



University  
of Windsor



## UNIVERSITY OF WINDSOR INSTITUTIONAL QUALITY ASSURANCE PROCESS

### **University of Windsor IQAP Approvals:**

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**University of Windsor**  
**Institutional Quality Assurance Process**  
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## Executive Summary

The [Quality Assurance Framework](#) requires every publicly-assisted university in Ontario to develop an Institutional Quality Assurance Process (IQAP) specifically suited to its individual context and mission, but also consistent with the Framework's requirements. The Quality Council, the independent, arm's-length body that approves new university programs and ensures universities' adherence to their own quality assurance procedures, also reviews and ratifies the IQAPs.

The University of Windsor has a robust and longstanding quality assurance infrastructure. The University of Windsor's Institutional Quality Assurance Process (IQAP), and its supporting procedures, work to ensure Windsor's firm commitment to cultivating a culture of excellence in education and articulates the quality of a Windsor degree. Ontario's universities have vested in the Quality Council's final authority for decisions concerning all aspects of quality assurance.

In addition to ratifying institutions' IQAPs and approving any subsequent revisions, the Quality Council reviews:

- Proposals for new for-credit graduate and undergraduate degrees
- For-credit graduate diplomas
- Requested endorsements of new fields added to existing graduate programs
- New inter-institutional programs
- Institutionally requested reviews of major modifications to programs
- Final assessment reports (FAR) or audits of FARs for all university program reviews, which will take place on an eight-year cycle.
- Universities' quality assurance practices.

Ensuring quality, at the provincial level, is a major impetus required by the *Quality Assurance Framework*, and the University of Windsor remains committed to creating evidence-based and reflective frameworks that enable departments and programs to engage in constant cycles of quality enhancement. Quality assurance and quality enhancement should be mutually compatible and cross-fertilizing. We invite those engaged with the processes of quality assurance to share their experiences and suggestions so that we continually refine institutional practice.

## I. Introduction

The University of Windsor's IQAP provides Faculties and Departments with the principles, roles and responsibilities, procedures, structures, and protocols that underpin the University of Windsor's commitment to providing quality and effective education. It will serve as the basis for an evolving compendium of templates, supporting documents, and electronic links that will assist faculty and administrative efforts both to ensure and enhance educational quality. As well, it outlines the responsibilities of administrators and service units for program development and review and articulates foundational values, practices, and priorities for improving program outcomes. To achieve these goals, all stakeholders need to be engaged, reflective, and open to change and to making informed decisions. The IQAP explains how to approach program review systematically, strategically, and with an evolving sense of inquiry regarding student learning.

Windsor's Quality Assurance Process supports innovation and improvement so that quality assurance produces quality enhancement. This document supports Windsor's ongoing commitment to a robust system of quality assurance that reflects the international standards each of the Ontario institutions follow and shows how the University's practices conform to provincial accountability standards, set out in the *Quality Assurance Framework*.

### Principles of Practice

In particular, the IQAP includes a set of 15 [Principles](#) that guide and inform every aspect of quality assurance, and a more detailed set of Protocols that are a prudent set of rules of best practice.

Each principle has details included under their overarching goals:

- Experience of the Student
- Oversight by an Independent Body
- Autonomy of Universities
- Transparency
- Increased Responsibility for Quality Assurance
- Continuous Monitoring and Quality Improvement
- Expert Independent Peer Review
- Appropriate Standards

This IQAP forms the basis of four distinct components:

- Protocol for New Program Proposals
- Protocol for Expedited Proposals
- Protocol for Cyclical Review of Existing Programs
- The Audit Process

These components are found in greater detail in their specific sections within this document.

## 2. Quality Assurance at the University of Windsor

The *Quality Assurance Framework* aligns assurance processes for Ontario universities with international quality assurance standards, while ensuring the process remains “open, transparent, and accountable.”<sup>11</sup> The University of Windsor firmly endorses this balance between accountability and internal processes of development.

### Roles and Responsibilities (as related to IQAP)

#### *Authorities*

The authority responsible for the Institutional Quality Assurance Process (IQAP), its administration and application, is the University of Windsor’s senior academic officer, the Provost and Vice-President (Academic). The Provost delegates this responsibility on a day-to-day basis to the Associate Vice-President (Academic) (hereinafter referred to as the AVPA).

The authoritative contact between University of Windsor and the Ontario Universities Council on Quality Assurance (the Quality Council) is the AVPA.

The authority responsible for the application of the IQAP for the review of new undergraduate and graduate degree-level programs and major and minor program modifications, as well as the review of cyclical program reviews and the production of the associated Final Assessment reports and Implementation Plans (FAR/IP) and the subsequent review of FAR/IP progress updates within the scope of this IQAP is the Program Development Committee (PDC). The PDC recommends to Senate approval of new programs and program modifications and reports to Senate on the cyclical program reviews (FAR/IP) and progress towards the implementation of recommendations agreed to in implementation plans and recorded in the final assessment reports and executive summaries.

PDC is constituted as follows:

- Provost and Vice-President, Academic (or designate).
- Dean of Graduate Studies (or designate).
- Vice-Provost, Teaching and Learning (or designate).
- twelve faculty members, at least three of whom shall be members of the Senate, with one of the Senate faculty members serving as Committee Chair, and should include the following:
  - one faculty member from each of the Faculties of Business Administration, Education, Engineering, Human Kinetics, Law and Nursing.
  - two faculty members from the Faculty of Science.
  - three faculty members from the Faculty of Arts, Humanities and Social Sciences, at least one of whom shall be selected from Social Science disciplines and one from Arts/Humanities disciplines.
  - one librarian.
- five students (including at least one graduate, one part-time undergraduate, two full-time undergraduates).

#### *Academic Governance*

The **Senate** is the elected body governing academic matters at the University of Windsor. Senate regulates academic programs (including their establishment, modification, and discontinuation), determines academic standards, and develops and ratifies bylaws, policies, and academic and program regulations. All new course and program proposals and modifications must be approved by Senate.

The **Program Development Committee** (PDC) is a standing committee of Senate. Its mandate is to make recommendations to Senate with respect to the areas of program and curricular development. The PDC's primary concern is the maintenance of high academic standards and high-quality programs. It is charged with the approval and presentation to Senate of Final Assessment Reports and Implementation Plans for academic programs and

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<sup>11</sup> *Quality Assurance Framework*, Ontario Universities Council on Quality Assurance, February 24, 2021.

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reviewing programs' progress in achieving their review recommendations through the review of progress or status reports. The PDC also reviews new program proposals, major and minor program modifications, course additions and course and calendar changes. Any item/issue which falls under the mandate of the PDC must receive the Committee's approval before being referred to Senate for approval or information. The PDC is supported in this work by the University Secretariat, the Office of the Registrar, the Centre for Teaching and Learning, and others with significant program review experience.

A **Subcommittee** of PDC, tasked with the review of all completed cyclical program reviews and the progress reports, and the drafting of the final assessment reports and implementation plans. The subcommittee is selected from and elected by the PDC and is supported in its activities by representatives from the Office of Institutional Analysis, the Registrar's Office, the Provost's Office, Budgets, and the Centre for Teaching and Learning, as needed. The subcommittee presents its draft reports to the PDC for final approval.

The **University Secretariat** is responsible for the effective and efficient operation of the University's bicameral system of governance -- that is, the Board of Governors (oversight of all operational aspects), and the Senate (oversight of academic matters), their Standing Committees and a number of ad hoc committees. In terms of quality assurance, the University Secretariat provides advice and guidance in the development of new or changed courses and programs, coordinates the approval processes at the PDC and Senate level and the evaluation of completed program reviews, and assists the Subcommittee and the PDC in the development of final assessment reports and implementation plans to be received by Senate. The Secretariat is responsible for the maintenance of document records for the Senate and its standing committees.

**Academic Administrative Unit (AAU)<sup>22</sup> and Faculty Coordinating Councils** play consecutive roles in the approval of new programs and courses, and in program and course change processes. The Graduate Studies Council also reviews graduate programs subsequent to their approval by their respective faculty councils or faculty coordinating council, but before their passage to PDC.

### *Academic Leadership*

**The Provost and Vice-President Academic** is the chief academic officer at the University of Windsor. The Provost oversees all academic programs, and is responsible for overall academic planning, the development of new academic programs, and the disbursement of academic program funds. The Provost (or designate) acts as the primary (key) contact for communication between the Quality Council and the University of Windsor.

**The Associate Vice-President, Academic** heads the **Office of Quality Assurance** and coordinates the cyclical program reviews, including scheduling, orienting and supporting programs undertaking cyclical review, liaising with Institutional Analysis and the Registrar's Office to facilitate access to institutional data and other indicators of program quality, and overseeing external and internal review processes.

Each **Dean** is responsible for the overall planning and coordination of a Faculty's intellectual culture, including academics, research, creative activity and the attendant stewardship of resources in support of those endeavours. Regarding quality assurance, Deans lead the development of Faculty academic plans (which in turn inform departmental planning), and are involved in program development, data collection and analysis, input into, review of and response to program reviews, quality enhancement initiatives, institutional planning, and the development of quality enhancement initiatives in keeping with the University's strategic plan. The role of Deans in quality enhancement focuses not only on leadership within their respective Faculties, but on collaboration and coordination with Faculties and service units campus-wide. In addition, Deans provide support as possible, given limited resources, for the achievement of departments' cyclical review recommendations. The Dean of the Faculty of Graduate Studies also provides leadership and support for the development and review of graduate programs across campus.

**Department Heads, Program Directors, and Faculty Members** are responsible for ongoing program development,

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<sup>22</sup> An AAU delivers one or more academic programs and provides the administration and governance of its members and programs. An AAU may be designated a School or a Department, or in the case of non-departmentalized faculties, a Faculty.

