G will be the agenda item write up in MS Word. For all other documents, please seek advice from the IHL staff.

General Example   UM01B Agenda Item "Entity Name" Month Year
UM01D "Type of Document" "Entity Name" Month Year
UM01G Agenda Item Word File "Entity Name" Month Year

Specific Example   This example is for a statement of work for the University of Mississippi Medical Center with "Global Screening."

> UM01B Agenda Item UM Auxiliary Budget Escalation April 2019
> UM01D Budget Revision Escalation Request Form April 2019
> UM01G Agenda Item (Word File) UM Auxiliary Budget Escalation April 2019

Note: In the future there may be other documents to include as part of the standard submission packet. You will be notified of the letter to use for these additional files.

Real Estate Agenda

There are various documents submitted under the Real Estate section including renderings, easements, property purchase agreement, property sale agreement, etc. These are in addition to the information included in the "agenda summary" mentioned above.

Each submission document is a separate PDF file (unless noted otherwise) and has its own letter designation (A – Form B, Form D, and the Agenda Item Template in one PDF; B – Agenda Item Template as a MS Word file; C – Additional Supporting Documents such as Easements, Renderings, Appraisals, Legal Descriptions, MDAH Letters for Demolition, etc.). If a document is not applicable, skip that letter.

General Example   JSURE01A Agenda Item Template "Entity Name" Month Year
JSURE01B Agenda Item Template Word File "Entity Name" Month Year
JSURE01C "Type of Document" "Entity Name" Month Year

Specific Example   This example is for a rendering of the rendering of the "Rankins Student Union" for Jackson State University. Renderings should be submitted as .jpg files.

> JSURE01A Agenda Item Rankins Student Union April 2019
> JSURE01B Agenda Item Word File Rankins Student Union April 2019
> JSURE01C Rendering Rankins Student Union April 2019

Note: In the future there may be other documents to include as part of the standard submission packet. You will be notified of the letter to use for these additional files.

Legal Agenda

There are various documents submitted under the Legal section that are not included in the "agenda summary" document noted above. These documents may include affiliation agreements, interlocal agreements, fee schedules for immigration lawyers, contracts for in-state non-employee lobbyists, etc. all of which are needed in a MS Word file.

Each submission document is a separate MS Word file and has its own letter designation (A – Agenda Item Write Up in MS Word; B – Document). If a document is not applicable, skip that letter.

General Example   USMLeg01A Agenda Item Word File "Entity Name" Month Year
                        USMLeg01B "Type of Document" "Entity Name" Month Year

Specific Example   This example is for an affiliation agreement with "Round Tree Foundation" for the University of Southern Mississippi. Since this item is included in the "agenda summary" there will only be the agreement.

> USMLeg01B Affiliation Agreement Round Tree Foundation April 2019

For more information please contact the Commissioner's Office.

Institutions Higher Learning

3825 Ridgewood Rd.

Jackson, MS, 39211

http://www.ihl.state.ms.us/

(601) 432-6623

Mississippi Institutions of Higher Learning

ACADEMIC GUIDELINES

Office of Academic and Student Affairs
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Phone: (601) 432-6501

Amended June 2019

Contents

Degree Programs

Accreditation Reporting (General)

Board Policy 507 requires institutions to maintain regional accreditation with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and to actively seek accreditation for all programs for which professional accreditation is available.

It is expected that the institutions:

- Will submit to the Commissioner of Higher Education a copy of any letter received from an accrediting body stating formal action taken by the body;

- Will make available to the Commissioner of Higher Education any documents including site visit reports and other documents commonly included as part of the accreditation process;

- Will submit to the Commissioner of Higher Education a copy of the Compliance Certification Report and Quality Enhancement Plan submitted in connection with SACSCOC accreditation review (electronically if available);

- Will notify the Commissioner of Higher Education of all site visits by accreditation agencies;

- Will make a copy of any specialized accrediting agency self-study documents at the request of the Commissioner of Higher Education or Board; and

- Will give the Commissioner of Higher Education or designee an opportunity to meet with the accreditation committee and/or participate in the exit conference at the request of the accrediting agency.

Additionally, institutions are to annually report to the Office of Academic and Student Affairs each accreditation visit or change in any accreditation status between July 1st and June 30th.

Process

1. An institution shall submit one electronic copy of the *Accreditation Reporting Form* (Appendix 3) to the Office of Academic and Student Affairs by August 1st.

2. The information will be placed on the October agenda of the Chief Academic Officer's Council meeting.

3. The Associate Commissioner of Academic and Student Affairs will apprise the Commissioner of the information.

4. The Board of Trustees will receive the Institutional Accreditation Report as information at the November meeting.

Accreditation Reporting (No Professional Accreditation)

Periodic reviews of academic degree programs which have accreditation through professional accreditation agencies will have those reviews stand for a qualitative program review; however, the institution shall conduct a qualitative program review on a ten-year cycle for those academic degree programs which have no professional accreditation agency.

The assessment should serve to guide development of individual programs and to inform administrators making decisions about the allocation of resources. The essential elements of the program review shall include:

- Evaluation of the quality and productivity of the program;
- Evaluation of the success of the program in fulfilling its mission as defined by its internal strategic planning process;
- Evaluation of the program's contribution to the University's mission; and
- Recommendations for the program's improvement.

Process

1. The institution will conduct a qualitative program review on a ten-year cycle for those academic degree programs which have no professional accreditation agency.

2. The university shall submit one electronic copy and one paper copy of the *Assessment of Non-Professionally Accredited Degree Programs* (appendix 4) to the Office of Academic and Student Affairs (OASA) no later than 30 days following the completion of the qualitative program review.

3. The submissions will be evaluated by OASA.

4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the submission no later than 30 days following the qualitative program review submission.

Academic Productivity Review

The Board reviews the productivity of academic programs in order to ensure effective use of State resources, reduce unnecessary academic program duplication among universities, and eliminate unproductive programs. Academic Productivity Review (APR) is triggered by the insufficiency of graduation rates as below:

- Baccalaureate Level – Graduation of eighteen (18) students over a three-year period;
- Master's Level – Graduation of twelve (12) students over a three-year period;
- Specialist's Level – Graduation of five (5) students over a three-year period; and
- Doctorate Level – Graduation of five (5) students over a three-year period.

For degree programs that offer more than one degree option at the same level, the Office of Academic and Student Affairs (OASA) will aggregate data for all options at that level (e.g. BA/BS, MA/MFA, or EdD/PhD) before quantitative standards for productivity are applied. Also, baccalaureate degree programs with two digit CIP codes 16, 23, 26, 27, 40, and 54 will be exempt from graduation of eighteen students over a three-year period as these degree programs offer courses essential to completion of the general education core.

If the program does not meet the rates above, the program will be automatically placed on stipulation and will be deleted from the API unless the university submits an *Academic Productivity Review Proposal* (appendix 5) which provides a sufficient justification and corrective action plan and meets the standard within two years.

New baccalaureate degree programs shall have seven years to meet the graduation rates. Master's and specialist's degree programs shall have five years to meet the graduation rates. Doctorate programs shall have six years to meet graduation rates.

Process

1. OASA will begin the annual APR in January. Any program not meeting the standards for student demand triggers a further review.

2. OASA will notify the university in March of any program not meeting the standards for student demand.

3. By mid-July, the university shall submit to OASA one electronic copy of the *Academic Productivity Review Proposal* (appendix 5) for each program not meeting the standards for student demand OR the *Modifications to an Existing Degree Program* Proposal (appendix 9a, 9b, or 9c) in order to consolidate, suspend, or delete the degree program.

4. The submissions will be evaluated by OASA.

5. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the institution's submissions in August. The recommendation may include:

    a. Continue the degree program without stipulations;

    b. Continue the degree program for a two-year period with stipulations* including completion of an annual report of progress towards productive status; or

    c. Delete the degree program.

6. The Board of Trustees will act upon any Associate Commissioner of Academic and Student Affairs' recommendations at the **October** meeting.

*For programs under stipulation, annual reports are due by December 1 in the academic year <u>following action by the Board</u> (i.e. if the Board approves continuing the program with stipulations in October, then the 1st annual report is due December 1 of the next year.

New Academic Program Audit

All academic degree programs are subject to systematic review by the Office of Academic and Student Affairs (OASA). Moreover, recently approved programs and other select programs may be subject to more frequent reviews. The audit of recently approved academic programs ensures that the program outcomes are congruent with the Board-approved proposal.

Process

1. OASA will begin the systematic audit of recently approved academic programs by informing chief academic officers in March of the academic programs that will be audited at their respective institutions.

2. Institutions shall submit a copy of the *New Academic Program Audit Proposal* (appendix 6) to the Office of Academic and Student Affairs by mid-July.

3. The submissions will be evaluated by OASA. If deemed necessary by OASA, campus visit may be scheduled to acquire additional information on the progress of the program.

4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the degree program in August.

Establishment of New Degree Programs

New degree program requests are considered by the Board of Trustees at the **February** and **November** Board meetings.

When required by SACSCOC guidelines for substantive change, institutions must adhere to SACS procedures for proper notification and/or approval. New degree programs that are substantive changes <u>will not be added to the Academic Program Inventory and institutions are prohibited from admitting students</u> until the Office of Academic and Student Affairs receives documentation that the program has been included in the scope of the institution's accreditation.

When approved by the Board of Trustees and there are no substantive change limitations for admitting students, a new degree program shall enroll students within two academic years of approval. If the program has not enrolled students by the end of the second academic year, Board approval is rescinded, and the program will be deleted from the Academic Program Inventory.

It is expected that all new degree programs:

- Will be consistent with the role and mission of the institution;

- Will be considered only when all university degree programs within that discipline have professional accreditation (if available) and have met the minimum standards of productivity;

- Will be considered only when professional accreditation will be sought for this program (if available);

- Will require no more than 124 credit hours towards graduation if the request is for an undergraduate program, unless it meets the standard for exception;

- Will be consistent with the curricula of similar programs in this discipline and will meet any licensing or certification needs;

- Will meet local, state, regional, and national educational, societal, or cultural needs;

- Will not be unnecessarily duplicative of other programs within the System;

- Will be funded through documented resources; and

- Will include procedures for program effectiveness.

Process

	Month of Anticipated Final Board Approval	
	February	**November**
<u>The Authorization to Plan a New Degree Program</u>		
1. A university requesting a new degree program shall submit one electronic copy of the Authorization to Plan (appendix 7) to the Office of Academic and Student Affairs (OASA)	**August 1**	**March 1**
2. All *Authorization to Plan* requests will be sent to the Council of Chief Academic Officers (CAO)	September	April
3. The requests will be placed on the agendas of the Council of CAO and/or the Council of Institutional Executive Officers (IEO)	September	April
4. The requests will be placed before the Board of Trustees Academic Affairs (AA) committee and the committee will render a decision	October	May
<u>The New Degree Program Proposal</u>		
5. If granted authorization to plan, the *New Academic Degree Proposal* (appendix 8) is due to the OASA	**December 1**	**September 1**
6. The requests will be sent to the Council of CAO	January	October
7. The full New Academic Degree Proposal will be placed on the CAO agenda	January	October
8. **The full New Academic Degree Proposal will be placed on the full Board agenda for action**	**February**	**November**

Modifications to Existing Degree Programs

Modifications to existing degree program requests are considered by the Board of Trustees at the **April** and **October** Board meetings. This type of request includes any renaming, consolidation, suspension, or deletion of a degree program. (Changes to Classification of Instructional Programs (CIP) codes require no formal action by the Board of Trustees but rather require the approval of the Associate Commissioner of Academic and Student Affairs.)

