



## The American University of Kurdistan Policy of Non- Academic Program Review

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### I. INTRODUCTION

- a. **Authority:** The Board of Trustees (herein referred to as “Board”) at The American University of Kurdistan (herein referred to as “AUK” or “University”) is authorized to establish rules and regulations to govern and operate the University and its programs.
- b. **Purpose:** The purpose of the (Non-Academic) Program Review (N-APR) at AUK is to enhance the quality of all programs through a focused, in-depth self-study completed by administrative staff. The APR is intended to be meaningful, manageable, flexible, and collaborative.
- c. **Scope:** This policy applies to all non- academic units at AUK.

### II. ROLES AND RESPONSIBILITIES

- a. **Responsible Executive:** President
- b. **Responsible Administrator:** Director of IEP
- c. **Responsible Office:** Office of IEP
- d. **Policy Contact:** Director of IEP

### **III. DEFINITION**

The Non-Academic Program Review (N-APR) is a continuous, collaborative process. Essential elements of the N-APR include: Goals, Objectives, Accomplishments, Policies, Procedures, Organizational Chart, Synopsis of Job Responsibilities, SWOT analysis, etc.

Reflections and recommendations are based upon the analysis of data from program surveys, focus groups and other engagements with a variety of stakeholders. The process of reflecting upon and using data to inform discussions and actions contributes to effective decision-making and continuous program improvement. The review process strengthens connections between the program, the University, alumni and the community (public and private sectors). During the process, varying roles and responsibilities are shared among program faculty, administrators, internal reviewers (college and university committees), and external stakeholders and consultants. Topics may include the following:

- Customer Service: Processing time for student/employee/external requests; Number of users; Number and substance of complaints
- Outcomes: Opinion/satisfaction surveys; external reviews; staff development; Trends in traffic
- Finances: Revenues vs. expenditures; measures of increased efficiency
- Data Collection and Analysis: Evidence of data-driven decision-making
- Strategic Planning: Establishing unit-level, short and long-term objectives and identifying tactics to reach those objectives; ensuring that unit-level planning mirrors institutional strategic planning.

### **IV. POLICY STATEMENT**

The Non-Academic Program Review Process comprises the Program Self-Study, Review Committee, Review-Report, Wrap-Up Meeting, Final Report, and then, implementation. It is an opportunity to evaluate and improve all programs based on data, collaborative analysis, student success, and feedback from external reviewer(s) and stakeholders. Although the constant aim is to collect data and solicit feedback to improve all programs, the Non-Academic Program Review process further engages administrative staff in evidence-based analysis resulting in the formulation of recommendations for program improvement.

### **V. POLICY PRINCIPLES**

Following are some general principles for the review process:

- a. Administrative staff must be involved in the review process in accordance with the rules of employee governance, because the usefulness of the review process and the validity of its results are greatly enhanced by the broadest possible involvement of the administrative faculty and staff. This should include planning and preparing the self-study report, identifying potential reviewers, providing information to the review team through interviews and surveys, and responding to recommendations in the Final Report.

- b. The process should be broadly participatory involving university and relevant community constituents.
- c. Stakeholders such as current students, alumni, employers, and other constituents must be included in the provision of feedback.
- d. The N-APR should provide a framework for excellence; an opportunity to explore, enhance, and integrate improvement in all areas of the unit's mission and goals.
- e. The process should facilitate short-term and long-term strategic planning in areas that match with the mission and goals of the unit and the University per best practices.
- f. The N-APR provides the opportunity for the University to account for its use of human and fiscal resources.
- g. Those involved in the N-APR should be actively engaged and familiar with the unit; however, it is pivotal for the effectiveness and integrity of the N-APR process that individuals involved be free of conflicts that might compromise or be perceived to compromise their critical objectivity.
- h. Peer review is necessary for a successful program review. Members selected for the Review Committee must have experience and expertise in the operations of a similar unit.
- i. In some cases, the standards of accrediting bodies may stipulate specific expectations and standards for assessment and compliance. In those cases, the accreditation liaison will review the N-ARP for any issues, and if there are concerns, address them with the administration.
- j. The review process is designed to be transparent and inclusive, and to provide opportunities for substantive input from a range of internal and external stakeholders.

## **VI. POLICY PROCEDURES**

### **Step 1: Non-Academic Program Self-Study**

The Non-Academic Program Self-Study is an opportunity for administrative staff to review and analyze the effectiveness of the program or unit through narrative, data and evidence. The self-study narrative should be no more than 40 pages (not including appendixes) and identify strengths, weaknesses, opportunities and threats, and make recommendations to address those identified challenges. Upon completion, the appropriate administrator submits the Self-Study to the Office Institutional Effectiveness and Planning.