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improvement and review; curriculum refinement and design; course and assessment design; and the development of program self-studies. They play a key role in the continuous growth of their departments through cycles of inquiry, initiative, and reflection, individually and collectively. Program/AAU Councils are the first stage of the approval process for all program-based quality assurance activities.

### *Service Units*

**Institutional Analysis** provides departments with institutional data from sources such as *Alumni Surveys*, *Canadian Graduate and Professional Student Survey*, the *UWindsor Graduate Success Survey*, enrolment, head count, employment and graduation rates. Please visit the Office of Institutional Analysis website at <http://www.uwindsor.ca/oip/> for more information.

The **Registrar's Office** provides consultation as needed to all committees dealing with program issues. In addition, this Office provides departmental data regarding a number of key indicators, including grade distributions and success rates. The Registrar's Office is responsible for the administration of new programs in terms of ensuring course scheduling and tracking student progress through degrees. The Registrar's Office also submits new program proposals to the Ministry of Colleges and Universities for funding approval as necessary.

The **Centre for Teaching and Learning** provides consultation and support for programs seeking to develop or refine curricula and program delivery, and can provide guidance regarding the collection, analysis, and contextualization of student achievement data. The Centre emphasizes quality enhancement in all aspects of the teaching, learning, and assessment environment.

### *External bodies*

**Accreditation Bodies:** A number of programs at the University undergo regular accreditation by the professional bodies of their own fields. Generally, this process involves a full program review on a cyclical basis, including site visits, examination of curricula and facilities, and evaluation of student outcomes. Recommendations arising from these reviews are generally achieved through the action of deans, department heads, and faculty members, in concert with the usual processes for course and program change at the University.

The **Ontario Universities' Council on Quality Assurance** (Quality Council) oversees quality assurance processes for programs at publicly-assisted universities in Ontario. The Quality Council assists in the development of university quality assurance processes and audits those processes regularly to ensure that universities' practices conform to the *Quality Assurance Framework*. In addition, the Quality Council reviews summaries of all final assessment reports and implementation plans as well as all proposals for new degree programs.

The **Ministry of Colleges and Universities** reviews some program proposals and major changes to existing programs in order to approve program funding.

### 3. IQAP Scope

Every publicly-assisted Ontario university that grants degrees and diplomas is responsible for ensuring the quality of all of its programs of study, including modes of delivering programs and those academic and student services that affect the quality of the respective programs under review, regardless of whether the program is eligible for government funding. Institutional responsibility for quality assurance extends to new and continuing undergraduate and graduate degree/diploma programs whether offered in full, in part, or conjointly by any institutions federated and affiliated with the university. These responsibilities also extend to programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or institutes, including Institutes of Technology and Advanced Learning (ITALs).

As per the *Quality Assurance Framework*, all for-credit programs offered at the university, or in partnership with its affiliated institutions or other institutions, are subject to the IQAP. Undergraduate and graduate degree programs, for-credit types 2 & 3 graduate diplomas, and new inter-institutional programs, approved through an institution's IQAP process are forwarded to the Ontario Universities' Council on Quality Assurance (Quality Council) for final approval. Other programs and modifications to programs are subject only to institutional approval, but in conformity with the requirements of the IQAP. The Quality Council also reviews the Final Assessment Reports, Executive Summaries and Implementation Plans emerging from mandated cyclical university program review, and audits each publicly-assisted university's compliance with its IQAP on an eight-year cycle.

Table 1 outlines the degree of direct Quality Council oversight required for various programs by the *Quality Assurance Framework*.

**Table 1**  
Degrees of Oversight Required by the *Quality Assurance Framework*

Direct Review by Quality Council	Institutional Review Only, but According to Process Described in the IQAP	Departmental or Faculty Decision Making
<ul style="list-style-type: none"> <li>Proposals for new for-credit graduate and undergraduate degrees</li> <li>For-credit graduate diplomas (Types 2 and 3) (expedited approval)</li> <li>Requested endorsement of new field added to existing graduate program (expedited approval)</li> <li>New standalone degree program arising from a field in a master's or doctoral program that has undergone at least two Cyclical Program Reviews and has at least two graduating cohorts (expedited approval)</li> <li>New inter-institutional program</li> <li>Institutionally requested review of major modifications to a program</li> <li>Final Assessment Report (excluding all confidential information), Executive Summary and associated Implementation Plan for each completed Cyclical Program Review; and/or annual report to the Quality Council, which lists the past year's completed Final Assessment Reports, Implementation Plans and progress reports and provides an attestation by the Provost (or delegate) that all IQAP-required Cyclical Program Review processes have been followed.</li> </ul>	<ul style="list-style-type: none"> <li>Major program modifications (summary report of all major program modifications due to Quality Council annually)</li> <li>Addition of a single new field to an existing graduate program.</li> <li>Type 1 for-credit graduate diplomas</li> <li>Additions or changes to emphasis, options or minors in programs</li> <li>Minor program and course changes</li> <li>Summary of minor course and calendar changes</li> <li>New for-credit courses</li> <li>Full documentation for all University Program Reviews</li> </ul>	<ul style="list-style-type: none"> <li>Workshops</li> <li>Short courses</li> <li>Programs of study comprised of non-credit courses</li> </ul>

## Definition of Terms

**Undergraduate Certificate:** A short form credential that forms a coherent program of study organized around a clear set of learning outcomes. Undergraduate certificates are comprised of undergraduate level academic content normally equivalent to a minimum of half a year of full-time study. While requiring recognition in the IQAP, proposals for the introduction of, or modification to an undergraduate certificate do not require reference to the Quality Council unless they are part of a New Program.

**Collaborative Specialization:** This is an intra-university graduate field of study that provides an additional multidisciplinary experience for students enrolled in and completing the degree requirements for one of a number of approved masters and/or PhD programs. Students meet the admission requirements of, and register in the participating (or “home”) program but complete, in addition to the degree requirements of that program, the additional requirements specified by the Collaborative Specialization. The degree conferred is that of the home program, and the completion of the Collaborative Specialization is indicated by a transcript notation indicating the additional specialization that has been attained (e.g., MA in Political Science with specialization in American Studies).

A Collaborative Specialization must have:

- At least one core one-semester course that is foundational to the specialization and does not form part of the course offerings of any of the partner programs. This course must be completed by all students from partner programs registered in the specialization and provides an opportunity for students to appreciate the different disciplinary perspectives that can be brought to bear on the area of specialization. This course may serve as an elective in the student’s home program.
- Clear and explicit requirements for each Collaborative Specialization. In programs requiring a major research paper, essay, or thesis, the topic must be in the area of the collaborative specialization. In course-only Master’s programs, at least 30% of the courses must be in the area of specialization including the core course described above. Courses in the area of specialization may be considered electives in the home program.
- Only core faculty that are those faculty members in the participating home programs who have an interest and expertise in the area of the collaborative specialization (this may include faculty appointed 100% to an interdisciplinary academic unit – for example, an Institute of American Studies – that provides the anchor for the specialization).
- In place appropriate administrative and academic oversight/governance to ensure requirements associated with the specialization are being met.

**Degree:** An academic credential awarded on successful completion of a prescribed set and sequence of requirements at a specified standard of performance consistent with the OCAV’s or OCGS’s Degree Level Expectations and the institution’s own expression of those Expectations.

**Degree Program:** The complete set and sequence of courses, combinations of courses and/or other units of study, research and practice prescribed by an institution for the fulfillment of the requirements of a particular degree.

**Diploma Programs:** Universities may grant diplomas in acknowledgement of students’ participation in either for-credit or not-for-credit activities at the undergraduate and graduate level. Not-for-credit and for-credit undergraduate diploma programs are not subject to approval or audit by the Quality Council. The Quality Council recognizes only three types or categories of Graduate Diploma and has specific appraisal conditions.

**Type 1:** Awarded when a candidate admitted to a master’s program leaves the program after completing a certain proportion of the requirements. Students are not admitted directly to these programs.

**Type 2:** Offered in conjunction with a master’s (or doctoral) degree, the admission to which requires that the candidate be already admitted to the master’s (or doctoral) program. This represents an additional, usually interdisciplinary, qualification.

**Type 3:** A stand-alone, direct-entry program, generally developed by a unit already offering a related master’s (and sometimes doctoral) degree, and designed to meet the needs of a particular clientele or market.

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New type 1 graduate diploma programs are submitted as major modifications, while type 2 and 3 graduate diploma programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. All three types of graduate diploma programs are to be incorporated into the institution's schedule for cyclical reviews as part of the parent program.

**Emphasis, Option, Minor Program (or similar):** An identified set and sequence of courses, and/or other units of study, research and practice within an area of disciplinary or interdisciplinary study, which is completed on an optional basis in partial fulfillment of the requirements for the awarding of a degree, and may be recorded on the graduate's academic record. While requiring recognition in the IQAP, proposals for their introduction or modification, do not require reference to the Quality Council unless they are part of a **New Program**.

**Field:** In graduate programs, field refers to an area of specialization or concentration (in multi/interdisciplinary programs a clustered area of specialization) that is related to the demonstrable and collective strengths of the program's faculty. Institutions are not required to declare fields at either the master's or doctoral level. Should they wish to do so, the addition of a single new field to an existing graduate program is considered a major modification. Institutions may wish, through an expedited approval process, to seek the endorsement of the Quality Council. Note that the creation of more than one field at one point in time or over subsequent years may need to go through the Expedited Protocol.

**Conjoint Degree Program:** A program of study, offered by a postsecondary institution that is affiliated, federated or collaborating with a university, which is approved by the university's Senate or equivalent body, and for which a single degree document signed by both institutions is awarded.