It is expected that all *renaming* of existing degree programs:

- Will be consistent with the role and mission of the institution;
- Will be consistent with the curriculum of the present program; and
- Will not be unnecessarily duplicative of other programs within the System.

It is expected that all *consolidations* of existing degree programs:

- Will be consistent with the role and mission of the institution;
- Will be considered only when all university degree programs within that discipline have professional accreditation (if available) and have met the minimum standards of productivity;
- Will be considered only when professional accreditation will be sought for this program (if available);
- Will require no more than 124 credit hours towards graduation if the request is for an undergraduate program unless it meets the standard for exception;
- Will be consistent with the curricula of similar programs in this discipline and will meet any licensing or certification needs;
- Will meet local, state, regional, and national educational, societal, or cultural needs;
- Will not be unnecessarily duplicative of other programs within the System; and
- Will include procedures for program effectiveness.

It is expected that all *suspensions* of existing degree programs:

- Will be consistent with the role and mission of the institution; and
- Will affect a minimum number of students and faculty.

  NOTE: The suspension of a program means that the program remains an authorized program at the institution, but new students are no longer permitted to enroll. A program may be suspended, without obtaining Board approval, for a period not to exceed three academic years and may subsequently be reinstated by the institution within that period. However, OASA must be advised of such actions. If the program has not been reactivated by the end of the third academic year, the program will be deleted from the Academic Program Inventory.

It is expected that all *deletions* of existing degree programs:

- Will be consistent with the role and mission of the institution; and
- Will affect a minimum number of students, faculty, and staff.

Process

1. A university requesting modifications to an existing degree program shall submit one electronic copy of the *Modifications to an Existing Degree Program Proposal* (appendix 9a, 9b, or 9c) to the OASA two months prior to the Board meeting at which action is expected (i.e., the 1st of February or July prior to the respective Board meeting).

2. Request for modifications to an existing degree program will be evaluated by OASA during the two months prior to the Board meeting at which action is expected and placed on the agenda of the Chief Academic Officer's Council meeting one month prior to the Board meeting at which action is expected.

3. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the requests for modifications to an existing degree program during the month prior to the Board meeting at which action is expected.

4. If the Associate Commissioner of Academic and Student Affairs renders a positive decision, the requests for modification to an existing academic degree program will be placed on the Board of Trustees' agenda.

Implementation of Distance Learning Degree Programs

All distance learning programs shall be in accord with Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) *Principles of Accreditation* and Southern Regional Education Board *Principles of Good Practice*. Unless otherwise provided, all Board and university policies, standards, and guidelines for on and off campus instruction apply to distance learning. (If the distance learning program is a new degree program rather than an extension of a degree program already approved by the Board of Trustees, then an *Authorization to Plan* must be completed.)

Additionally, it is expected that all distance learning degree *programs*:

- Will be consistent with the role and mission of the institution;

- Will be considered only when all university degree programs within that discipline have professional accreditation (if available) and have met the minimum standards of productivity;

- Will be considered only when professional accreditation will be sought for this program (if available);

- Will require no more than 124 credit hours towards graduation if the request is for an undergraduate program unless it meets the standard for exception;

- Will be consistent with the curricula of similar programs in this discipline and will meet any licensing or certification needs;

- Will meet local, state, regional, and national educational, societal, or cultural needs;

- Will not be unnecessarily duplicative of other programs within the System;

- Will be funded through documented resources;

- Will include procedures for program effectiveness; and

- Will take into account Board Policy 201.0507 (especially, sections D, E, and I).

Process

1. A university requesting to offer a degree program by distance learning shall submit one electronic copy of the *Report of Intent to Offer an Existing Degree Program by Distance Learning* (appendix 10) to the Office of Academic and Student Affairs (OASA). If the Report is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.
2. The Report will be evaluated by OASA.
3. The Report will be placed on the agenda of the Chief Academic Officer's Council meeting.
4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the Report.
5. The Board of Trustees will receive as information the *Report of Intent* at the appropriate meeting.

Establishment of Certificate Programs

The establishment or modifications of certificate programs require no formal action by the Board of Trustees; however, the Associate Commissioner of Academic and Student Affairs should be informed by **Appendix 16** of any certificate programs that carry academic credit in order that the programs are placed on the academic program inventory. The letter shall include the college/school/department in which the certificate program is to be located; name of the certificate; CIP code of the certificate; and number of credit hours for completion. Additionally, all certificate programs should follow the guidelines below.

- Certificate programs shall be consistent with the mission of the institution.
- Certificates programs shall be consistent with degree programs offered by the institution.
- Certificate programs shall require students to meet admission requirements of the institution.
- Certificate programs shall not exceed the level of courses offered by the institution.
- Certificate programs shall be greater than 9 semester hours but no more than 59 semester hours.
- Institutions offering certificate programs will maintain enrollment and completion data as part of the students' record.
- Certificate programs are submitted to the Office of Academic and Student Affairs on Appendix 16.

Off-Campus Academic Programs

Off-campus academic programs are defined as those programs that are delivered partially <u>or</u> entirely away from an IHL university campus and the mode of delivery involves a <u>physical presence</u> of IHL faculty or staff providing instruction away from a university campus location. This <u>does not</u> include distance learning degree programs.

Process

1. A university shall submit one copy of the *Off-Campus Academic Programs Reporting Form (appendix 11) to the Office of Academic and Student Affairs (OASA)* in July and September.

2. The OASA will maintain a listing of off-campus academic programs and location(s) where these programs are offered.

3. A report of new off-campus programs is presented to the Board for information at the November meeting; this report will be placed on the IEO and CAO meeting agendas in the month prior to presentation to the Board.

Academic Units

Establishment of New Academic Units

New academic unit requests are considered by the Board of Trustees at the **April** and **October** Board meetings. This type of request includes any new departments, schools, colleges, centers, and institutes.

It is expected that all new academic units:

- Will be consistent with the role and mission of the institution;

- Will be considered only when all degree programs within the proposed unit have professional accreditation (if available) and have met the minimum standards of productivity (if professional accreditation is not available);

- Will not result in the expansion of the institution's academic degree program inventory;

- Will be consistent with the academic unit structures of peer institutions; and

- Will be funded through documented resources.

Process

1. A university requesting a new academic unit shall submit one electronic copy and one paper copy of the *New Academic Unit Proposal* (appendix 12) to the Office of Academic and Student Affairs (OASA) two months prior to the Board meeting at which action is expected (i.e., the 1st of February or July prior to the respective Board meeting). If the proposal is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.

2. New academic unit requests will be evaluated by OASA during the two months prior to the Board meeting at which action is expected.

3. New academic unit requests will be placed on the agenda of the Chief Academic Officer's Council meeting one month prior to the Board meeting at which action is expected.

4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the new academic unit request during the month prior to the Board meeting at which action is expected.

5. The Associate Commissioner of Academic and Student Affairs will make a recommendation to the Commissioner during the month prior to the Board meeting at which action is expected.

6. The Commissioner will make a recommendation to the Board of Trustees in the respective month at which action is expected.

7. The Board of Trustees will act upon new academic unit requests at the appropriate meeting.

Modifications to Existing Academic Units

Modifications to existing academic unit requests are considered by the Board of Trustees at the **April** and **October** Board meetings. This type of request includes any renaming, reorganization, or deletion of departments, schools, colleges, centers and institutes.

It is expected that all *renaming* and *reorganization* of existing academic units:

- Will be consistent with the role and mission of the institution;

- Will be considered only when all degree programs within the proposed unit have professional accreditation (if available) and have met the minimum standards of productivity (if professional accreditation is not available);

- Will not result in the expansion of the institution's academic degree program inventory;

- Will be consistent with the academic unit structures of peer institutions; and

- Will be funded through documented resources.

It is expected that all *deletions* of existing academic units:

- Will be consistent with the role and mission of the institution; and

- Will affect a minimum number of students, faculty, and staff.

Process

1. A university requesting to modify an existing academic unit shall submit one electronic copy and one paper copy of the *Modifications to an Existing Academic Unit Proposal* (appendix 13a, 13b, or 13c) to the Office of Academic and Student Affairs (OASA) two months prior to the Board meeting at which action is expected (i.e., the 1st of February or July prior to the respective Board meeting). If the proposal is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.

2. Requests for modifications to an existing academic unit will be evaluated by OASA during the two months prior to the Board meeting at which action is expected.

3. Requests for modifications to an existing academic unit will be placed on the agenda of the Chief Academic Officer's Council meeting one month prior to the Board meeting at which action is expected.

4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the requests for modifications to an existing academic unit during the month prior to the Board meeting at which action is expected.

5. The Associate Commissioner of Academic and Student Affairs will make a recommendation to the Commissioner during the month prior to the Board meeting at which action is expected.

6. The Commissioner will make a recommendation to the Board of Trustees in the respective month at which action is expected.

7. The Board of Trustees will act upon new academic unit requests at the appropriate meeting.

Organizational Charts

Board Policy 301.0803 requires institutions to maintain current organizational charts with the Board.

It is expected that these charts:

- Will identify academic positions down to the department head level; and

- Will identify non-academic positions down to two (2) levels.

Process

1. A university shall submit one electronic copy of the *Institutional Organizational Chart* to the Office of Academic and Student Affairs (OASA) annually by the 1st of August.

Tenure

Post Tenure Review

For tenured faculty, the outcomes of the annual performance review are determined by post-tenure review policy. If overall performance is satisfactory or better, faculty remain in the regular annual performance review process. If the performance of a tenured faculty member is found to be unsatisfactory during a specified timeframe, the faculty member is required to enter a faculty development plan.

The faculty development plans are developed collaboratively by the faculty member, peers and administrators of the unit. The plans state goals with monitoring and benchmarks. Failure to meet plan objectives leads to sanctions which may include:

- Reassignment of Duties;
- Revocation of Tenure;
- Reduction in Academic Rank and Salary;
- Involuntary Leave; and/or
- Termination of Employment.

Each institution shall have post-tenure review policies and procedures:

- Consistent with the institution's mission and priorities;
- Linked to annual review policies and procedures. Institutional post-tenure review policies and procedures may require a periodic review of all tenured faculty, a review of individual faculty triggered by one or more unsatisfactory annual reviews, or a combination of periodic and triggered reviews;
- Providing for systematic and comprehensive assessments of performance, peer involvement in the post-tenure review process, and opportunities for faculty development;
- Specifying the consequences of unsatisfactory performance, including termination of service as provided in Board of Trustees Policy 403.0104; and
- Providing for appeals by aggrieved faculty.

Process

1. A university shall annually submit one paper copy of the *Institutional Post Tenure Review Reporting Form* (appendix 14) for the preceding academic year to the Office of Academic and Student Affairs (OASA) by the 1st of June. If the form is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.

2. The information will be sent to the Chief Academic Officer's Council in August.

3. The Associate Commissioner of Academic and Student Affairs will apprise the Commissioner of the information.

4. The Board of Trustees will receive the Post Tenure Review Report as information at the August meeting (Board Policy 401.0103).

Note: Board Policy 407.01 mandates that all faculty must be evaluated annually. Based on data submitted in the yearly *Institutional Post Tenure Review Reporting Form*, if a tenured faculty member did not receive an annual evaluation, explain why the annual

evaluation did not occur in the comments section of the yearly *Institutional Post Tenure Review Reporting Form.*

Tenure Report

OASA will compile tenure reports to document the tenure success rate for tenure-track faculty at each IHL institution.

Process

1. A university shall submit annually one copy of the Tenure Reporting Form (Appendix 15) to OASA by the 1st of June. If the form is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.