### **Table of Contents for the Program Self-Study**

Note that not all of the following may apply to the unit; deletions and additions need to be approved by IEP.

- I. Introduction/Context
  - a. Internal and External Context
  - b. History of the Program (with an emphasis on recent history)
  - c. Mission Statement

- II. Disposition of Last Program Review's Prioritized Recommendations and Plans
- III. Evidence-Based Analysis of Program Quality
  - a. Customer/User Satisfaction Surveys
  - b. Staff Surveys
  - c. Administration and Personnel Quality and Qualifications
- IV. Evidence-Based Analysis of Unit's Efficiency and Effectiveness
  - a. Expenditures and Operating Costs
  - b. Revenue Generation (if applicable)
  - c. Assessment of Workflow and Processes
- V. Summary & Plans
  - a. Summary of Analysis
  - b. Plans including multi-year assessment plan

Appendices and Additional Resources to be cited and analyzed in the Self-Study

- Meeting Minutes
- Latest Unit-level Strategic Plan
- University's Strategic Plan
- Annual Reports
- Previous Non-Academic Program Review Documents
- Unit Mission Statement
- Unit Goals and Outcomes
- List of staff
- Exit Interviews or Exit Surveys; Alumni Surveys; Employer Surveys as available

**Step 2: Review Committee**

The Committee reviews the Non- Academic Program Self-Study including the appendices. The goal of the Committee's review is to ensure objectivity of the program review process, determine how the program compares to other similarly situated programs, and identify commendations as well as make recommendations for improvement.

**Process**

1. The Unit Director submits completed Non-Academic Program Self-Study to the Office of Institutional Effectiveness and Planning, who reviews it for structural completeness (not substantive adequacy, just verifying that all sections are filled in

and all appendices are included). If there are omissions, the report goes back to the Unit for resubmission within 14 days.

2. The Review Committee includes at least one internal and at least two external members (additional members may be requested to do duties virtually). The Review Committee Chair is generally an AUK member identified by the appropriate administrator (IEP) and approved by the respective VP or the President. The Unit compiles an annotated list of suggested external-to-the-university reviewers with discipline-appropriate expertise. The IEP selects from the list and invites the external-to-the-university reviewers. If none of the names suggested are acceptable to the IEP, in consultation with the respective VP or President, then IEP will provide to the Unit a brief explanation as to why the candidates are not acceptable and tasks the Unit with expanding the list until mutually acceptable external-to-the-university reviewers are selected. The IEP, in consultation with the respective VP or President, may choose an external reviewer not from the list if a mutually acceptable name is not identified in a timely manner. Members of the Review Committee are appointed by the appropriate administrator, and typically include one member experienced in program. The qualifications for participation on the Review Committee include:
  - a. Senior administration leadership in the relevant field/role (for external-to-the-university reviewers),
  - b. Experience in conducting non- academic program reviews (for external-to-the-university reviewers),
  - c. No conflict of interest.
3. The IEP forwards the Program Self-Study to the Review Committee members who review the contents and identify any questions.
4. The Review Committee holds meetings/conference calls to review Guidelines, the Self-Study, outline any questions related to the tasks, and establish a timeline.
5. During the “visit”, the Review Committee meets with stakeholders (students, faculty, alumni, employers, program leadership) as needed to clarify issues that arose in the document review.
6. The Review Committee maintains a record of all meetings related to the review.
7. All discussions related to the program review must be conducted during meetings scheduled and documented in the review report.
8. The Review Committee prepares its Report as outlined below. The Report should reflect the opinions of all reviewers.
9. The Review Committee Chair delivers the draft review report to IEP who review for completeness.
10. If there are omissions, the document is sent back to the Review Committee for completion and resubmission within 14 days.
11. The Unit Director circulates the draft of the Report among current appropriate members of the unit for comments and corrections and sends factual corrections within 14 days.

12. A meeting/conference call may be scheduled by the IEP and Review Committee, if necessary, to review findings/factual clarifications; the Review Committee makes corrections at its discretion.
13. Once complete, the Review Committee Chair submits the Final Report to the IEP.
14. The IEP schedules the Wrap-Up Meeting.
15. Review Progress Check: The Review Committee Chair is tasked with notifying the appropriate administrator if the timeline for completion is unexpectedly altered. At any point in the Review, any involved personnel may request a process check to address questions or concerns about the review process. In rare circumstances of material irregularities, the process may be suspended until the irregularities have been addressed.