**Cotutelle:** A customized program of doctoral study developed jointly by two institutions for an individual student in which the requirements of each university's doctoral programs are upheld, but the student working with supervisors at each institution prepares a single thesis which is then examined by a committee whose members are drawn from both institutions. The student is awarded two degree documents though there is a notation on the transcripts indicating that the student completed his or her thesis under cotutelle arrangements.

**Dual Credential Program:** A program of study offered by two or more universities or by a university and a college or institute, including Institutes of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a separate and different degree/diploma document being awarded by each of the participating institutions.

**Joint Degree Program:** A program of study offered by two or more universities or by a university and a college or institute, including an Institute of Technology and Advanced Learning, in which successful completion of the requirements is confirmed by a single degree document.

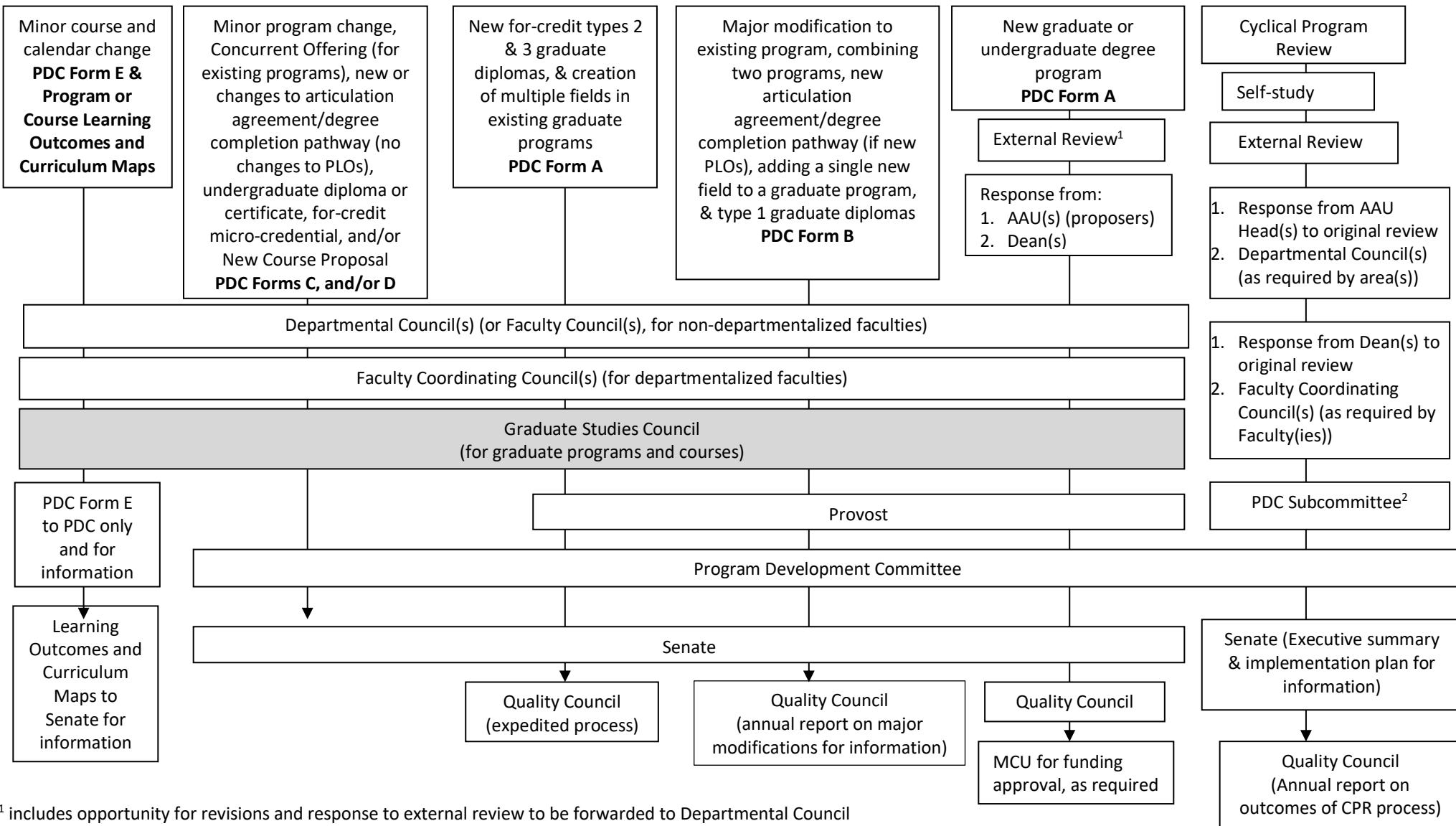
**Micro-credential (For-Credit):** A designation of achievement of a coherent set of skills and knowledge, specified by a statement of purpose, learning outcomes, and strong evidence of need by industry, employers, and/or the community. They have fewer requirements and are of shorter duration than a qualification and focus on learning outcomes that are distinct from diploma/degree programs. While requiring recognition in the IQAP, proposals for the introduction or modification of a for-credit micro-credential do not require reference to the Quality Council unless they are part of a **New Program**.

**New Program:** Any degree, degree program, or program of specialization, currently approved by Senate or equivalent governing body, which has not been previously approved for that institution by the Quality Council, its predecessors, or any intra-institutional approval processes that previously applied. A change of name, only, does not constitute a new program; nor does the inclusion of a new program of specialization where another with the same designation already exists (e.g., a new honours program where a major with the same designation already exists).

**Table 2** provides the pathways for the Quality Assurance Processes of the University of Windsor:

**Table 2**  
**University of Windsor Quality Assurance Flow Chart**

For all new undergraduate or graduate degree programs and new for-credit types 2 & 3 graduate diplomas, a **New Program Notice of Intent form** must be completed and approved by the **New Program Steering Committee and the Provost**. Go to:  
<https://www.uwindsor.ca/qualityassurance/805/new-program-development>



<sup>1</sup> includes opportunity for revisions and response to external review to be forwarded to Departmental Council

<sup>2</sup> the departments submit monitoring/progress reports on recommendations for PDC Subcommittee and PDC review

\*\*\*outcomes of the Quality Council reviews are reported to Senate\*\*\*

## 4. Institutional Process for the Approval of New Programs

### Overview

At the University of Windsor, Deans, in collaboration with department heads and faculty members initiate new programs in response to the evolving needs of the local and global community and the emerging patterns of knowledge construction within and among disciplines. New programs are initiated with attention to curriculum design, the development of program learning outcomes, the alignment of effective teaching and assessment methods, and the responsible management of the requisite human, instructional, and physical resources within the institution. The Provost's Office is concerned with issues of compliance with the IQAP and program viability. PDC and the Senate are concerned with the approval of academic programs in terms of the academic quality of those programs.

New programs are developed within or among units, in consultation with the Academic Administrative Unit (AAU) Head or designate, the program faculty (and/or the Curriculum Committee), and the Dean. The development of a New Program Proposal Brief involves consultation and collaboration with members of the University community directly involved in this new initiative, including faculty, staff, and students, as well as those managing resources key to its implementation. This includes units beyond the AAU with programs or human and physical resources impacted or required for the success of the new program. These consultations include the Faculty of Graduate Studies, the Library, Information Technology Services, the Centre for Teaching and Learning, or Facilities Services. Individuals wishing to submit a new program proposal should consult with their AAU head, AAU Council, and Dean to ensure initial support for the proposed program. Following these consultations, contact with the Quality Assurance Office must happen and the process begins with a Notice of Intent to apply for a new program.

The New Program Approval Process involves the following processes:

- a notice of intent to apply for a new program
- a meeting with the New Program Steering Committee (NPSC)
- approval from Provost to develop a new program proposal
- a new program proposal brief (PDC Form A)
- confirmation of accuracy and completeness by the Office of Quality Assurance and AVPA
- an external review
- an internal response to the review
- institutional approval (AAU, Faculty, Graduate Studies, Provost, PDC, and Senate)
- review and recommendations by the Quality Council
- funding approval from the Ministry of Colleges and Universities (as required)
- ongoing monitoring by the institution, including cyclical review within 8 years of first-year enrolment.

### Procedures for Initiating a New Program Proposal

#### *The Notice of Intent Stage*

Following consultations with the appropriate departments and units, a Notice of Intent is completed and submitted to the Office of Quality Assurance which signals scheduling a meeting with the New Program Steering Committee (NPSC). The NPSC Committee is Chaired by the AVPA and has representation from the University Secretariat, Registrar, Centre for Teaching and Learning, and Cashiers. Once the proponents have met with the NPSC, the Notice of Intent is sent for approval by the Provost.

#### *Approval by Provost*

Once the Provost has reviewed the Notice of Intent, approval to prepare a new program proposal brief (PDC Form A) will be given. The PDC Form A will be forwarded to the proponent by the Office of Quality Assurance.

#### *Preparation of New Program Proposal Brief (PDC Form A)*

The New Program Proposal brief consists of three volumes: volume I is the New Program Proposal - PDC Form A, volume II is faculty curricula vitae, and volume III is the list of proposed external reviewers.

Assistance in preparing the New Program Proposal is provided by the Office of Quality Assurance.

The New Program Proposal brief includes sections where discussion of unique curriculum or innovative programming is proposed, and where any creative components or high impact practices are available. Table 3 also delineates information required in the New Program Proposal Brief (PDC Form A), as stipulated in the *Quality Assurance Framework*.