2. The information will be sent to the Chief Academic Officer's Council in July.

3. The Associate Commissioner of Academic and Student Affairs will apprise the Commissioner of the information.

4. The Board of Trustees will receive the Tenure Report as information at the August meeting.

Note: For a specific yearly tenure report, institutions should report faculty that received tenure **from within the cohort of tenure-track faculty hired in the appropriate academic year** (see below).

Hired (Academic Year)	**Received Tenure** (Year Tenure Approved by Board)
2013-2104	2019
2014-2015	2020
2015-2016	2021
2016-2017	2022
2017-2018	2023
2018-2019	2024
2019-2020	2025

Appendices

<h2>Appendix 1: Definitions</h2>

Academic Program Inventory

The Classification of Instructional Programs Edition 2000 (CIP) is used to classify all degree programs into major discipline divisions. Currently, there are 39 CIP codes used within the System's Academic Program Inventory (API).

Within the API, the discipline divisions are specified at the two-digit CIP code level and the degree programs are represented at the six-digit CIP code level. The API includes all degree programs which have been approved by the Board for implementation at the respective universities.

A degree program is a course of study with a prescribed set of requirements which a student must complete. It is identified by a specific degree title and a specific major subject matter area. The name of the major must reflect accurately the skills, competencies, and knowledge to be attained in the course of studies.

Distance Learning

Distance learning may be defined as "institutionally based formal education where the learning group is separated and where interactive communications systems are used to connect instructors, learners, and resources" (*The Quarterly Review of Distance Education*) or "the acquisition of knowledge and skills through mediated information and instruction, encompassing all technologies and other forms of learning at a distance" (*United States Distance Learning Association*).

A synchronous learning environment supports live, two-way oral and/or visual communications between the instructor and the student (constrained by time but not place) while an asynchronous learning environment is when communication between the instructor and the student is not real-time (constrained by neither time nor place).

Presently, a course is considered to be a distance learning course when at least fifty (50) percent of the course is available via technology-based instruction while a program is considered to be a distance learning program when at least fifty (50) percent of the program is available via technology-based instruction.

Academic Organizational Structure

Colleges and Schools are the "macro" organizational entity for collections of academic units. Their budgets are generally large, and the academic head of a college is generally a dean.

Departments are the primary academic, operational, and administrative organizational units. Departments are organized around common and similar academic areas, and generally command notable budgets. Faculty numbers could range from small (e.g., six or so faculty) to large (twenty or more faculty).

Centers and institutes with Extensive Scope and Outreach (ESO) are broadly focused administrative entities having larger numbers of faculty and staff associated with them. The budgets for ESO centers or institutes are generally large and the activities of these administrative units are often multi-institutional, serve larger geographical regions across the state and beyond, and involve more colleagues, often from several distinct academic and professional fields. Each ESO organizational entity has at least a statewide mission, and they often connect to several Mississippi institutions as well as agencies outside of Mississippi.

Centers and institutes with Limited Scope and Outreach (LSO) are narrowly focused administrative entities having few faculty and staff associated with them. The budgets for LSO centers or institutes are generally small and the activities of these administrative units are often primarily within a single university. The outreach of this type of center or institute usually involves only the single university where the unit is housed, appropriate professional organizations, and local communities.

Appendix 2: Classification of Instructional Programs (CIP)

The Classification of Instructional Programs Edition 2019 (CIP) is used to classify all degree programs into major discipline divisions. Currently, the 33 codes used within the System are:

Classification of Instructional Programs Edition 2019	
Code	**Title**
01.	Agriculture, Agriculture Operations, and Related Sciences
03.	Natural Resources and Conservation
04.	Architecture and Related Services
05.	Area, Ethnic, Cultural, and Gender Studies
09.	Communication, Journalism, and Related Programs
11.	Computer and Information Sciences and Support Services
12.	Personal and Culinary Services
13.	Education
14.	Engineering
15.	Engineering Technologies/Technicians
16.	Foreign Languages, Literatures, and Linguistics
19.	Family and Consumer Sciences/Human Sciences
22.	Legal Professions and Studies
23.	English Language and Literature/Letters
24.	Liberal Arts and Sciences, General Studies and Humanities
25.	Library Science
26.	Biological and Biomedical Sciences
27.	Mathematics and Statistics
29.	Military Technologies
30.	Multi/Interdisciplinary Studies
31.	Parks, Recreation, Leisure and Fitness Studies
38.	Philosophy and Religious Studies
40.	Physical Sciences
41.	Science Technologies/Technicians
42.	Psychology
43.	Security and Protective Services
44.	Public Administration and Social Service Professions
45.	Social Sciences
49.	Transportation and Materials Moving
50.	Visual and Performing Arts
51.	Health Professions and Related Clinical Sciences
52.	Business, Management, Marketing, and Related Support Services
54.	History

Note: CIP Codes include undergraduate and graduate programs

Appendix 3: Accreditation Reporting Form
July 1 – June 30 – Report Only Activity within Referenced Dates
(Submit Appendix 3 in both PDF and Word Document Formats)

Area	Accreditation Agency	Date of Visit or Notification of Status Change	Reason for Visit or Status Change	Institutional Action	Accreditation Agency Action
Institutional; College; School; Degree Program(s); etc.	National Organization; State Department; etc.	Month, Year	Initial Accreditation; Continuing accreditation; Continuing State Department of Education Approval; etc.	Rejoinder; Progress Report; Substantive Change Form; Prospectus; etc.	**Accreditation for __ years (20__); Continuing accreditation for ___ years (20__); Results pending; No additional reporting required before next affirmation; etc.**
Examples:					
College of Business	Association of Collegiate Business Schools and Programs (ACBSP)	September 2008	Continuing Accreditation	Periodic Report	**Approved accreditation through 2015**
College of Education Teacher Education Program	Mississippi Department of Education (MDE)	April 2009	Continuing State Department of Education Annual Process and Performance Review	No Action	**No additional reporting required before next affirmation**
College of Education and Human Development	National Council for Accreditation of Teacher Education (NCATE)	November 2008	Continuing accreditation	Rejoinder	**Approved accreditation through 2018**
Nursing DNP	Southern Association of Colleges and Schools Commission on Colleges (SACS-COC)	March 2009	Continuing Accreditation	Substantive Change	**Report Accepted**
Special Education (Gifted Education MEd)	Council for Exceptional Children (CEC)	August 2008	Continuing Accreditation	2nd Response to Conditions Report	**Approved accreditation through 2010**

Appendix 4: Assessment of Non-Professionally Accredited Degree Programs
(Submit Appendix 4 in both PDF and Word Document Formats)

Institution:	
Date of Implementation:	**Annual Program Budget Amount:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:	**Six Digit CIP Code:**

Degree(s) Awarded:	**Credit Hour Requirements:**

Responsible Academic Unit(s):	**Institutional Contact:**

Number of Students Graduated in Last Six Years:

Year One	
Year Two	
Year Three	
Year Four	
Year Five	
Year Six	
Total	

Number of Graduates Expected in Next Six Years:

Year One	
Year Two	
Year Three	
Year Four	
Year Five	
Year Six	
Total	

Attach a copy of the following:

1. Evaluation of the quality and productivity of the program;
2. Evaluation of the success of the program in fulfilling its mission as defined by its internal strategic planning process;
3. Evaluation of the program's contribution to the University's mission; and
4. Recommendations for the program's improvement.

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Appendix 5: Academic Productivity Review Proposal
(Submit Appendix 5 in both PDF and Word Document Formats)

Institution:	

Date of Implementation:	**Annual Program Budget Amount:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:	**Six Digit CIP Code:**

Degree(s) Awarded:	**Credit Hour Requirements:**

Responsible Academic Unit(s):	**Institutional Contact:**

Number of Students Graduated in Last Six Years:		Number of Graduates Expected in Next Six Years:	
Year One		**Year One**	
Year Two		**Year Two**	
Year Three		**Year Three**	
Year Four		**Year Four**	
Year Five		**Year Five**	
Year Six		**Year Six**	
Total		**Total**	

Program Summary:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Institution:

1. Is this program furthering the mission of your institution? If so, how?

2. Is this program helping meet the priorities/goals of your strategic plan? If so, how?

3. If this program does not meet the productivity standards, then why does the institution want to keep it?

4. Does this program provide curriculum support to other fields? If so, please identify and describe the relationship between these programs.

5. Is this program helping meet local, state, regional, and national educational and cultural needs? Please describe.

6. Is this program unnecessarily duplicative of other programs within the System? If so, how?

7. Is this program advancing student diversity within the discipline? If so, how?

8. Is this program promoting economic development within the State? If so, how?

9. Will deleting this program save money? Please explain.

10. Describe the goals, objectives, and process the university will take to increase student demand for this program with timeline.

Appendix 6: New Academic Program Audit Proposal
(Submit Appendix 6 in both PDF and Word Document Formats)

Institution:	

Date of Implementation:	**Annual Program Budget Amount:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:	**Six Digit CIP Code:**

Degree(s) Awarded:	**Credit Hour Requirements:**

Responsible Academic Unit(s):	**Institutional Contact:**

Number of Students Graduated in Last Six Years:

Year One	
Year Two	
Year Three	
Year Four	
Year Five	
Year Six	
Total	

Number of Graduates Expected in Next Six Years:

Year One	
Year Two	
Year Three	
Year Four	
Year Five	
Year Six	
Total	

Program Summary:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Institution:

1. Have you met enrollment projections for this program?

2. What is the current budget for this program?

3. How many full-time, part-time, and adjunct faculty are providing program instruction?

4. Where does the program stand in relation to professional accreditation?

5. Describe the assessment/evaluation strategies currently in place and the data collected from the implementation of these strategies.

6. Describe any plans to further advance the program?

7. Describe and explain any budgetary concerns?

Appendix 7: Authorization to Plan a New Degree Program
(Submit Appendix 7 in both PDF and Word Document Formats)

Institution:	

Date of Implementation:	**Six Year Cost of Implementation:**	**Per Student Cost of Implementation:**

Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:	**Six Digit CIP Code:**

Degree(s) to be Awarded:	**Credit Hour Requirements:**

List any institutions within the state offering similar programs:

Responsible Academic Unit(s):	**Institutional Contact:**

Number of Students Expected to Enroll in First Six Years:		**Number of Graduates Expected in First Six Years:**	
Year One		Year One	
Year Two		Year Two	
Year Three		Year Three	
Year Four		Year Four	
Year Five		Year Five	
Year Six		Year Six	
Total		Total	

Program Summary:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Institution:

1. Describe the proposed program and explain how it fits within the mission of the institution.

2. Provide the information used to determine Mississippi's need for this program. Be specific and provide supporting data

3. Provide information on employment (supporting data must include state and national employment statistics

4. Describe the anticipated institutional impact including any research efforts associated with this program.

5. Provide the total anticipated budget for the program. Indicate from where the funds will come. Include the anticipated annual cost of operation. Include startup costs on the first year of operation with 5 subsequent years to equal 6-year cost of implementation as shown on page 1.

6. Use a chart to show anticipated enrollment for the first five years of the program.

7. Indicate where the proposed program is offered within the state.

    a. Chart similarities and differences in the proposed program and those offered in other institutions.

    b. Explain anticipated consequences on enrollment in other institutions offering the program, including any ramifications on the Ayers settlement

8. What is the specific basis for formulating the number of graduates expected in the first six years?

Appendix 8: New Degree Program Proposal
(Submit Appendix 8 in both PDF and Word Document Formats)

Institution:		
Date of Implementation:	**Six Year Cost of Implementation:**	**Per Student Cost of Implementation:**
Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:		**Six Digit CIP Code:**
Degree(s) to be Awarded:	**Credit Hour Requirements:**	
List any institutions within the state offering similar programs:		
Responsible Academic Unit(s):	**Institutional Contact:**	

Check one of the boxes below related to SACS COC Substantive Changes.