### **Step 3: Review Committee Report**

The Review Committee Report generally reflects on the adequacy of the data and analysis presented in the Program Self-Study and is supplemented by data and information gathered during the review process. The document is prepared by the Review Committee with the participation of all members including the external-to-the-university reviewer(s). The external-to-the-university member(s) may submit a separate report to be included in the record if s/he is unable to take part in the drafting of the report. All members have the option of providing additional/dissenting comments in a separate document. Recommendations, where appropriate, should be made at the end of each section.

- I. Introduction/Context  
Complete and accurate? Is the mission statement updated and appropriate?
- II. Disposition of Last Program Review
- III. Have all of the recommendations from the last Program Review Cycle been thoroughly addressed?
- IV. Evidence-Based Analysis of the Program's Quality  
Complete and accurate? Were appropriate data and analytics used? Did the Unit draw appropriate conclusions from user surveys? Did the Unit close the loop on any previous recommendations? Did stakeholder meetings confirm the Program Review Narrative's analysis?
- V. Evidence-Based Analysis of Program Viability  
Complete and accurate? Has the program developed an appropriate strategy to monitor expenditures vs. revenues/allocated budget? Are resources allocated effectively?
- VI. Summary & Plans  
Did the Unit make appropriate recommendations for addressing weaknesses, building on strengths, responding to opportunities, and (re)allocating resources based on the evidence and analysis presented? Does the Program Review Narrative include at least an outline for a multi-year (minimum 2 years) assessment plan?
- VII. Review of Program Review Narrative Appendices: Are these complete and accurate?
- VIII. Appendices to Review Report: External-to-the-university reviewer(s) CV; list of meetings (stakeholders, dates) conducted by the Review Committee during the review.

## Additional Instructions for the **External-to-the-University Reviewer(s)**

1. Review the Self-Study paying *special* attention to the field-specific parts, i.e., policies, procedures, and budgeting (especially Sections III and V), as well as appropriate international trends in best practices.
2. External-to-the-university reviewers should participate in the drafting of the Review Committee Report. In the event they are unable to participate or have additional comments, external-to-the-university members may submit a separate report to be included in the record. In the case of a site visit, the external-to-the-university draft report should be submitted before departure from Kurdistan.
3. Provide CV.

### **Step 4: Wrap-Up Meeting with Administration**

**The purpose of this meeting is to discuss and prioritize recommendations.**

- a. **Participants:** President, IEP, Unit Director, and VP under which the Unit is located.
- b. **Goal:** Prioritized List of Recommendations and Plans, jointly approved by Administration and Unit.
- c. **Preparation:** The Unit Director will draft a list of Prioritized Recommendations based on the Program Self-Study and Review Committee Report. Participants should review the documents and the list of Prioritized Recommendations ahead of time and be prepared to discuss and agree upon priorities and plans for the program for the coming 3-5 years.
- d. **Outcome:** Prioritized Recommendations and Multi-Year Plan, including budgetary recommendations and Wrap-Up Memo, written by the Unit Director based on Wrap-Up Meeting, which is reviewed and finalized by during the Wrap-Up Meeting becomes the baseline for the next Program Review.

## **VII. TARGET TIMELINE FOR NON-ACADEMIC PROGRAM REVIEW**

Normally the entire Non-Academic Program Review (N-APR) process, including any unexpected delays, will be completed by May 15th.

- August: Data needs are identified and the data collection begins.
- September: Initial meetings with IEP to discuss process, participants, and finalize timeline.
- End of September: Initial meeting to review data and determine time table for analysis.
- October: Unit Director provides IEP with list of potential external-to-the-university reviewers. Stakeholder meetings are scheduled as appropriate with students, faculty, employers, alumni, etc.
- November: Review Committee appointed, including external participants. Committee establishes its timeline and schedule for the review process with a target of completing the review report by March.

- January: Submission of Self-Study to IEP.
- February: The IEP sends Self Study to Review Committee.
- February: Review Committee members meet and finalize timeline.
- March: The Review Committee's Report is finished.
- April: Wrap-up session held focusing on the Prioritized Recommendations and Multi-Year Plan.

## **VIII. POLICY HISTORY**

- a. **Approved by:** Board of Trustees
- b. **Adopted:** June 6, 2022