**Table 3**  
**New Program Proposal Review Criteria**  
From the *Quality Assurance Framework, Section 2.1*

<b>Before submitting a Proposal Brief to the Quality Council, institutions will evaluate any new graduate or undergraduate programs according to the following criteria:</b>
<b>2.1.2.1 Program Objectives</b> a) Clarity of the program's objectives; b) Appropriateness of degree nomenclature given the program's objectives; and c) Consistency of the program's objectives with the institution's mission and academic plans.
<b>2.1.2.2 Program Requirements</b> a) Appropriateness of the program's structure and the requirements to meet its objectives and program-level learning outcomes; b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's undergraduate or graduate Degree Level Expectations; c) Appropriateness of the proposed mode(s) of delivery to facilitate students' successful completion of the program-level learning outcomes; and d) Ways in which the curriculum addresses the current state of the discipline or area of study.
<b>2.1.2.3 Program Requirements for Graduate Programs Only</b> a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the proposed time; b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate-level courses; and c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
<b>2.1.2.4 Assessment of teaching and learning</b> a) Appropriateness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and b) Appropriateness of the plans to monitor and assess: i. The overall quality of the program; ii. Whether the program is achieving in practice its proposed objectives; iii. Whether its students are achieving the program-level learning outcomes; and iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.
<b>2.1.2.5 Admission requirements</b> a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes. b) Sufficient explanation of alternative requirements, if any, for admission into a graduate, second-entry or undergraduate program, such as minimum grade point average, additional languages or portfolios, along with how the program recognizes prior work or learning experience.

**2.1.2.6 Resources for all programs**

Given the program's planned /anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, including implications for the impact on other existing programs at the university;
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access; and
- f) If necessary, additional institutional resource commitments to support the program in step with its ongoing implementation.

**2.1.2.7 Resources for graduate programs only**

Given the program's planned/anticipated class sizes and cohorts as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate;
- b) Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students; and
- c) Evidence of how supervisory loads will be distributed, in light of qualifications and appointment status of the faculty.

**2.1.2.8 Quality and other indicators**

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring); and
- b) Any other evidence that the program and faculty will ensure the intellectual quality of the student experience.

***Confirmation of Accuracy and Completeness***

The Office of Quality Assurance and the Associate Vice-President Academic (AVPA) will ensure that the Program Proposal and accompanying documentation are complete and compliant with Windsor's IQAP and with the Evaluation Criteria listed in Table 3, specifically (QAF 2.1.2).

Once the AVPA is satisfied that the PDC Form A is complete and compliant, they will prioritize the list of external academic reviewers nominated by the program in Volume III of the Brief to become members of the review committee. The criteria in terms of which the reviewers are prioritized is contained below and in (QAF 2.2.1). The Office of Quality Assurance will make the necessary arrangements for the site visit and will forward the necessary documentation to the review committee, including the Volume I (New Program Proposal, PDC Form A) and the Volume II (All Relevant Faculty CVs) at least six (6) weeks prior to the on-site or virtual visit. In addition to receiving Volume I and II, the reviewers receive copies of the University's current strategic plan, a written orientation to the program proposal review process, a Reviewers' Report Template and electronic access to the University Calendar.

***External Review and Report***

***External Reviewers***

Under the provincial *Quality Assurance Framework*, proposals for new for-credit graduate and undergraduate degrees must undergo external review (site visit) before approval at the AAU level (QAF 2.2.1). Review of a proposed undergraduate and graduate program proposals require two external reviewers.

The external reviewers must be senior faculty (associate or full professor) with considerable and demonstrated experience and expertise in undergraduate or graduate education, indicating an appreciation of pedagogy and learning outcomes. Reviewers should be well-respected and professionally active teachers and scholars in their disciplines, with

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administrative and/or program assessment experience.

All reviewers should be at arm's length from the program under review. They cannot:

- be former faculty members from the program,
- be current or past collaborators with faculty from the program,
- be former supervisors or supervisees in the program,
- be relatives of faculty or staff in the program,
- be involved with activities of the program under review,
- have published or collaborated with a member or members of the academic program under review within the last six years, or
- be involved in a conflict with a member of the academic program under review.

This is an illustrative, rather than exhaustive list: the academic unit should take reasonable steps to avoid recommending a reviewer who could be seen as jeopardizing the impartiality of the review process. Reviewers are required to respect the confidentiality of the process and participant input. Program proposal review is a collegial process.

### ***Site Visit***

The *Quality Assurance Framework* mandates site visits for New Program Proposals. External review of a new Program Proposal will normally be conducted on-site, but the Provost (or delegate) may propose that the review be conducted by desk review, virtual site visit or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Provost (or delegate) will also provide a clear justification for the decision to use these alternatives. (QAF 2.2.1).

**Desk Review:** A review of a New Program Proposal conducted by external reviewers that is conducted independently of the university (i.e., does not typically include interviews or in-person or virtual site visits). Such a review may, with the agreement of both the external reviewers and the Provost, replace the external reviewers' in-person or virtual site visit in the New Program Approval process for certain undergraduate and master's program reviews such as professional master's programs, fully online, etc.

On-site visits will be two days in length. Virtual site visits may be coordinated over a number of days. Site visits will include the following meetings to discuss questions and issues arising from the program proposal and other documentation:

- The start of the visit will begin with orientation meetings with the Associate Vice-President, Academic (or designate) in his/her role as coordinator of quality assurance;
- the University's Vice-President, Finance and Operations (or designate),
- will include meetings with faculty, staff, administrative officials (including the dean(s) of the relevant Faculty(ies));
- the Provost (or designate);
- University Recruitment

Other meetings can be set at the request of the reviewer(s) or by the Office of Quality Assurance, in consultation with the AAU, program proposers, or the Dean of the relevant Faculty. The reviewer(s) will also tour program and campus facilities, in particular facilities that will come into use during the proposed program (as possible for virtual site visits).

### ***External Reviewers Report***

The goal of the site visit is to gather information for the appraisal of the standards and quality of the proposed program, and to include reviewers' recommendations that are clear, concise, and actionable.

The External Reviewers will address the following in their report (QAF 2.2.2):

- a. Address the substance of the New Program Proposal;

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- b. Respond to the evaluation criteria set out in Table 3;
- c. Comment on the adequacy of existing physical, human, and financial resources; and
- d. Acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to it.

Within six weeks of the Site Visit, the reviewers will prepare a joint report based on the instructions provided in the External Reviewers Report Template provided by the Office of Quality Assurance and submitted to the Associate Vice-President Academic (AVPA).

When received, the AVPA will ensure that the report is complete and has adequately addressed all the evaluation criteria with respect to all the programs that the review is covering. If the Associate Vice-President Academic (AVPA) determines that the report is in any way deficient, the Associate Vice-President Academic (AVPA) will communicate with the review committee to rectify the situation.

### ***Institutional Response***

When the Associate Vice-President Academic (AVPA) is satisfied that the report is complete, the report will be forwarded to the Faculty Dean(s) and the academic unit or program lead(s), for separate responses. Both the AAU Head submitting the proposal and the relevant Dean or designate (in the case of departmentalized Faculties) will respond to the Reviewer's Report and recommendations. The proposer(s), in consultation with the Head and Dean where applicable, may revise the program proposal before submitting it for institutional approval, based on these recommendations. A memorandum will list all the issues, concerns, and recommendations raised in the report to which the Dean(s) and the academic unit will need to respond, separately. In the case of a single-department Faculty where the Dean is essentially the head of the academic unit, only one response will be required (QAF 2.3.1). The separate reports will be submitted to the Office of Quality Assurance.

### ***Institutional Approval***

Once the external review and responses are completed, the program or AAU Council, and then the Faculty Coordinating Council (where appropriate), review all documentation created for the proposal and review process to determine whether the proposal meets the institution's quality assurance standards. Graduate programs must then undergo review (based on the same standards) by Graduate Studies Council. In addition, new program proposals require confirmation by the Dean that they support the proposal and are committed to seek to provide the necessary resources, and approval by the Provost prior to submission to PDC. PDC considers the Proposal Brief, the Reviewers' Report(s) and the internal response(s) in determining the academic quality of the new program proposal, including whether the new program proposal meets University of Windsor IQAP standards and is therefore acceptable, or whether it needs further modification. Once approved by PDC, the program proposal brief is submitted to Senate for final quality assurance review. All new programs are approved subject to the relevant resources being made available institutionally.

Once the document receives final approval from Senate, the university's established contact (in the case of the University of Windsor, the University Secretariat) submits the Proposal Brief (PDC Form A), together with all reports and documentation, to the Quality Council Secretariat. The submission must also state whether the proposed program will be run on a cost-recovery basis.

The *Quality Assurance Framework* indicates that, subject to approval by the university's senior academic officer (e.g., Provost and Vice-President Academic), the university can announce its intention to offer the program, in advance of approval by the Quality Council, provided that clear indication is given that approval by the Quality Council is pending, and that no offers of admission will be made until and unless the program is approved by the Council. The *Quality Assurance Frameworks* states that when such announcements are made in advance of Quality Council approval, they must contain the following statement: "Prospective students are advised that the program is still subject to formal approval." In some cases, MCU funding approval will also be required prior to launching the program.

Quality Council reviews the proposed program following the procedures delineated in the *Quality Assurance Framework*.

### ***Review and Recommendations by the Quality Council***

The *Quality Assurance Framework* describes the approval, deferral, and refusal options of the Quality Council Appraisal Committee and the obligations of universities to implement or revise the proposals reviewed. The Office of Quality Assurance will make this information available to University of Windsor AAUs as they develop new programs subject to Quality Council appraisal.

Upon receipt of a new program proposal, the Quality Council makes one of the following decisions (QAF 2.6.2, QAF 2.6.3):

- a) Approved to commence;
- b) Approved to commence with report;
- c) Deferred for up to one year, affording the institution an opportunity to amend and resubmit its New Program Proposal; or
- d) The program proposal is declined

Should a report be required, the Associate Vice-President, Academic (AVPA) will receive and review all reports prepared by the unit prior to submission to the Quality Council for decision. Any appeals to the Quality Council will be made by the Associate Vice-President, Academic (AVPA). Should a program proposal or appeal be declined by the Quality Council, the Associate Vice-President, Academic (AVPA) will consult with the academic unit(s) and Dean(s) involved to determine how to proceed. In all cases, resubmission will take place approximately one year following the Quality Council's original or appeal decision.