☐ **Proposed Program is Not a Substantive Change**	☐ **Proposed Program is a Substantive Change**

Number of Students Expected to Enroll in First Six Years:		Number of Graduates Expected in First Six Years:	
Year One		**Year One**	
Year Two		**Year Two**	
Year Three		**Year Three**	
Year Four		**Year Four**	
Year Five		**Year Five**	
Year Six		**Year Six**	
Total		**Total**	

Program Summary:

_____ _____

Chief Academic Officer Signature   **Date**

_____ _____

Institutional Executive Officer Signature   **Date**

Institution:

1. Describe how the degree program will be administered including the name and title of person(s) who will be responsible for curriculum development and ongoing program review.

2. Describe the educational objectives of the degree program including the specific objectives of any concentrations, emphases, options, specializations, tracks, etc.

3. Describe any special admission requirements for the degree program including any articulation agreements that have been negotiated or planned.

4. Describe the professional accreditation that will be sought for this degree program. If a SACS visit for substantive change will be necessary, please note.

5. Describe the curriculum for this degree program including the recommended course of study (appending course descriptions for all courses) and any special requirements such as clinical, field experience, community service, internships, practicum, a thesis, etc.

6. Describe the faculty who will deliver this degree program including the members' names, ranks, disciplines, current workloads, and specific courses they will teach within the program. If it will be necessary to add faculty in order to begin the program, give the desired qualifications of the persons to be added.

7. Describe the library holdings relevant to the proposed program, noting strengths and weaknesses. If there are guidelines for the discipline, do current holdings meet or exceed standards?

8. Describe the procedures for evaluation of the program and its effectiveness in the first six years of the program, including admission and retention rates, program outcome assessments, placement of graduates, changes in job market need/demand, ex-student/graduate surveys, or other procedures.

9. What is the specific basis for formulating the number of graduates expected in the first six years?

Appendix 9a: Modifications to Existing Degree Program Proposal
(Renaming)
(Submit Appendix 9a in both PDF and Word Document Formats)

Institution:		
Date of Implementation:	**Present Six Digit CIP Code(s):**	**New Six Digit CIP Code:**

Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript: | **New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:**

Degree(s) to be Awarded: | **Credit Hour Requirements:**

List any institutions within the state offering similar programs:

Responsible Academic Unit(s): | **Institutional Contact:**

Number of Students Enrolled in Last Six Years:		**Number of Graduates Expected in Next Six Years:**	
Year One		Year One	
Year Two		Year Two	
Year Three		Year Three	
Year Four		Year Four	
Year Five		Year Five	
Year Six		Year Six	
Total		Total	

Program Summary:

_____ _____
Chief Academic Officer Signature   **Date**

_____ _____
Institutional Executive Officer Signature   **Date**

Institution:

1. Describe how the proposed modification fits within the mission of the institution.

2. Is this modification unnecessarily duplicative of other programs within the System?

3. Describe the anticipated institutional impact including any research efforts associated with this program.

4. Are there any anticipated budget savings associated with the proposed modification?

5. Are there any changes to the educational objectives of the degree program associated with the proposed modification?

6. Are there any changes to the curriculum of the degree program associated with the proposed modification?

7. Describe how the proposed modification will affect program faculty.

8. Describe the evaluation process which led to the request for the proposed modification.

Appendix 9b: Modifications to Existing Degree Program Proposal
(Consolidation)
(Submit Appendix 9b in both PDF and Word Document Formats)

Institution:		
Date of Implementation:	**Present Six Digit CIP Code(s):**	**New Six Digit CIP Code:**

Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript:	**New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:**

Degree(s) to be Awarded:	**Credit Hour Requirements:**

List any institutions within the state offering similar programs:

Responsible Academic Unit(s):	**Institutional Contact:**

Number of Students Collectively Enrolled in Last Six Years in Programs to be Consolidated:		**Number of Graduates Expected in Next Six Years in Newly Consolidated Program:**	
Year One		**Year One**	
Year Two		**Year Two**	
Year Three		**Year Three**	
Year Four		**Year Four**	
Year Five		**Year Five**	
Year Six		**Year Six**	
Total		**Total**	

Program Summary:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Institution:

1. Describe how the proposed modification fits within the mission of the institution.

2. Is this modification unnecessarily duplicative of other programs within the System?

3. Describe the anticipated institutional impact including any research efforts associated with this program.

4. Are there any anticipated budget savings associated with the proposed modification?

5. Are there any changes to the educational objectives of the degree program associated with the proposed modification?

6. Are there any changes to the curriculum of the degree program associated with the proposed modification?

7. Describe how the proposed modification will affect program faculty.

8. Describe the evaluation process which led to the request for the proposed modification.

Appendix 9c: Modifications to Existing Degree Program Proposal
(Suspension or Deletion)
(Submit Appendix 9c in both PDF and Word Document Formats)

Institution:		
Date of Implementation:	**Number of Students Presently Enrolled:**	**Number of Faculty Affected:**
Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:		**Six Digit CIP Code:**
Degree(s) Awarded:	**Credit Hour Requirements:**	
List any institutions within the state offering similar programs:		
Responsible Academic Unit(s):	**Institutional Contact:**	
Reason for Request:		
Effect on Institutional Role and Mission:		

_____ _____

Chief Academic Officer Signature **Date**

_____ _____

Institutional Executive Officer Signature **Date**

Appendix 10: Report of Intent to Offer an Existing Degree Program by Distance Learning
(Submit Appendix 10 in both PDF and Word Document Formats)

Institution:

Date of Initial Program Approval:	**Date of Implementation:**	**Cost of Implementation:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:	**Six Digit CIP Code:**

Degree(s) to be Awarded:	**Credit Hour Requirements:**

Percentage of Program Completed by Distance Learning:	**Percentage of Program Requiring Campus Visit:**

Will students be allowed to mix on-campus and distance learning courses within this program?	
Will this program require separate admission from those offered on-campus?	
Will this program have different fees or tuition rates from those offered on-campus?	

Responsible Academic Unit(s):	**Institutional Contact:**

Number of Students Expected to Enroll in First Six Years:		**Number of Graduates Expected in First Six Years:**	
Year One		**Year One**	
Year Two		**Year Two**	
Year Three		**Year Three**	
Year Four		**Year Four**	
Year Five		**Year Five**	
Year Six		**Year Six**	
Total		**Total**	

Program Summary:

_____   _____

Chief Academic Officer Signature   **Date**

_____   _____

Institutional Executive Officer Signature   **Date**

Appendix 11: Off-Campus Academic Programs Reporting Form
(Submit Appendix 11 in both PDF and Word Document Formats)

Institution:				Year:
_____ Academic Degree Program _____				
CIP	Type *(BS, MS, etc.)*	Name	Location	Hours*

_____
Chief Academic Officer Signature   **Date**

_____
Institutional Executive Officer Signature   **Date**

*Report the number of hours delivered at the location given in column 4.

Appendix 12: New Academic Unit Proposal
(Submit Appendix 12 in both PDF and Word Document Formats)

Institution:	
Unit Title:	**Unit Location:**
Unit Head:	**Institutional Contact:**
Date of Implementation:	**Six Year Cost of Implementation:**
Total Number of Faculty/Total Number of New Faculty:	**Total Number of Staff/Total Number of New Staff:**
Organizational Units Operating under Proposed Unit:	**Degree Programs Offered within Proposed Unit:**
Reason for Request:	

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Appendix 13a: Modifications to Existing Academic Unit Proposal
(Renaming)
(Submit Appendix 13a in both PDF and Word Document Formats)

Institution:

1. Does the proposed unit further the mission of your institution?

2. How will the proposed unit help meet the priorities/goals of your strategic plan?

3. Describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.

4. Will the addition of the proposed unit result in the expansion of the institution's academic degree program inventory?

5. Will it be necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.

6. Will the organization of this unit be consistent with the academic unit structures of peer institutions?

7. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme.

8. Provide a budget with justification for the proposed unit with itemized expenditures during each of the first six years including estimates of any new costs to the institution related to the proposed unit and any sources of the funding that will defray those costs.

Appendix 13b: Modifications to Existing Academic Unit Proposal
(Reorganization)
(Submit Appendix 13b in both PDF and Word Document Formats)

Institution:	
Present Unit Title:	**New Unit Title:**
Unit Location:	**Institutional Contact:**
Date of Implementation:	**Six Year Cost of Implementation:**

Total Number of Students:	**Total Number of Faculty:**	**Total Number of Staff:**

Organizational Units Operating under Unit:	**Degree Programs Offered within Unit:**

Reason for Request:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Institution:

1. Does the proposed modification further the mission of your institution?

2. Does the proposed modification help meet the priorities/goals of your strategic plan?

3. Will the proposed modification change the administration of the unit? If so, describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.

4. Will the proposed modification result in the expansion of the institution's academic degree program inventory?

5. Will the proposed modification make it necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.

6. Is the proposed modification consistent with the academic unit structures of peer institutions?

7. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme.

8. Describe the evaluation process which led to the request for the proposed modification.

Appendix 13c: Modifications to Existing Academic Unit Proposal
(Deletion)
(Submit Appendix 13c in both PDF and Word Document Formats)

Institution:	
Unit Title:	**Unit Location:**
Date of Implementation:	**Institutional Contact:**

Effect on Institutional Role and Mission:

Total Number of Students Displaced:	**Total Number of Faculty Displaced:**	**Total Number of Staff Displaced:**

Organizational Units Operating under Unit:	**Degree Programs Offered within Unit:**

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Appendix 14: Institutional Post Tenure Review Reporting Form
(Submit Appendix 14 in both PDF and Word Document Formats)

Institution:							Academic Year:					
College/School	Number of Full-time Faculty	Number of Full-time Faculty Receiving an Annual Review*	Number of Tenured Faculty	Institutional Trigger for Post Tenure Review (e.g., 2 consecutive annual unsatisfactory reviews)	Number of Tenured Faculty Triggering Post Tenure Review Process	Maximum Length of Faculty Development Plan	Number of Tenured Faculty in Faculty Development Plan			Number of Tenured Faculty Completing Development Plan		Number of Tenured Faculty Separated from Employment as a Result of the Post Tenure Review Process
							Year 1	Year 2	Year 3	Successfully	Unsuccessfully	

Comments:

* If a full-time faculty member did not receive an annual evaluation since the last report, please explain why the annual evaluation did not occur.