### ***Ongoing Monitoring of New Programs***

After a new program has been "approved to commence", the program will begin within thirty-six months of the date of approval; otherwise, the approval will lapse.

The monitoring of a new program facilitates continuous improvement, which is an essential goal of quality assurance. The monitoring process includes an interim monitoring report to be produced by the Dean and submitted to the Office of Quality Assurance, when the next cyclical review is longer than four years out. The monitoring report will carefully evaluate the program's success in realizing its objectives, requirements, and outcomes, as originally proposed and approved, as well as any changes that have occurred in the interim, including in response to any Note(s) from the Appraisal Committee (QAF 2.9.3). In addition, the interim monitoring report will include comment on student enrolment and success in the program, as well as resource allocation and program administration. AAUs running new programs, the Associate Vice-President, Academic (or designate), and the relevant Dean will receive annual data sets provided by the Office of Quality Assurance which are consistent with the data provided for cyclical program review (including admissions data, retention rates, class size distributions, grade distributions, SET scores, percentage of classes taught by sessionals, and graduation rates), and will review these indicators to identify and collaboratively address emerging problems. The first cyclical review of any new program must be conducted no more than eight years after the date of the program's initial enrolment and normally in accordance with the university's program review schedule. The outcomes of the monitoring report and any additional areas are to be considered in the first cyclical review of the new program.

## 5. Expedited Approval Processes

### Overview

The Quality Council provides a more expeditious version of the approval process – Expedited Approvals – enabling a nimbler evolution of programming. The approval of submissions made through this Protocol is expedited because such proposals are not required to go through external review. The authority for final approval rests with the Quality Council's Appraisal Committee.

### Criteria for Expedited Approval

The Quality Assurance Framework allows for expedited approval in the following situations<sup>3</sup>:

- a) an institution requests endorsement of the Quality Council to declare a new Field in a graduate program<sup>4</sup>
- b) there is a proposal for a new for-credit type 2 or type 3 Graduate Diploma<sup>5</sup>
- c) the Quality Council reviews major modifications to an existing program at the request of an institution (see *Major Modifications*, p. 18)

As the above would not require external review, only the applicable evaluation criteria employed for approval of a New Program Approval as outlined in Framework Section 2.1 and found in Table 3 on page 13 will be applied to the Proposal, and Framework Sections requiring External Review (QAF 2.2) and Institutional Response (QAF 2.3) will not apply. The Council's appraisal and approval processes are also reduced.

### Procedure

The Protocol for Expedited Approvals includes:

- a Proposal Brief
- appraisal by the Quality Council

### *The Proposal Brief (PDC Form A)*

Deans, in collaboration with Department heads and faculty members, are responsible for the development of expedited program review proposal briefs. As per the University's established practice, the AAU head in collaboration with faculty members prepares a Proposal Brief (PDC Form A) or a Major Program Change (PDC Form B) for submission to the Quality Council. The proposal describes the new program or the significant changes being proposed (including, as appropriate, reference to learning outcomes, faculty and resources); provides a brief account of the rationale for the changes; and addresses the Evaluation Criteria [Framework Section 2.1, Table 3], where they apply. As with other new program proposals or major program changes, and in keeping with established practice, these proposals will be reviewed by Department and Faculty Coordinating Council(s), as appropriate, before submission to PDC and then Senate. A PDC form A will continue to be used for the development of the Proposal Briefs for new credit-course based diploma programs. If the institution requests Quality Council review for major modifications to an existing program, the request will be in keeping with the existing major modifications institutional processes (see *Major Modifications*, p. 21).

### *Appraisal by the Quality Council*

The Quality Council's Appraisal Committee reviews the submission, conferring with the university, and receiving further information as needed. The Appraisal Committee will focus its review on the following elements of the submission:

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<sup>3</sup> For the Quality Assurance Framework definitions of these terms, see pp. 9-10.

<sup>4</sup> The addition of a single new field to an existing graduate program is considered a major modification. Institutions may wish, through an expedited approval process, to seek the endorsement of the Quality Council. Note that the creation of more than one field at one point in time or over subsequent years may need to go through the Expedited Protocol. Proposals for new standalone degree programs arising from long-standing fields in a master's or doctoral program that have undergone at least two Cyclical Program Reviews and have at least two graduating cohorts may also be submitted through the Expedited Protocol.

<sup>5</sup> Type 2 and 3 graduate diploma programs require Quality Council Expedited Approval (no external reviewers required) prior to their adoption. Type 1 graduate diploma programs are submitted as major modifications. All three types of graduate diploma programs are incorporated into the university's schedule for cyclical reviews as part of the parent program.

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- a) Completeness of the proposal
- b) Adequacy of the proposed methods for Assessment of Teaching and Learning given the proposed program's structure, objectives, program-level learning outcomes, and assessment methods.

Based on this review, the Appraisal Committee may seek further information from the university, in which case it will provide a rationale for the requested information. Requests for, and responses to additional information will normally be in the form of written correspondence but virtual/teleconference or in-person meetings between the university and the Appraisal Committee may also be considered in order to expedite the process.

The Appraisal Committee will review the New Program Proposal and make one of the following decisions:

- a) Approved to Commence
- b) Approved to Commence, with Report; or
- c) Not Approved (QAF 3.2).

## 6. Program Modifications and other Proposals Requiring Institutional Approval Only

### Overview

A fundamental element of accountability in quality assurance is continuous improvement, which signals that quality assurance is never static. The *Quality Assurance Framework* is designed to ensure that the educational experiences students have are engaging and rigorous, but also that the programs through which those experiences are provided are routinely monitored and, if necessary, revised. Program renewal is an important feature of ongoing and continuous quality assurance. To encourage active evaluation, renewal, and change, as appropriate, the quality assurance process provides for annual reporting on program renewal. Further, program renewal and significant changes to a program – which are referred to throughout as major modifications – are articulated through a robust quality assurance process which does not require but may include the Quality Council's approval.

Other program change and renewals, which are not major modifications, that do not require Quality Council approval:

- Proposals for type 1 graduate diploma programs and undergraduate certificates and diplomas are reviewed institutionally by AAU Council and Faculty Coordinating Councils (where appropriate) before submission to PDC and Senate for approval, but do not require Quality Council review.
- Non-degree programs offered to students at the University include activities such as workshops, short courses, and programs of study comprised of non-credit courses. These are not subject to institutional or Quality Council review: their planning and facilitation are at the discretion of Deans, AAU Heads, Program Directors, and other members of the academic community in keeping with resource availability and overall academic planning. All members of the academic community are encouraged to look for efficiencies and collaborative opportunities in planning programming for students.

### Major Modifications to Existing Programs (Program Renewal and Significant Change)

Major modifications provide an opportunity for continuous program improvement, improving the student experience, and staying current with the discipline. Major modifications to existing programs require institutional review but not Quality Council review. Normally, the Program Development Committee or the Provost (or designate) may determine that changes to a given program constitute major changes or a new program proposal, and at that time, in consultation with the AAU, require the completion of the relevant PDC Form; however, the Quality Council has authority over this determination. Should the Council decide the major modification constitutes a new program, the Protocol for New Programs Approvals must be followed.

Major modifications are made by institutions in order to:

- Implement the outcomes of a cyclical program review;
- Reflect the ongoing evolution of the discipline;
- Accommodate new developments in a particular field;
- Facilitate improvements in teaching and learning strategies;
- Respond to the changing needs of students, society, and industry; and/or
- Respond to improvements in technology.

The *Quality Assurance Framework* and the University define major modifications as changes including one or more of the following program changes:

- the creation of a new collaborative specialization;
- the creation of a General degree from an existing Honours degree in the same discipline
- the combining of two existing programs
- the establishment of a new articulation agreement or degree completion pathway, where the new agreement or pathway results in changes to program learning outcomes
- the introduction or deletion of a thesis or major paper requirement
- the introduction or deletion of a practicum, internship, co-op work experience or portfolio requirement
- the introduction of a new specialization (including, field, option, stream, concentration);

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- requirements for the program that differ significantly from those existing at the time of the previous cyclical program review (typically changes comprising 33% or greater of major requirements);
- the offering of an existing program substantially online where it had previously been offered in face-to-face mode, or vice versa;
- the change in program name and/or degree nomenclature, when this results in a change in learning outcomes.
- significant changes to the program-level learning outcomes that do not, however, meet the threshold of a new program;
- significant changes to the program's delivery, including to the program's faculty and/or to the essential physical resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (e.g., different campus and/or online/hybrid delivery);
- for graduate programs where a thesis was previously required, the addition of a course-based option
- new type 1 graduate diplomas
- adding a single new field to a graduate program. Note that universities are not required to declare fields for either master's or doctoral programs. Note also that the creation of more than one field at one point in time or over subsequent years may need to go through the Expedited Protocol.

The deletion of a program does not qualify as a major modification in that there is no program to modify. Deleting a program does not alter program requirements or program-level learning outcomes. In accordance with University policy, students enrolled in a program, at the time of its deletion, will be able to complete the program, within a reasonable timeframe. Proposals to delete a program are submitted on a PDC Form C and will be reported annually to the Quality Council.

### ***Procedure***

Proposals for modifications will be submitted using the Program Development Committee major program changes form (PDC Form B) which includes sections outlined in Table 3.