_____   _____
Chief Academic Officer Signature - Date   **Institutional Executive Officer Signature – Date**

Appendix 15: Tenure Reporting Form
(Submit Appendix 15 in both PDF and Word Document Formats)

Institution:						
College or School	**Number Hired in the Appropriate Cohort Year** *(see table page 19)*	**Number that Applied for Tenure**	**Number Awarded Tenure**	**Percentage Awarded Who Applied for Tenure**	**Number of Cohort Received Tenure**	**Percentage of Cohort Awarded *Tenure***
Institutional Totals	**Number Hired in the Appropriate Cohort Year** *(see table page 19)*	**Number that Applied for Tenure**	**Number Awarded Tenure**	**Percentage Awarded Who Applied for Tenure**	**Number of Cohort Received Tenure**	**Percentage of Cohort Awarded *Tenure***

_____   _____

Chief Academic Officer Signature - Date   **Institutional Executive Officer Signature – Date**

Appendix 16: Intent to Offer, Modify, or Delete Certificate* Program
(Submit Appendix 16 in both PDF and Word Document Formats)

Institution:		

Date of Implementation:	**Six-Digit CIP Code (& Four-Digit Sequence Code if modification/deletion):**	**Total Credit Hours:**

CIP & Sequence codes: [IHL Active Program Inventory](#)

Program Title as will Appear on Academic Program Inventory:	☐ **Offer** ☐ **Modify** ☐ **Delete**

Responsible Academic Unit(s):	**Institutional Contact:** **Phone:** **Email:**

Vocational Certificate:	**Credit Bearing Program:**	**Title IV Financial Aid Eligible:**
Yes	Yes	Yes
No	No	No

Which of the following best describes the certificate program:

Pre-Baccalaureate (Less than 1 Year)	Undergraduate program with duration less than one academic year; designed for completion in less than 30 credit hours
Pre-Baccalaureate (At Least 1 Year)	Undergraduate program with duration at least 1 year; designed for completion in at least 30 hours; does not meet requirements for Associate's or Bachelor's degrees
Post-Baccalaureate	Program designed beyond the baccalaureate degree but does not meet the requirements for a master's degree
Post-Master's	Program designed beyond the master's degree but does not meet the requirements for a doctoral degree
Other	Other certificate program not meeting one of the four criteria above.

Program Summary:

_____   _____
Institutional Contact Signature   **Date**

_____   _____
Chief Academic Officer Signature   **Date**

*Certificate programs added to the Academic Program Inventory must be credit-bearing and be vocational in nature with some professional benefit to program completers. Undergraduate certificates are eligible for Title IV financial aid programs. Certificate programs that are not credit-bearing or are lifelong learning in nature (i.e. photography, travel, etc.) with no professional component should not be included in the Academic Program Inventory.

Appendix 17: Summary Deadlines for Academic Reports
(February 1, 2019 to December 1, 2019)

DUE DATE		REPORTS & FORMS DUE
February	**1**	• Modifications to Existing Academic Program Proposals (appendix 9)
		• New Academic Unit Proposals (appendix 12)
		• Modifications to Existing Academic Unit Proposals (appendix 13)
March	**1**	• Authorizations to Plan New Degree Programs, *Round 1* (appendix 7)
March	**15**	• May Graduates *submit **to OASA, not just to Commissioner's Office***
June	**3**	• Post Tenure Review Reporting Form (appendix 14)
		• Tenure Reporting Form (appendix 15)
June	**14**	• August Graduates *submit **to OASA, not just to Commissioner's Office***
July	**1**	• Modifications to Existing Academic Program Proposals (appendix 9)
		• Report of Intent to Offer an Existing Program by Distance Learning (appendix 10)
		• New Academic Unit Proposals (appendix 12)
July	**15**	• Modifications to Existing Academic Unit Proposals (appendix 13)
		• Academic Productivity Review Proposals (appendix 5)
		• New Academic Program Audit Proposals (appendix 6)
August	**1**	• Accreditation Reporting Form (appendix 3)
		• Authorizations to Plan New Degree Programs, *Round 2* (appendix 7)
		• Institutional Organizational Charts
		• Textbook Report (form will be sent prior to submission)
September	**3**	• New Degree Program Proposals, *Round 1* (appendix 8)
		• Off-Campus Academic Programs Report (appendix 11)
October	**1**	• Report of Intent to Offer an Existing Program by Distance Learning (appendix 10)
October	**15**	• December Graduates *submit **to OASA, not just to Commissioner's Office***
December	**2**	• New Degree Program Proposals, *Round 2* (appendix 8)
		• Intent to Officer New Certificate Program (appendix 16)
		• Report on Active Academic Programs under Stipulation (no form, report via letter)

Area	*Accreditation Agency*	*Date of Visit or Notification of Status Change*	*Reason for Visit or Status Change*	*Institutional Action*	*Accreditation Agency Action*
Institutional; College; School; Degree Program(s); etc.	National Organization; State Department; etc.	Month, Year	Initial Accreditation; Continuing accreditation; Continuing State Department of Education Approval; etc.	Rejoinder; Progress Report; Substantive Change Form; Prospectus; etc.	**Accreditation for __ years (20__); Continuing accreditation for ___ years (20__); Results pending; No additional reporting required before next affirmation; etc.**
Examples:					
College of Business	Association of Collegiate Business Schools and Programs (ACBSP)	September 2017	Continuing Accreditation	Periodic Report	**Approved accreditation through 2021**
College of Education Teacher Education Program	Mississippi Department of Education (MDE)	April 2018	Continuing State Department of Education Annual Process and Performance Review	No Action	**No additional reporting required before next affirmation**
College of Education and Human Development	National Council for Accreditation of Teacher Education (NCATE)	November 2018	Continuing accreditation	Rejoinder	**Approved accreditation through 2024**
Nursing DNP	Southern Association of Colleges and Schools Commission on Colleges (SACS-	March 2018	Continuing Accreditation	Substantive Change	**Report Accepted**

COC)

Special Education (Gifted Education MEd)	Council for Exceptional Children (CEC)	August 2017	Continuing Accreditation	2nd Response to Conditions Report	**Approved accreditation through 2016**

_____
Chief Academic Officer Signature - Date

_____
Institutional Executive Officer Signature - Date

Appendix 4: Assessment of Non-Professionally Accredited Degree Programs
(Submit Appendix 4 in both PDF and Word Document Formats)

Institution:	
Date of Implementation:	**Annual Program Budget Amount:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:	**Six-digit CIP Code & Four-digit Sequence Code:**
	CIP & Sequence codes: IHL Active Program Inventory
Degree(s) Awarded:	**Credit Hour Requirements:**

Responsible Academic Unit(s):	**Institutional Contact:** **Phone:** **Email:**

Number of Students Graduated in Last Six Years:	**Number of Graduates Expected in Next Six Years:**
Year One	Year One
Year Two	Year Two
Year Three	Year Three
Year Four	Year Four
Year Five	Year Five
Year Six	Year Six
Total	Total

Attach a copy of the following:

1. Evaluation of the quality and productivity of the program;

2. Evaluation of the success of the program in fulfilling its mission as defined by its internal strategic planning process;

3. Evaluation of the program's contribution to the University's mission; and

4. Recommendations for the program's improvement.

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Appendix 5: Academic Productivity Review Proposal
(Submit Appendix 5 in both PDF and Word Document Formats)

Institution:

Date of Implementation: **Annual Program Budget Amount:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript: **Six-digit CIP Code & Four-digit Sequence Code:**

CIP & Sequence codes: IHL Active Program Inventory

Degree(s) Awarded: **Credit Hour Requirements:**

Responsible Academic Unit(s):   **Institutional Contact:**
                                                               Phone:
                                                               Email:

Number of Students Graduated in Last Three Years: **Number of Graduates Expected in Next Three Years:**

        Year One   **Year One**

        Year Two   **Year Two**

        Year Three   **Year Three**

        Total   **Total**

Program Summary (Include second majors completed, if applicable.):

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

1. Is this program furthering the mission of your institution? If so, how? (Note if this program is helping meet priorities/goals of your strategic plan.)

2. If this program does not meet the productivity standards, then why does the institution want to keep it?

   2A. Does this program provide curriculum support to other fields? If so, please identify and describe the relationship between these programs. (Include annual credit hour production in your response.)

   2B. Is this program helping meet local, state, regional, and national educational and cultural needs? Describe.

   2C. Is this program promoting economic development and/or promoting intellectual capital within the State? If so, how?

   2D. Will deleting this program save money? Please explain.

3. Is this program duplicative of other programs within the System? If so, how?

4. Is this program advancing student diversity within the discipline? If so, how?

5. Describe the strategies the university will take to increase student demand for this program with timeline.

Appendix 6: New Academic Program Audit
(Submit Appendix 6 in both PDF and Word Document Formats)

Institution:

Date of Implementation: **Annual Program Budget Amount:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript: **Six-Digit CIP Code:**

Degree(s) Awarded: **Credit Hour Requirements:**

Responsible Academic Unit(s):   **Institutional Contact:**
                                                               Phone:
                                                               Email:

Number of Students Enrolled in Last Four Years: **Number of Graduates Expected in Next Four Years:**

Year One	**Year One**
Year Two	**Year Two**
Year Three	**Year Three**
Year Four	**Year Four**
Total	**Total**

Program Summary:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

1. Have you met enrollment projections for this program? Are current revenues are meeting the needs of the program? Describe any plans to further advance the program.

2. What is the current budget for this program? Describe and explain any budgetary concerns.

3. Are the number of faculty sufficient to meet SACSCOC and external accreditation agency standards? Where does the program stand in relation to professional accreditation?

Appendix 7: Authorization to Plan a New Degree Program
(Submit Appendix 7 in both PDF and Word Document Formats)

Institution:		
Date of Implementation:	**Incremental, Six Year Cost of Implementation:**	**Incremental, Six-Year Per Student Cost of Implementation:**
Will it attract new students to the university? ☐ Yes ☐ No	**Potential Six-Year, New Revenue:**	**Potential New, Six-Year Revenue Per Student:**
Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:		**Six-Digit CIP Code:**
Name of Degree(s) to be Awarded:		**Total Credit Hour Requirements to Earn the Degree:**
List any institutions within the state offering similar programs:		
Responsible Academic Unit(s):		**Institutional Contact:** **Phone:** **Email:**

Number of Students Expected to Enroll in First Six Years:

    Year One

    Year Two

    Year Three

    Year Four

    Year Five

    Year Six

    Total

Number of Graduates Expected in First Six Years:

    Year One

    Year Two

    Year Three

    Year Four

    Year Five

    Year Six

    Total

Program Summary:

_____

Chief Academic Officer Signature　　　　　　　　　　　**Date**

_____

Institutional Executive Officer Signature　　　　　　　　　**Date**

1. Describe the proposed program and explain how it fits within the mission of the institution.

2. Provide the information used to determine Mississippi's need for this program. Be specific and provide supporting data.

3. Provide information on employment (supporting data must include state and national employment statistics or career opportunities (include potential earnings range).

4. Describe any other benefits to the institution, state, region, or nation including research, service, and teaching efforts that might result from offering this program.

5. Using expected enrollment, provide the total anticipated budget for the program including implementation and 5 subsequent years (total of 6 years) of operation; any anticipated direct, indirect, and incremental costs necessary to start the program; anticipated, incremental annual revenue based on student enrollment; and other sources of funding.

Year	Incoming Students	Total Enrollment	Start-Up Costs	*A* Additional Annual Costs	*B* Additional Annual Revenue	*C* Non-Tuition Revenue	*A − (B+C)* Differential
2017-2018							
2018-2019							
2019-2020							
2021-2022							
2022-2023							
2023-2024							
TOTAL							

Please explain what has been included in the costs and revenues.

Start-Up Costs: one-time costs associated with offering this program

Direct, Incremental Costs: additional annual costs to the university as a result of offering this program

Incremental Revenue: additional annual revenue assuming that this program will bring in new students paying full tuition

Non-Tuition Revenue: external funds, grants, contracts or other revenues attributable to the addition of this program

Differential: all revenues minus all costs

6. Indicate where the proposed program is offered within the state and explain anticipated consequences on enrollment in other institutions offering the program, including any ramifications on the Ayers settlement.

7. What is the specific basis for determining the number of graduates expected in the first six years?

Appendix 8: New Degree Program Proposal
(Submit Appendix 8 in both PDF and Word Document Formats)

Institution:		
Date of Implementation:	**Incremental, Six-Year Cost of Implementation:**	**Incremental, Six-Year Per Student Cost of Implementation:**

Will it attract new students to the university? ☐ Yes ☐ No	**Potential Six-Year, New Revenue:**	**Potential New, Six-Year Revenue Per Student:**

Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:	**Six-Digit CIP Code:**

Name of Degree(s) to be Awarded:	**Total Credit Hour Requirements to earn the degree:**

List any institutions within the state offering similar programs:

Responsible Academic Unit(s):	**Institutional Contact:** **Phone:** **Email:**

Check one of the boxes below related to SACSCOC Substantive Changes.

☐ **Proposed Program is Not a Substantive Change**	☐ **Proposed Program is a Substantive Change**

Number of Students Expected to Enroll in First Six Years:	**Number of Graduates Expected in First Six Years:**
Year One	Year One
Year Two	Year Two
Year Three	Year Three
Year Four	Year Four
Year Five	Year Five
Year Six	Year Six
Total	Total

Program Summary:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

1. Describe how the degree program will be administered including the name and title of person(s) who will be responsible for curriculum development and ongoing program review.

2. Describe the educational objectives of the degree program including the specific objectives of any concentrations, emphases, options, specializations, tracks, etc.

3. Describe any special admission requirements for the degree program including any articulation agreements that have been negotiated or planned.

4. Describe the professional accreditation that will be sought for this degree program. If a SACSCOC visit for substantive change will be necessary, please note.

5. Describe the curriculum for this degree program including the recommended course of study (appending course descriptions for all courses) and any special requirements such as clinical, field experience, community service, internships, practicum, a thesis, etc.

6. Describe the faculty who will deliver this degree program including the members' names, ranks, disciplines, current workloads, and specific courses they will teach within the program. If it will be necessary to add faculty in order to begin the program, give the desired qualifications of the persons to be added.

7. Describe the library holdings relevant to the proposed program, noting strengths and weaknesses. If there are guidelines for the discipline, do current holdings meet or exceed standards?

8. Describe the procedures for evaluation of the program and its effectiveness in the first six years of the program, including admission and retention rates, program outcome assessments, placement of graduates, changes in job market need/demand, ex-student/graduate surveys, or other procedures.

9. What is the specific basis for determining the number of graduates expected in the first six years?

Appendix 9a: Modifications to Existing Degree Program Proposal
(Renaming)
(Submit Appendix 9a in both PDF and Word Document Formats)

Institution:

Date of Implementation:	**Present 6-Digit CIP Code(s) & 4-Digit Sequence Code(s):**	**New 6-Digit CIP Code:**

CIP & Sequence codes: IHL Active Program Inventory

Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript:	**New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:**

Degree(s) to be Awarded:	**Credit Hour Requirements:**

List any institutions within the state offering similar programs:

Responsible Academic Unit(s):	**Institutional Contact:** **Phone:** **Email:**

Number of Students Enrolled in Last Six Years:	Number of Graduates Expected in Next Six Years:
Year One	Year One
Year Two	Year Two
Year Three	Year Three
Year Four	Year Four
Year Five	Year Five
Year Six	Year Six
Total	Total

Program Summary:

_____ _____

Chief Academic Officer Signature   **Date**

_____ _____

Institutional Executive Officer Signature   **Date**

Institution:

1. Describe how the proposed modification fits within the mission of the institution.

2. Is this modification unnecessarily duplicative of other programs within the System?

3. Describe the anticipated institutional impact including any research efforts associated with this program.

4. Are there any anticipated budget savings associated with the proposed modification?

5. Are there any changes to the educational objectives of the degree program associated with the proposed modification?

6. Are there any changes to the curriculum of the degree program associated with the proposed modification?

7. Describe how the proposed modification will affect program faculty.

8. Describe the evaluation process which led to the request for the proposed modification.

Appendix 9b: Modifications to Existing Degree Program Proposal
(Consolidation)
(Submit Appendix 9b in both PDF and Word Document Formats)

Institution:

Date of Implementation:	**Present 6-Digit CIP Code(s) & 4-Digit Sequence Code(s):**	**New 6 Digit CIP Code:**

CIP & Sequence codes: IHL Active Program Inventory

Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript:	**New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:**

Degree(s) to be Awarded:	**Credit Hour Requirements:**

List any institutions within the state offering similar programs:

Responsible Academic Unit(s):	**Institutional Contact:** **Phone:** **Email:**

Number of Students Collectively Enrolled in Last Six Years in Programs to be Consolidated:	**Number of Graduates Expected in Next Six Years in Newly Consolidated Program:**
Year One	Year One
Year Two	Year Two
Year Three	Year Three
Year Four	Year Four
Year Five	Year Five
Year Six	Year Six
Total	Total

Program Summary:

_____ _____

Chief Academic Officer Signature   **Date**

_____ _____

Institutional Executive Officer Signature   **Date**

Institution:

1. Describe how the proposed modification fits within the mission of the institution.

2. Is this modification unnecessarily duplicative of other programs within the System?

3. Describe the anticipated institutional impact including any research efforts associated with this program.

4. Are there any anticipated budget savings associated with the proposed modification?

5. Are there any changes to the educational objectives of the degree program associated with the proposed modification?

6. Are there any changes to the curriculum of the degree program associated with the proposed modification?

7. Describe how the proposed modification will affect program faculty.

8. Describe the evaluation process which led to the request for the proposed modification.

Appendix 9c: Modifications to Existing Degree Program Proposal
☐ Suspension or ☐ Deletion
(Submit Appendix 9c in both PDF and Word Document Formats)

Institution:	

Date of Implementation for Suspension/Deletion:	**Number of Students Presently Enrolled:**	**Number of Faculty Affected:**

Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:	**6-Digit CIP Code(s) & 4-Digit Sequence Code(s):**

CIP & Sequence codes: IHL Active Program Inventory

Degree(s) Awarded:	**Credit Hour Requirements:**

List any institutions within the state offering similar programs:

Responsible Academic Unit(s):	**Institutional Contact:** **Phone:** **Email:**

Reason for Request:

Effect on Institutional Role and Mission (For deletion, what is the impact on accreditation or other academic programs?):

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Appendix 10: Report of Intent to Offer an Existing Degree Program by Distance Learning
(Submit Appendix 10 in both PDF and Word Document Formats)

Institution:

Date of Initial Program Approval: **Date of Implementation:**   **Cost to Offer by Distance Learning:**

Program Title as It Appears on Academic Program Inventory, Diploma, and Transcript: **Six-Digit CIP Code(s) & Four-Digit Sequence Code(s):**

CIP & Sequence codes: IHL Active Program Inventory

Degree(s) to be Awarded: **Credit Hour Requirements:**

Can this program be completed entirely online? ☐ Yes ☐ No

Will this program require separate admission from those offered on-campus? ☐ Yes ☐ No

Responsible Academic Unit(s):

Institutional Contact:
Phone:
Email:

Number of Students Expected to Enroll in First Six Years:	**Number of Graduates Expected in First Six Years:**
Year One	Year One
Year Two	Year Two
Year Three	Year Three
Year Four	Year Four
Year Five	Year Five
Year Six	Year Six
Total	Total

Program Summary:

_____   _____

Chief Academic Officer Signature   **Date**

_____   _____

Institutional Executive Officer Signature   **Date**

Appendix 11: Off-Campus Academic Programs Reporting Form
(Submit Appendix 11 in both PDF and Word Document Formats)

Institution:				Year:

_____ **Academic Degree Program** _____

CIP	Degree *(BS, MS, etc.)*	Program Name	Location	Hours*

_____   _____

Chief Academic Officer Signature   **Date**

_____   _____

Institutional Executive Officer Signature   **Date**

*Report the number of hours delivered at the location

Appendix 12: New Academic Unit Proposal
(Submit Appendix 12 in both PDF and Word Document Formats)

Institution:

Unit Title: **Unit Location:**

Unit Head: **Institutional Contact:**
Phone: **Phone:**
Email: **Email:**

Date of Implementation: **Six Year Cost of Implementation:**

Total Number of Faculty/Total Number of New Faculty: **Total Number of Staff/Total Number of New Staff:**

Organizational Units Operating under Proposed Unit: **Degree Programs Offered within Proposed Unit:**

Reason for Request:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

1. Does the proposed unit further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)

2. Describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.

3. Will the addition of the proposed unit result in the expansion of the institution's academic degree program inventory?

4. Will it be necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.

5. Will the organization of this unit be consistent with the academic unit structures of peer institutions?

6. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)

7. Provide a budget with justification for the proposed unit with itemized expenditures during each of the first six years including estimates of any new costs to the institution related to the proposed unit and any sources of the funding that will defray those costs.

Appendix 13a: Modifications to Existing Academic Unit Proposal
(Renaming)
(Submit Appendix 13a in both PDF and Word Document Formats)

Institution:

Present Unit Title: **New Unit Title:**

Unit Location: **Institutional Contact:**
                                                           Phone:
                                                           Email:

Date of Implementation: **Six Year Cost of Implementation:**

Organizational Units Operating under Unit: **Degree Programs Offered within Unit:**

Reason for Request:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

1. Does the proposed modification further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)

2. Will the proposed modification change the administration of the unit? If so, describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.

3. Will the proposed modification result in the expansion of the institution's academic degree program inventory?

4. Will the proposed modification make it necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.

5. Is the proposed modification consistent with the academic unit structures of peer institutions?

6. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)

7. Describe the evaluation process which led to the request for the proposed modification.

Appendix 13b: Modifications to Existing Academic Unit Proposal
(Reorganization)
(Submit Appendix 13b in both PDF and Word Document Formats)

Institution:	

Present Unit Title(s):	**New Unit Title:**

Present Unit Location(s):	**New Unit Location:**

Unit Head: **Phone:** **Email:**	**Institutional Contact:** **Phone:** **Email:**

Date of Implementation:	**Six Year Cost of Implementation:**

Total Number of Faculty/Faculty Displaced:	**Total Number of Staff/Staff Displaced:**

Organizational Units to Operate under Unit:

Reason for Request:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

1. Does the proposed modification further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)

2. Will the proposed modification change the administration of the unit? If so, describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.

3. Will the proposed modification result in the expansion of the institution's academic degree program inventory?

4. Will the proposed modification make it necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.

5. Is the proposed modification consistent with the academic unit structures of peer institutions?

6. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)

7. Describe the evaluation process which led to the request for the proposed modification.

Appendix 13c: Modifications to Existing Academic Unit Proposal
(Deletion)
(Submit Appendix 13c in both PDF and Word Document Formats)

Institution:

Unit Title: **Unit Location:**

Date of Implementation: **Institutional Contact:**
                                                           Phone:
                                                           Email:

Effect on Institutional Role and Mission:

		Total Number of Staff Displaced:
Total Number of Students Displaced:	**Total Number of Faculty Displaced:**	

Organizational Units Operating under Unit: **Degree Programs Offered within Unit:**

Reason for Request:

_____   _____
Chief Academic Officer Signature   **Date**

_____   _____
Institutional Executive Officer Signature   **Date**

Appendix 14: Institutional Post Tenure Review Reporting Form
(Submit Appendix 14 in both PDF and Word Document Formats)

Institution:							Academic Year:					
College/School	Number of Full-time Faculty	Number of Full-time Faculty Receiving an Annual Review*	Number of Tenured Faculty	Institutional Trigger for Post Tenure Review (e.g., 2 consecutive annual unsatisfactory reviews)	Number of Tenured Faculty Triggering Post Tenure Review Process	Maximum Length of Faculty Development Plan	Number of Tenured Faculty in Faculty Development Plan			Number of Tenured Faculty Completing Development Plan		Number of Tenured Faculty Separated from Employment as a Result of the Post Tenure Review Process
							Year 1	Year 2	Year 3	Successfully	Unsuccessfully	

Comments:

* If a full-time faculty member did not receive an annual evaluation since the last report, please explain why the annual evaluation did not occur.