Major modifications to existing programs do not require submission of a Proposal Brief to the Quality Council except when the University requests endorsement of the Quality Council. In such cases, unless the Quality Council determines that the proposed modification is, in fact, a new program, the review of the proposal will occur through the approval institutional process detailed in Table 2. Specifically, major program modifications require approval from AAU Council, Faculty Coordinating Council (where appropriate), Graduate Studies Council (for graduate proposals), PDC, and Senate, having been reviewed by the Registrar's Office, the University Secretariat, Budgets, the Centre for Teaching and Learning, and other units as appropriate (e.g., Office of Experiential Learning). All approved changes are subject to budget approval. Throughout the internal process, approving bodies, in addition to reviewing the proposal for relevant criteria listed in section 2.1.2 of the QAF (Table 3), will:

- ensure that there is a clear description and rationale for the proposed major modification
- ensure that the major modification is in alignment with the relevant program-level learning outcomes and/or the program-level learning outcomes are appropriately revised;
- assess the impact that the major modification will have on the program's students;
- ensure there was input from students in the development of the major modification, with the proposal including a statement on the how the major modification will impact the student experience.

As the *Quality Assurance Framework* notes, the fundamental purpose of the identification of major modifications to existing programs, and their submission through a robust quality assurance process which does not require but may include the Quality Council, is to assure the university and the public of the ongoing quality of the university's academic programs. In keeping with Quality Council guidelines, the University, through the University Secretariat, will file an annual report to the Quality Council which provides a summary of major program modifications that were approved through the University's internal approval processes in the past year.

**Minor Program Changes and Course Proposals**

Windsor encourages and values ongoing and continuous assessment, and where appropriate, modification of programs. Changes to programs, course proposals, and minor course and calendar changes that do not rise to the level of Major Modifications, such as a new or changes to an articulation agreement or degree completion pathway (where the program learning outcomes remain unchanged), an existing emphasis, option, a Minor, a for-credit micro-credential(s), an undergraduate certificate or diploma; laddering, stacking or similar options; or comparable elements are considered Minor Modifications.

The approvals process for minor modifications will follow the University of Windsor established protocol and the University of Windsor Quality Assurance Flow Chart (Table 2) found on page 11 summarizes this process.

## 7. Cyclical Program Reviews (CPRs)

### Overview

In keeping with the University of Windsor's commitment to academic rigour, innovation, and the ongoing enhancement of teaching and learning, and in compliance with provincial quality assurance standards, all existing undergraduate and graduate degree programs undergo cyclical review. The cyclical program review provides the opportunity for academic units to take a reflective and self-critical view of their programs offered. The review process is intended to highlight program strengths and weaknesses so that a clear plan for program-improvement (the Final Assessment Report and Implementation Plan) can be developed and implemented. Ideally, it serves as one component of broad-based quality enhancement activities at the departmental and Faculty level, fostering increased dialogue and collaboration within and among departments and service units regarding student learning and continuous program improvement.

Cyclical review of stand-alone, joint, multi-disciplinary, interdisciplinary, multi-sited and inter-institutional programs<sup>6</sup> must take place in an eight-year cycle and the next review will take place at most eight years from the date the last review was previously scheduled (i.e. not from the time when the external review took place). The Office of Quality Assurance maintains a schedule for these reviews. All for-credit undergraduate and graduate degree programs offered by the AAU are included in the scope of the area's cyclical program review. Programs which have been closed, or for which admissions have been suspended, are out of scope for a cyclical program review. Where appropriate, and in consultation with the relevant Deans and AAU Heads, this schedule can combine program reviews with accreditation reviews required by professional bodies. Where cyclical reviews and professional accreditation processes occur in tandem, Deans and AAUs will ensure that the objectives of all review processes are met. Accreditation reviews cannot wholly replace Cyclical Program Reviews.

Program reviews include contributions from all members of the University of Windsor community, including faculty, staff, students, and graduates. Input from members of the broader community, including disciplinary experts, representatives of professional bodies, industry members, employers, and other community partners will also be considered in reviews, where appropriate. The Cyclical Program Review process is a collegial process. Specific details outlining each step of the process are found in the Procedures below.

The program review involves the following components:

- A three-volume Brief: (1) a self-study coordinated by the AAU Head or Program Director, in collaboration with the faculty members who deliver the program(s) under review and in consultation with students, which explicitly addresses the quality of each academic program and the learning environment of the students in each program; (2) faculty curricula vitae; (3) a list of proposed external reviewers, including additional members if required.
- a site visit by the external review committee (in-person or virtual/desk audit, as appropriate)
- a report on the self-study and site visit from the external review committee
- responses to the external review committee's report and its recommendations by the AAU Head or Program Director, and by the Dean
- a review by the members of the PDC Subcommittee which drafts the final assessment report and implementation plan, including finalizing and prioritizing recommendations stemming from the review for PDC review and approval.
- monitoring reports of the implementation of the prioritized recommendations, and the appropriate distribution, including web postings, of those monitoring reports.

## Procedure

### *Initiating a University Cyclical Program Review*

The Associate Vice-President, Academic (or designate), initiates the CPR process, writing to the designated programs approximately 12 months before the intended site visit. The program(s) to be reviewed will be identified at this time per the existing schedule. The Office of Quality Assurance, along with the AVPA, will attend a departmental council meeting and outline the cyclical review process, the benefits of the process, and the institutional bodies responsible for the collection, aggregation, and distribution of data.

The academic unit preparing their self-study will establish a review team made up normally of the departmental head or director, the graduate and/or undergraduate supervisors as appropriate, graduate and/or undergraduate administrators as appropriate, and at least one graduate or undergraduate student, as appropriate. The review team preparing the documents need not necessarily be led by the department Head or Director. It must, however, be led by a faculty member from the unit. A Delegation Document is requested from the AAU Head, to be returned to the Office of Quality Assurance, and acts as a list of their review team members. The Office of Quality Assurance will work continuously with the department providing assistance throughout the process.

Once the departmental council meeting has been held, the Office of Quality Assurance will provide a template of the Volume I: Self-Study for the programs to be reviewed. This template will address each discrete program within one omnibus review. The Office of Quality Assurance and the AVPA will ensure that the Self-Study and accompanying documentation is complete and compliant. Once satisfied that the documentation is complete and compliant, the process of establishing the external review committee will be conducted by the AVPA in preparation for the Site Visit.

### *Support for the CPR*

The Office of Quality Assurance offers ongoing guidance and coordinates the support and services necessary in order to complete the self-study process. The Office of Institutional Analysis, Information Technology Services, and the Registrar's Office provide institutional data required for program self-analysis. The Office of Quality Assurance and the Centre for Teaching and Learning provide strategic support to the program groups undertaking self-study. In addition, the University will develop and maintain an institutional IQAP Handbook which will provide guidance on the conduct of rigorous, objective, and searching self-studies. This Handbook will also establish criteria for the nomination and selection of arm's length external peer reviewers, identify roles and responsibilities for the collection, aggregation, and distribution of institutional data and outcome measures, specify the format required for the self-study and external reviewers' reports, and set out the institution's undergraduate and graduate program review cycle.

### *The Self-study*

Under the co-ordination of the Dean (for non-departmentalized Faculties) or AAU Head (or delegate) for departmentalized Faculties, faculty from each program under review prepare a self-study which is subsequently reviewed by the AAU Council and the Dean before submission to the Associate Vice-President, Academic (or designate). The Dean of the relevant Faculty has an opportunity to provide input before the self-study receives final AAU approval.

The self-study affords an opportunity for a broad-based, reflective, and forward-looking consideration of how the program serves its constituency, represents its discipline(s), and fulfils its principal objectives. Evidence-based, it includes the critical analysis of pertinent qualitative and quantitative data and the evaluation of the program's alignment with the University's mission and degree-level expectations. Where possible, the self-study should contextualize data in light of applicable provincial, national, and professional standards as well as comparable programs elsewhere. Table 4 outlines the required elements of the self-study.

**Table 4**  
**Self-Study Components**  
From the *Quality Assurance Framework*

The following elements for the preparation and writing of the self-study are required and must be addressed in the IQAP:

- a) Description of how the self-study was written, including how the views of faculty, staff, and students were obtained and considered;
- b) Requirement for inclusion of the evaluation criteria and quality indicators identified in Framework Section 5.1.3.1, for each discrete program being reviewed (see Table 5);
- c) Program-related data and measures of performance, including applicable provincial, national, and professional standards (where available), with a notation of all relevant data sources;
- d) Description of how concerns and recommendations raised in previous reviews have since been addressed, especially those detailed in the Final Assessment Report, Implementation Plan, and subsequent monitoring reports from the previous Cyclical Review of the program;
- e) For the first Cyclical Review of a new program, the steps taken to address any issues or items flagged in the monitoring report for follow-up (see Section 2.9.2), and/or items identified for follow-up by the Quality Council (for example, in the form of a note and/or report for the first Cyclical Program Review in the Quality Council's approval letter – see Section 2.6.3 a) or b));
- f) Where appropriate, any unique curriculum or program innovations, creative components, or significant high impact practices;
- g) Areas that the program's faculty, staff and/or students have identified as requiring improvement, or as holding promise for enhancement and/or opportunities for curricular change; and
- h) Assessment of the adequacy of all relevant academic services that directly contribute to the academic quality of each program under review.

The university may identify any other pertinent information that it deems appropriate for inclusion. The input of others deemed to be relevant and useful, such as graduates of the program, representatives of industry, the professions, practical training programs, and employers may also be included.

The self-study requires a participatory and transparent approach, involving program faculty, staff, and students, and the documentation of how their views were obtained and taken into account in the development of the report, and, more generally, clarity regarding the integrity of the data. Recommended methods of consultation and involvement include:

- Stakeholder representation on the self-study review team
- Survey data
- Focus group data
- Interview data
- Involvement of elected student representatives
- Departmental NSSE data, CLASSE data, or data from other externally validated instruments
- Review of self-study by elected student representatives

It is expected that departments will plan in advance to gather stakeholder data from multiple sources. Once the self-study is completed, the AAU Council and the Dean review the self-study to ensure that it offers a comprehensive view of program quality and to highlight any considerations and recommendations pertinent to the review.

#### ***Establishing the External Review Committee***

The Academic Administrative Unit (AAU) Head, in consultation with the AAU Council, forwards a list of external review committee candidates to the Office of Quality Assurance. This is part of the three-volume brief that makes up the program review documentation. The Associate Vice-President, Academic (AVPA) will use this list of candidates to establish the external review committee membership. The committee must include two external reviewers and one internal reviewer not from the program under review. The selection of the internal reviewer will also be made by the AVPA.

### ***Selection of External Reviewers***

Reviewers should be well-respected and professionally active teachers and scholars in their disciplines, normally at the associate or full professor rank and must have administrative and/or program assessment experience. Reviewers should also have an appreciation of pedagogy and learning outcomes. All reviewers should be at arm's length from the program under review. They cannot:

- be former faculty members from the program,
- be current or past collaborators with faculty from the program,
- be former supervisors or supervisees in the program,
- be relatives of faculty or staff in the program,
- be involved with activities of the program under review,
- have published or collaborated with a member or members of the academic program under review within the last six years, or
- be involved in a conflict with a member of the academic program under review.

This is an illustrative, rather than exhaustive list: the academic unit should take reasonable steps to avoid recommending a reviewer who could be seen as jeopardizing the impartiality of the review process. One of the external reviewers will act as chair of the committee. Reviewers are required to respect the confidentiality of the process and participant input and provide for an appropriate level of confidentiality in their report. Program review is a collegial process.

### ***Selection and Role of Internal Facilitators***

The role of the internal facilitator is to act as a facilitator and accompany the external reviewers throughout the site visit to act as a resource in explaining the university's administrative processes and practices as they apply to the administration and delivery of academic programs. The internal facilitator will therefore be present at all meetings. The internal facilitator cannot be cross or joint-appointed to the program that is under review. The internal facilitator plays no part in the outcome of the review or in the writing of the report. Internal facilitators are nonetheless available to the external reviewers should questions arise during the report-writing stage and reviews the report for accuracy and consistency as relates to institutional processes and practices. The internal facilitator may be present at the final meeting between the two external reviewers to begin the report writing process, if the external review committee so desires.

### ***The Site Visit***

While normally conducted on-site, the external review of undergraduate programs and certain master's programs (e.g., professional master's programs and fully online programs) may be conducted by desk review, virtual site visit or an equivalent method, if the external reviewers are satisfied, based on a clear justification from the Provost (or designate), that an off-site option is acceptable.

Desk Review: A review of a Self-study conducted by external reviewers that is conducted independently of the university (i.e., does not typically include interviews or in-person or virtual site visits). Such a review may, with the agreement of both the external reviewers and the Provost, replace the external reviewers' in-person or virtual site visit in the Cyclical Program Review process for certain undergraduate and master's program reviews such as professional master's programs, fully online, etc. The Office of Quality Assurance coordinates a site visit in order for the external review committee to assess the quality and standards of the program first-hand. The Associate Vice-President, Academic (or designate) acts as the sole communication point with reviewers in advance of the visit, with the exception of travel and logistical arrangements. Committee members will receive documentation at least six weeks before the site visit and can request additional information as needed through the Associate Vice-President, Academic (or designate). Documentation the reviewers receive includes the Volume I (Self-study) and the Volume II (All Relevant Faculty CVs).

In addition to Volumes I and II, the external review committee receives copies of the University strategic plans in force during the eight years since the program's last review, a written orientation to the University of Windsor IQAP process

## University of Windsor - Quality Assurance Protocol

including the required components of the external review committee report with instructions referring to the university's autonomy in determining priorities for funding, space and faculty allocation and stressing the need for confidentiality in the conduct of the review, and electronic access to the University Calendar.

During the Site Visit, the committee meets with:

- the Associate Vice-President, Academic (or designate) for an orientation to the cyclical review process. This briefing will reinforce the university's autonomy in determining policies for funding, space and faculty allocation. This meeting also allows the external review committee to ask questions clarifying their role and responsibilities;
- faculty, staff, administrative officials, and students (in separate meetings) to discuss questions and issues arising from the self-study and other documentation in light of the Cyclical Program Review criteria (See Table 5); and
- any other parties the program under review deems relevant to the cyclical review process (*i.e.*, recruitment, institutional analysis, finance, professional association, community or industrial partner/employer).

The committee will tour program and campus facilities and have an opportunity to review samples of student work.

**Table 5**  
**University Program Review Evaluation Criteria**  
From the *Quality Assurance Framework*

The IQAP for review of existing undergraduate and graduate programs requires the evaluation criteria below.
<b>5.1.3.1.1 Objectives</b> a) Program is consistent with the institution's mission and academic plans.
<b>5.1.3.1.2 Program requirements</b> a) Appropriateness of the program's structure and the requirements to meet its objectives and the program-level learning outcomes; b) Appropriateness of the program's structure, requirements and program-level learning outcomes in meeting the institution's own undergraduate or graduate Degree Level Expectations; c) Appropriateness and effectiveness of the mode(s) of delivery to facilitate students' successful completion of the program-level learning outcomes; and d) Ways in which the curriculum addresses the current state of the discipline or area of study.
<b>5.1.3.1.3 Program requirements for graduate programs only</b> a) Clear rationale for program length that ensures that students can complete the program-level learning outcomes and requirements within the time required; b) Evidence that each graduate student in the program is required to take a minimum of two-thirds of the course requirements from among graduate level courses; and c) For research-focused graduate programs, clear indication of the nature and suitability of the major research requirements for degree completion.
<b>5.1.3.1.4 Assessment of teaching and Learning</b> a) Appropriateness and effectiveness of the methods for assessing student achievement of the program-level learning outcomes and degree level expectations; and b) Appropriateness and effectiveness of the plans to monitor and assess: i. The overall quality of the program; ii. Whether the program continues to achieve in practice its objectives; iii. Whether its students are achieving the program-level learning outcomes; and iv. How the resulting information will be documented and subsequently used to inform continuous program improvement.

**5.1.3.1.5 Admission requirements**

- a) Appropriateness of the program's admission requirements given the program's objectives and program-level learning outcomes; and
- b) Sufficient explanation of alternative requirements, if applicable, for admission into a graduate, second-entry or undergraduate program, e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.

**5.1.3.1.6 Resources\*\***

Given the program's class sizes and cohorts as well as its program-level learning outcomes:

- a) Participation of a sufficient number of qualified core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment;
- b) If applicable, discussion/explanation of the role and approximate percentage of adjunct and part-time faculty/limited term appointments used in the delivery of the program and the associated plans to ensure the sustainability of the program and quality of the student experience;
- c) If required, provision of supervision of experiential learning opportunities;
- d) Adequacy of the administrative unit's utilization of existing human, physical and financial resources; and
- e) Evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access.

**5.1.3.1.7 Resources for graduate program only\*\***

Given the program's class sizes and cohorts, as well as its program-level learning outcomes:

- a) Evidence that faculty have the recent research or professional/clinical expertise needed to foster an appropriate intellectual climate, sustain the program, and promote innovation;
- b) Where appropriate to the program, evidence that financial assistance for students is sufficient to ensure adequate quality and numbers of students; and
- c) Evidence of how supervisory loads are distributed, in light of qualifications and appointment status of the faculty.

**5.1.3.1.8 Quality indicators**

- a) Evidence of the quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring);
- b) Any other evidence that the program and faculty ensure the intellectual quality of the student experience; and
- c) For students: grade-level for admission, scholarly output, success rates in provincial and national scholarships, competitions, awards and commitment to professional and transferable skills, and times-to-completion and retention rates.

\*\*In keeping with past practice and the requirement for a review of academic services that directly contribute to the quality of each program under review in the Self-Study, consideration must also be given to the appropriateness, effectiveness, and sufficiency of resources and services that directly contribute to the academic quality of programs, in particular, library resources and services, for both graduate and undergraduate programs.

## Reporting

### *Report of the External Review Committee*

Once External Review Committee members have completed their site visit and review, they prepare one joint report containing a summary of the site visit, including meetings with students, staff, and administration and tours of facilities, noting responses received to issues raised in the self-study. It will also address the substance of the self-study report, including an acknowledgement of strengths and innovative and creative components of the program, together with recommendations on any essential or otherwise desirable modifications to it. The report must specifically address the substance of the cyclical program review, respond to all criteria with respect to all the programs being reviewed, and comment on the adequacy of existing physical, human, and financial resources and make at least three recommendations for steps to be taken that will lead to continuous program improvement (for evaluation criteria, see Table 5). All commentary or recommendations must be tied directly to issues of program quality or sustainability. The report is normally due to the Associate Vice-President, Academic (or designate) within six weeks of the site visit.

When received, the Associate Vice-President Academic (AVPA) will ensure that the report is complete and has adequately addressed all the evaluation criteria with respect to all the programs that the review is covering. If the AVPA determines that the report is in any way deficient, the AVPA will communicate with the external review committee to rectify the situation.

### *AAU Departmental and Decanal Responses to External Reviewers' Report*

The Associate Vice-President, Academic (or designate) forwards a copy of the external review committee report to the AAU Head for a written response. The AAU Head will respond to the External Reviewers' Report and will list all the issues, concerns, and recommendations raised in the report to which the Dean(s) and the academic unit will need to respond.