_____
Chief Academic Officer Signature - Date

_____
Institutional Executive Officer Signature – Date

Appendix 15: Tenure Reporting Form
(Submit Appendix 15 in both PDF and Word Document Formats)

Institution:

College or School	Number Hired in the Appropriate Cohort Year *(see table page 17)*	Number that Applied for Tenure	Number Awarded Tenure	Percentage Awarded who Applied for Tenure	Number of Cohort Received Tenure	Percentage of Cohort Awarded *Tenure*

Institutional Totals	Number Hired in the Appropriate Cohort Year *(see table page 17)*	Number that Applied for Tenure	Number Awarded Tenure	Percentage Awarded who Applied for Tenure	Number of Cohort Received Tenure	Percentage of Cohort Awarded *Tenure*

_____
Chief Academic Officer Signature - Date

_____
Institutional Executive Officer Signature – Date

Appendix 16: Intent to Offer, Modify, or Delete Certificate* Program
(Submit Appendix 16 in both PDF and Word Document Formats)

Institution:		

Date of Implementation:	**Six-Digit CIP Code (& Four-Digit Sequence Code if modification/deletion):**	**Total Credit Hours:**

CIP & Sequence codes: [IHL Active Program Inventory](#)

Program Title as will Appear on Academic Program Inventory:	☐ **Offer** ☐ **Modify** ☐ **Delete**

Responsible Academic Unit(s):	**Institutional Contact:** **Phone:** **Email:**

Vocational Certificate:	**Credit Bearing Program:**	**Title IV Financial Aid Eligible:**
Yes	Yes	Yes
No	No	No

Which of the following best describes the certificate program:

Pre-Baccalaureate (Less than 1 Year)	Undergraduate program with duration less than one academic year; designed for completion in less than 30 credit hours
Pre-Baccalaureate (At Least 1 Year)	Undergraduate program with duration at least 1 year; designed for completion in at least 30 hours; does not meet requirements for Associate's or Bachelor's degrees
Post-Baccalaureate	Program designed beyond the baccalaureate degree but does not meet the requirements for a master's degree
Post-Master's	Program designed beyond the master's degree but does not meet the requirements for a doctoral degree
Other	Other certificate program not meeting one of the four criteria above.

Program Summary:

_____   _____

Institutional Contact Signature   **Date**

_____   _____

Chief Academic Officer Signature   **Date**

*Certificate programs added to the Academic Program Inventory must be credit-bearing and be vocational in nature with some professional benefit to program completers. Undergraduate certificates are eligible for Title IV financial aid programs. Certificate programs that are not credit-bearing or are lifelong learning in nature (i.e. photography, travel, etc.) with no professional component should not be included in the Academic Program Inventory.

The following information must be provided for any contract-related agenda items in the order and format as noted below. Immediately beneath each data element are instructions as to the description and/or type of information that should be included.

1. **Agenda Item Request:** Brief paragraph of what the Board is being asked to approve. Example: The University of X requests approval to enter into a lease agreement with XXXX for ….

2. **Contractor's Legal Name:**

   Instruction: **With *whom* is the institution contracting?** Provide complete legal name, no acronyms or abbreviated names.

3. **History of Contract:**

   Instruction: Provide a brief overview of relevant history including previous Board approval dates and amounts. If this is the 3rd amendment, summarize the preceding two amendments plus the original contract. Example: The Board approved the original contract in January 2008 for $500,000. Amendment number 1 approved by the Board in December 2008 extended the contract an additional year through December 31, 2009. Amendment number two, approved by the Board in June 2009, increased the cost from $500,000 to $750,000. The current amendment is to extend the contract period through December 31, 2010 with no change in cost.

4. **Specific type of contract:**

   Instruction: Identify if the contract is new, renewal, amendment/modification and the type of contract, such as: professional services, consulting, lease agreement, outsourcing, purchasing agreement, software, and maintenance services. Example: This is a new lease agreement.

5. **Purpose:**

   Instruction: ***Why*** is the contract needed? Example: 1) The purpose of the contract is to lease 4,000 square feet to be used for clinical space. 2) The purpose of the agreement is to purchase software to be used to …

6. **Scope of Work:**

   Instruction**: *What* is required by both parties?** List the deliverables. Examples: 1) The agreement provides for 3,000 hours of consulting services and/or training services. 2) The agreement is to lease 4,000 sq ft of space. Lessor agrees to provide: utilities, janitorial services, routine maintenance. Lessee agrees to provide: restroom supplies, telephone, internet and related services.

7. **Term of contract:**

   Instruction: ***When*** is the contract period? Provide start and end dates. Provide renewal terms as stipulated in the agreement. Example: Start Date: 10/1/2009 End Date: 9/30/2011. Contract may be renewed for two consecutive one-year periods upon written agreement of both parties.

8. **Contract Amount:**

Instruction: *How much is the contract going to cost and/or how much revenue is the contract projected to generate?* Provide the maximum contract amount (in order to stipulate the cost will not exceed a certain amount, the provision must be included in the contractual agreement), annual breakdown, amount designated for services versus expenses and payment terms. Example: The total contract cost is $400,000. It is estimated the annual costs will be $100,000. Payment will be issued on a monthly basis upon receipt of an invoice based on actual services rendered.

9. **Funding Source for Contract:**

Instruction: How will the contract cost be paid or funded? General Fund, Tuition, Patient Revenue, Auxiliary Funds, Externally Funded Grant (specify agency). Example: The contract will be funded by general funds.

10. **Termination Options:**

Instruction: *What are the institution's options related to getting out of the agreement*? Summarize the termination clause(s). Example: Contract may be terminated for convenience upon 45 days written notice of either party. Contract may be terminated for cause upon 30 days written notice.

11. **Contractor Selection Process:**

Instruction: *Identify how the particular contractor/vendor was chosen by the institution.* Explain the competitive process initiated by the institution, such as a request for proposals, quotes or bids and/or if surveys were conducted. Identify pertinent information related to the top three submissions including the names of the proposers, the bid or quote amount and the reason(s) for selecting the successful proposal/bidder. Example: A Request for Proposals was issued July 2009. Five proposals were received. The top three proposals were Company A. - $400,000, Company B.-$425,000, and Company C. – 415,000. The institution selected Company C. While Company C. was not the lowest bid, it was determined Company C. was the best bid as the contractor has significantly more experience in the field than the other two bidders and specific expertise in the area of characterization of pharmaceutical waste that the other bidders did not possess.

12. **Staff Recommendation:** Institutions leave this section blank. IHL Executive Office will complete.

Chief Financial Officer Certification: I attest the information noted above is accurate.

_____
Chief Financial Officer Signature and Date

AGENDA ITEM TEMPLATE

Agenda Item Request:

Contractor's Legal Name:

History of Contract:

Specific type of contract:
Purpose:

Scope of Work:

Term of contract:

Contract Amount:

Funding Source for Contract:

Termination Options:

Contractor Selection Process:

Staff Recommendation:

Chief Financial Officer Certification: I attest the information noted above is accurate.

_____
Chief Financial Officer Signature and Date

REAL ESTATE AGENDA ITEM TEMPLATE

Template Instructions: The following information must be provided for any Real Estate and Facilities agenda items in the order and format as noted below. Immediately beneath each data element are instructions as to the description and/or type of information that should be included.

1. **University Name:**

   Instruction: Provide the full name of the institution. Example: Alcorn State University

2. **Project Number and Project Name:**

   Instruction: Provide the number of the project and the name of the project. Example: ASU-GS 101-223, Re-Roof Union Building

3. **Project Request:**

   Instruction: A brief paragraph of what the Board is being asked to approve. Example: Alcorn State University requests approval to…….

4. **Design Professional:**

   Instruction: Provide the full name of the project professional being used, if applicable. If a project professional has not been selected then please put N/A. **(PROVIDE DISCLOSURE FORM)**

5. **General Contractor:**

   Instruction: Provide the full name of the project general contractor awarded the project, if applicable. If a project general contractor has not been awarded the project then please put N/A. **(PROVIDE DISCLOSURE FORM)**

6. **Purpose of Request:**

   Instruction: ***Why*** *is the request needed?   Please provide a description of the request.*

   > *Example 1*: Project Initiations---The project is intended to renovate the Felix Dunn Health Center to make the building ADA accessible, and provide a modern health center for the ASU Community

   > *Example 2:* Budget Increases---The escalation in the project budget is required based on the Professional's latest Design Development, updated, estimate of cost. The current budget was an estimate of the project costs and has since been updated to reflect more accurate market costs.

   > *Example 3*: Other Approvals (Land/Property Purchase or Sell/Donation of Property; Naming of a Building; Approval of Exterior Design of Building, Demolition and Deletion of Building Inventory etc). This would be the reason why the request is being made.

   >> • Why is the building being named?

   >> • What is the significance of the person the building is being named for? ***(Bio on Person Building is Named for should be included)***

- Why is the land being sold? Why is the land being purchased?

- Why is the building is being demolished? **(Provide Archives and History Letter and send DEQ letter when contractor is determined)**

7. **Scope of the Project:** Please provide a brief description of the work to be performed (if it is a construction project).

8. **History of Project:**

Instruction: Provide a brief overview of any relevant history including previous Board approval dates and amounts. Examples of items to be included are:

- Project Initiation Date: *Example:* March 1, 2009. N/A if this is a request for project initiation.

- Date of Original Construction of Building: 1949 etc.

- Date of Last Renovation to the Building: 2007 etc.

- Explanation of **ALL** Prior Project Budget Increases:

    Example 1: The Board has increased the project budget two (2) prior times. The first increase of the original project budget project occurred in March of 2007 in the amount of……..due to……………… The second increase occurred in May of 2009 in the amount of………….due to………………

    Example 2: This is the first budget increase request for this project by the university. No prior project budget increases have been requested for this project.

- Any other relevant history to the project that should be noted:

9. **Term of Land Lease/Purchase/Sale/Donation and Amount of Land Lease/Purchase/Sale/Donation: (if applicable)**

Instruction:

- *Who* is the lease or land contract between? Example: USM and the USM Alumni Association

- *What* is the lease or land contract for*?* Example: To provide a central location for all Alumni Affairs activities? To acquire 100 acres of land? etc.

- *Where* is the building/land located*?* Example, On campus location or address of property if it is a land lease. Property Description etc.

- *When is the lease and/or contract period?* Provide start and end dates. Provide renewal terms as stipulated in the agreement. Example: Start Date: 10/1/2009 End Date: 9/30/2011. Lease may be renewed at the end of the 25 year period etc.

- *How much* is the lease and/or contract amount? Example: Lease is for $1500 a month or 18,000 per year for a total of $180,000 over 10 years or Land Sale is for $1,000,000 with a property appraisal amount of $1,200,000 (Attached are property appraisals) etc.

- *Property Descriptions (Please attach all property descriptions and property appraisals/Environmental Reports as required by Board Policy.)*

10. Termination Options: (if applicable)

Instruction: *What are the institution's options related to getting out of the lease*? Summarize the termination clause(s). Example: Lease may be terminated for………..

11. Project Budget:

Instruction: Complete the project budget estimate in the following format for all **project initiations**

Project Initiations

	Estimated
Construction Cost:	$435,000
Architectural and Engineering Fees:	$ 35,000
Miscellaneous Project Costs:	$ 5,000
Contingency:	$ 25,000
Total Project Budget:	**$500,000**

Instruction: Complete the project budget estimate in the following format for **all project budget increases.**

Increase in Project Budget

	Current Budget	Proposed Budget	Amount (+/-)
Construction Costs	$ 1,059,890.00	$ 2,059,890.00	$ 1,000,000.00
Architectural and Engineering Fees	$ 84,963.44	$ 84,963.44	$ 0.00
Miscellaneous Project Costs	$ 2,200.00	$ 2,200.00	$ 0.00
Furniture and Equip	$ 0.00	$ 0.00	$ 0.00
Contingency	$ 52,946.56	$ 52,946.56	$ 0.00
Total Project Budget	**$ 1,200,000.00**	**$ 2,200,000.00**	**$ 1,000,000.00**

12. **Funding Source(s) for Project:**

    <u>Instruction</u>: How will the project cost be funded <u>AND</u> Amount of Funds? Bond Bill (Include Bond Bill Number, Year, and Amount from each Bond Bill), General Fund, Tuition, Patient Revenue, Auxiliary Funds, Externally Funded Grant (specify agency) etc. **Example:** <u>General funds ($450,000); SB 2010, Laws of 2004 ($250,000)</u>

13. **Signatures: Chief Financial Officer Certification:** I attest the information noted above is accurate.

    _____

    Chief Financial Officer Signature and Date

    _____

    Preparer Name, Title, and Contact Number (if applicable)

REAL ESTATE AGENDA ITEM TEMPLATE

Sample Template: The following information must be provided for any Real Estate and Facilities agenda items in the order and format as noted below. Immediately beneath each data element are instructions as to the description and/or type of information that should be included.

1. **University Name:**

2. **Project Number and Project Name:**

3. **Project Request:**

4. **Project Professional:**

5. **Project Contractor:**

6. **Purpose of Request:**

7. **Scope of the Project:**

8. **History of Project:**

9. **Term of Land Lease and Amount of Land Lease:**

10. **Termination Options:**

11. **Project Budget:**

12. **Funding Source(s) for Project:**

13. **Signature of CFO and other preparer (See Below)**

   Chief Financial Officer Certification: I attest the information noted above is accurate.

   _____
   Chief Financial Officer Signature and Date

   _____
   Preparer Name, Title, and Contact Number (if applicable)

Required Contents of Common Legal Agenda Items

1) **Requests for Approval of Outside Counsel are to include the following:**

   a) the name and address of the attorney(s)/firm requested;
   b) a brief description of the services to be provided;
   c) the hourly rate(s) or fee structure to be paid;
   d) the start and end dates of the contract;
   e) the maximum amount budgeted for payment;
   f) a statement that the Attorney General has approved the request; and
   g) the amount of errors and omissions coverage of the attorney/firm (both per occurrence and aggregate coverage amounts.

   **These approvals are required prior to hiring or renewing a contract with outside counsel.

2) **Requests for approval of lobbyists are to include the following:**

   a) For those employees that are to serve as **legislative liaisons/lobbyists**, Board approval of same must be sought annually. The agenda item is to include the employee's name and position at the institution.
   b) **For in-state, non-employee lobbyists**, annual Board approval is required of all such lobbyists who will perform lobbying activities within the State of Mississippi on behalf of any of the institutions prior to an institution contracting therewith. In addition, Board Policy 201.0506 requires that the Board approve the actual contract with such a lobbyist. The request for approval must include disclosure of all other clients represented by the proposed lobbyist, as well as the specific source of funding to be used for payment of the lobbyist, including expenses. The request must indicate whether funding is to be derived from state general funds or self-generated funds. Further, the contractual agreement with such an outside lobbyist to conduct in-state lobbying must provide that the agreement is either terminable at will, or it must contain a provision that provides that such contract may be terminated by IHL or the client institution if IHL or the institution determines that a new client of the lobbyist creates a conflict. Lastly, Board policy requires that such lobbyists are required to apprise the Commissioner regarding lobbying activities related to IHL or any individual IHL institution, and to coordinate those activities within system strategies and processes prescribed by the IHL Board.
   c) **For non-employee, out-of-state lobbyists**, annual Board approval is required of all outside lobbyists who are to perform lobbying activities outside the State of Mississippi on behalf of any of our institutions prior to an institution contracting therewith. The agenda item is to include the lobbyist's name and the name of the lobbying firm. The

item should also state that the lobbyist will perform lobbying services outside the State of Mississippi. Board approval of the actual contract is not required.

**Prior Board approval of these types of items are required annually. Please submit these items for the June agenda each year.

3) <u>**Requests for approval of Affiliation Agreements**</u>

Each university is required to enter into a formal contractual affiliation agreement with its a) development foundation(s), b) research foundation(s), c) athletics foundation(s), d) alumni association(s), and e) any other similar university affiliated entity. These agreements must be approved by the Board at least every five (5) years or prior to any substantive changes being made. The Board's approval is required prior to the execution of such agreements. Please refer to the specific requirements under IHL Board Policy 301.0806 for provisions required to be incorporated into each agreement.

Board Submission

Personnel Agenda

Mississippi Institutions of Higher Learning

What is included?	Who	Specifics
Employment		
New Hire	Vice Chancellor, Provost, Vice President, Dean or Associate/ Assistant Provost, Vice President or Vice Chancellor who supervises Deans & Faculty hired with tenure. Policy 401.0102	Note if they were *hired with tenure* in the agenda item.
Rehired Retiree	Any employee	Only required if they have more than a $20,000 contract during the FY. Note if they were *rehired retiree* in the agenda item.
Change of Status		
Position	Vice Chancellor, Provost, Vice President, Dean or Associate/ Assistant Provost, Vice President or Vice Chancellor who supervises Deans. Policy 401.0102	Includes any position name change (promotions, demotions and lateral changes) by recording a change of position.
Termination	Same as above and tenured faculty	Includes terminations for any cause. <u>Resignations & retirements are not reported</u>.
Sabbatical		
Professional Development	Assistant Professor, Associate Professor, or Professor. Policy 403.0101 *Sabbatical Leave Policy 408.03*	Faculty who are granted sabbatical leave may be paid at a rate of up to 50% of their salary. No more than 4% of the full-time regular faculty may be on sabbatical leave. (Note: It is required to report this percentage each time sabbatical items are submitted for approval.)
Tenure		
Tenure with Promotion	Assistant Professor, Associate Professor, or Professor. Policy 403.0101 *Tenure Defined Policy 403.01*	Use new position name after *promotion to* in the agenda item.
Tenure <u>without</u> Promotion	Same as above	Use current position name in the agenda item.

Employment

Name; *type*;* position name; salary $ per annum, pro rata; funds; #-month contract; effective date.

New Hire
Sarah Miller; Dean of Liberal Arts; salary $100,000 per annum, pro rata; Title III Funds; 9-month contract; effective July 1, 2017

New Hire (with Tenure)
Sarah Miller; *hired with tenure*; Dean of Liberal Arts; salary $100,000 per annum, pro rata; Title III Funds; 9-month contract; effective July 1, 2017

Rehired Retiree
(if more than 20K contract)
Sarah Miller; *rehired retiree;* Dean of Liberal Arts; salary $100,000 per annum, pro rata; Title III Funds; 9-month contract; effective July 1, 2017

* If applicable, include type to delineate *hired with tenure* or *rehired retiree.* If hired with tenure, indicate the department/college/school.

Change of Status

Name; *from* position name; salary $ per annum, pro rata; funds; #-month contract; *to* position name; salary $ per annum, pro rata; funds; #-month contract; effective date.

Change of Position Name
Ashely Brown; *from* Interim Vice President for Business and Finance; salary $140,000 per annum, pro rata; E&G Funds; 12-month contract; *to* Associate Vice President for Business and Finance; salary $120,000 per annum, pro rata; E&G Funds; 12-month contract; effective December 31, 2016

Termination
Ashely Brown; *from* Interim Vice President for Business and Finance; salary $140,000 per annum, pro rata; E&G Funds; 12-month contract; termination effective May 29, 2017

Sabbatical

Name; position name; *from* salary $ per annum, pro rata; funds; #-month contract; *to* salary $ for sabbatical period; funds; effective date to date; professional development

Professional Development
Chong Xie; Professor of Mathematics*; from* salary $61,500 per annum, pro rata; E&G Funds; 9-month contract; *to* salary of $30,750 for sabbatical period; E&G Funds; effective August 14, 2017 to May 17, 2018; professional development

Tenure

Name; position name; department; effective date.

Tenure with Promotion
John Graham; *promotion to* Associate Professor; Department of Social Work; effective August 10, 2017

Tenure without Promotion
John Graham; Associate Professor; Department of Social Work; effective August 10, 2017

Example of Formatting

1. Use Times New Roman, Font size 12, singled space

2. At most, there should be 4 sections in alphabetical order (Employment, Change of Status, Sabbatical, and Tenure). Alphabetize the last name under each section.

   (Only Corrections will not be alphabetized and will appear at the end of the section they are located. See examples below for proper formatting).

3. Skip any section with no personnel item.

1. **<u>Employment</u>**

   University Name

   Helen Hudson; *rehired retiree;* Project Director, Math and Science; salary of $28,000 per annum, pro rata; Grant Funds; 9-month contract; effective July 1, 2017

   Betty Smith; *hired with tenure;* Chair and Professor of Health, Exercise Science and Recreation Management; Department of Athletics; salary of $154,060 per annum, pro rata; E&G Funds; 12-month contract; effective July 3, 2017

   Chi Zhang; Dean and Professor of Law; salary of $300,000 per annum, pro rata; E&G Funds; 12-month contract; effective August 1, 2017

   Corrections

   FROM: Charles Felton; *hired with tenure*; Executive Director of the Center for Manufacturing Excellence and Professor of Chemical Engineering; salary of $150,000 per annum, pro rata; E&G Funds; 12-month contract; effective January 1, 2018
   [Originally approved by IHL Board June 15, 2017]
   CORRECTED: Charles Felton; *hired with tenure*; Executive Director of the Center for Manufacturing Excellence and Professor of Chemical Engineering; salary of <u>$200,000</u> per annum, pro rata; E&G Funds; 12-month contract; effective January 1, 2018

2. **<u>Change of Status</u>**

   University Name

   Amanda Dunkin, *from* Interim Dean and Professor Academic Affairs; salary of $150,000 per annum, pro rata; E&G Funds; 12-month contract; *to* Dean and Professor Academic Affairs; salary of $200,000 per annum, pro rata; E&G Funds; 12-month contract; effective May 1, 2017

David Goldberg; *from* Interim Vice President for Business and Finance; salary $165,000 per annum, pro rata; E&G Funds; 12-month contract; termination effective May 29, 2017

3. **Sabbatical**

   University Name

   Sam Jackson; Associate Professor of Classics; *from* salary of $66,883 per annum, pro rata; E&G Funds; 12-month contract; *to* salary of $33,442 for sabbatical period; E&G Funds; effective August 14, 2017 to May 17, 2018; professional development.

   Note: The percentage of full-time regular faculty who are on sabbatical leave should be reported in the cover letter from the institutional executive officer.

   Corrections

   FROM: Harry Truman, Professor of English; *from* salary of $114,456 per annum, pro rata; E&G Funds; 9-month contract; *to* salary of $57,228 for sabbatical period; E&G Funds; effective August 17, 2017 to May 12, 2018; professional development
   [Originally approved by IHL Board June 15, 2017]
   CORRECTED: Harry Truman, Professor of English; *from* salary of $114,456 per annum, pro rata; Grant Funds; 9-month contract; *to* salary of $57,228 for sabbatical period; Grant Funds; effective August 17, 2017 to December 31, 2017; professional development

4. **Tenure**

   University Name

   Brian Atchison; Associate Professor; Department of Social Work; effective August 10, 2017

   Gloria O'Keefe; *promotion to* Associate Professor; Department of Computer Science; effective August 10, 2017