There may be issues, concerns, and recommendations that the academic unit does not wish to act on; however, a response to all those items is required, including the reasons why the unit feel it is not appropriate to act on them. In the case of a non-departmentalized Faculty, where the Dean is essentially the head of the academic unit, only one response will be required.

The AAU Council normally will review the document before it is sent to the relevant Dean, who then prepares a written response to the self-study, review report, and response. The Dean's response includes commentary regarding the plans and recommendations proposed in the self-study report, the recommendations advanced by the external review committee, and the AAU Head's response to the external review committee report. It also describes changes in organization, policy, or governance that would be required to meet those recommendations, the resources that would have to be provided in supporting the implementation of selected recommendations, and a proposed timeline for the implementation of any of those recommendations.

All documentation, including the self-study, reviewers' report, and responses by the AAU Head and the Dean are forwarded to the University Secretariat, which convenes a meeting of the PDC Subcommittee. In reviewing the documentation, this subcommittee highlights the significant strengths of the program and opportunities for program improvement and enhancement as identified by the external reviewers, and finalizes and prioritizes recommendations for implementation based on assessment of the external reviewers' report and the responses from the Head and Dean. The University Secretariat assists the PDC Subcommittee in producing the Final Assessment Reports, which include an executive summary, and an implementation plan (including recommendations with timelines, and the associated agents responsible for addressing them listed in priority order).

### Final Assessment Report

As set out in the Quality Assurance Framework, “[t]he Final Assessment Report provides the institutional synthesis of the external evaluation of the program and strategies for continuous improvement, and:

1. Identifies significant strengths of the program;
2. Identifies opportunities for further program improvement and enhancement with a view towards continuous improvement;
3. Lists all recommendations of the external reviewers [verbatim] and the associated separate internal responses and assessments from the unit and from the Dean(s);
4. Explains why any external reviewers' recommendations not selected for further action in the Implementation Plan have not been prioritized;
5. Includes any additional recommendations that the unit, the Dean(s), and/or the university may have identified as requiring action as a result of the program's review;
6. May include a confidential section (for example, where personnel issues need to be addressed); and
7. Identifies who will be responsible for the recommendations set out in the Final Assessment Report.”<sup>7</sup>

The Final Assessment Reports are reviewed and approved by the Program Development Committee and the executive summaries and implementation plans are then submitted to Senate for information and posted on the Senate website.<sup>8</sup> The Implementation Plan will include a limited number of focused and concise recommendations in order to ensure that the areas are able to manageably and effectively follow through on the recommendations.

### Implementation Plan

The Implementation Plan will set out and prioritize the recommendations that are selected for implementation (if any external reviewers' recommendations not selected for further action in the Implementation Plan have not been prioritized, an explanation will be given) and include recommendations that the unit, the Dean(s), and or the university may have identified as requiring action as a result of the review. As noted above, the PDC Subcommittee drafts the Final Assessment reports, which include an executive summary and the implementation plan for review and approval by the PDC. Similarly, monitoring reports are reviewed by the PDC Subcommittee and approved by the PDC.

The Implementation Plan will:

- Contain specific timelines for action.
- Have priorities, timelines, and/or responsibilities that allow for meaningful follow-up and accountability.
- Specify the agents responsible for each action (e.g. AAU Head, Director) so that the recommendations are assigned to a person to assure accountability for action and to monitor.
- Be clearly communicated to stakeholders, including the program's faculty, staff and students, as well as the public, once approved.
- Along with the Executive Summary, be publicly posted on the University Secretariat's website. The Implementation Plan (and Executive Summary) should also be posted on the program's website to improve accessibility and transparency for current and potential students.

The Deans and AAU Heads receive the Final Assessment reports as well as the Executive Summaries with Implementation Plans and, with the support of other units, oversee implementation of the recommendations. Programs are required to submit a mid-cycle progress report to the Program Development Committee on the progress made with their Implementation Plan. Based on its review, the Program Development Committee may require additional progress reports. These reports and PDC responses will be posted on the University Secretariat website.

### Submission to the Quality Council

<sup>7</sup> Quality Assurance Framework, section 5.3.2, Ontario Universities Council on Quality Assurance, February 24, 2021.

<sup>8</sup> Public access to cyclical program review documents is limited to the executive summaries and implementation plans.

The outcomes of the cyclical program review process and any revisions made to the reviewers' recommendations are then submitted to the Quality Council through an annual report, which simply lists the past year's completed Final Assessment Reports and Implementation Plans, as well as monitoring reports, and provides an attestation by the Provost (or delegate) that all IQAP-required Cyclical Program Review processes have been followed. The report will also include a link to the university's web posting of the completed Executive Summaries and Implementation Plans, as well as any monitoring reports that have also been completed over the prior year.<sup>9</sup> The Quality Council will occasionally review these reports and associated web postings for compliance and may decide to initiate a Focused Audit where there are concerns with IQAP compliance.

***Use of External Accreditation Reports as Elements of the University of Windsor IQAP***

With the approval of the Associate Vice-President, Academic (or designate), following consultation with the appropriate Dean, programs can employ documents and processes associated with external accreditation in place of elements of the institutional program review process provided these elements are fully consistent with the requirements of the Quality Assurance Framework. The program must keep a clear record of the substitutions or additions made, and the grounds on which the substitutions were made, and this record will be eligible for audit by the Quality Council. The Office of Quality Assurance will also maintain a record of the substitutions or additions made.

## 8. The Quality Council Audit Process

This section is a summary of the provincial audit process as it applies to all Ontario Universities.

The objective of the Quality Assurance Audit of a university is to determine whether an institution, since its last review, has acted in compliance with the provisions of its Institutional Quality Assurance Process (IQAP), as ratified by the Quality Council.

All publicly-assisted universities in Ontario associated with the Quality Council have committed to participating in this audit process once every eight years. Cyclical audits provide necessary accountability to post-secondary education's principal stakeholders by evaluating past and current practice as well as the university's approach to continuous improvement. The agreed audit cycle schedule will be published on the Quality Council website.

In the year prior to the scheduled audit, the Quality Council will provide an orientation to appropriate University staff and offices on what to expect from the audit. Following this meeting, the Office of Quality Assurance, in consultation with the Provost's Office, the University Secretariat, and other persons/offices, will prepare an institutional self-study assessing the University's quality assurance processes, including challenges and opportunities, within its own institutional context. The self-study will pay particular attention to any issues flagged in the previous audit and will be submitted to the Quality Council in advance of the desk audit.

Auditors independently select programs for audit from among those undertaken within the period since the conduct of the previous audit that represent the New Program Approval Protocol (normally two examples of new programs developed under this Protocol) and the Cyclical Program Review Protocol (normally three or four examples of programs that have undergone a Cyclical Program Review). Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications (Program Renewal and Significant Change) will not normally be subject to audit. The audit process generally involves a desk audit of documents, followed by a site visit. The audit report will describe the audit methodology and verification steps, provide a status report on the program reviews carried out by the institution, describe the institution's compliance with its IQAP (as it existed at the time the program was reviewed), identify notably effective policies or practices, and provide suggestions, recommendations, and causes for concern with regard to IQAP compliance.

**Suggestions** do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best practices. Institutions are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.

**Recommendations** are recorded in the auditors' report when they have identified failures to comply with the IQAP. These failures indicate discrepancies that weaken the integrity of academic standards or are necessary for effective quality assurance. The institution must address these recommendations.

**Causes for concern** may be potential structural weaknesses in quality assurance practices. When the auditors have identified, with supporting reason and evidence, a cause for concern, it will be reported to the Audit Committee and the institution. Following deliberation, including possible discussion with the institution, the Committee may then recommend that the Quality Council investigate IQAP compliance at the institution more extensively.

Following the audit, the auditors prepare a report that will be considered "draft" until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement.

The Audit Report includes recommendations that the Quality Council take one or more of the following steps, as appropriate:

- Direct specific attention by the auditors to the issue(s) within the subsequent audit
- Schedule a larger selection of programs for the university's next audit;

- Require a Focused Audit
- Adjust the degree of oversight and any associated requirements for more or less oversight;
- Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
- Any other action that is deemed appropriate.

Ultimately, the Audit Report includes an assessment of the overall performance of the university in ensuring compliance with its IQAP and contains recommendations to the Quality Council, as appropriate, based on that assessment.

The Quality Council Secretariat publishes the approved summary of the overall findings, together with a record of the recommendations on the Quality Council's website. This Audit Report, and any Follow-Up Reports and Focused Audit Reports are also published on Windsor's Quality Assurance website.

**Appendix A - New Program Proposal Brief**  
**PDC FORM A**

[PDC Form A - New Program Proposal Brief](#)

**Appendix B - Major Program Changes**  
**PDC Form B**

Click on the following link to access the form:

[PDC Form B – Major Program Changes](#)

**Appendix C – Minor Program Changes**  
**PDC Form C**

Click on the following link to access the form:

[PDC Form C – Minor Program Changes](#)

**Appendix D: University Program Reviews –  
Cyclical Program Review Schedule**

Visit: <https://www.uwindsor.ca/qualityassurance/799/schedule>

## **Appendix E – University of Windsor Programs**

Visit: [www.uwindsor.ca/calendar](http://www.uwindsor.ca/calendar) for program listing

## **Appendix F: Procedures for Interinstitutional Program Reviews**

Cyclical review of inter-institutional programs must take place once in an eight-year cycle, based on a mutually agreed upon review schedule. In the case of joint programs:

- Institutions will create a single report that covers common IQAP requirements, and will include separate addenda to provide any additional information required by their own IQAP.
- Each institution will be responsible for ensuring that all requirements of its own IQAP have been addressed.
- Partner institutions will collaborate to produce the relevant materials for common IQAP requirements.
- Should a partner institution require additional data to meet its IQAP standards, it will seek assistance and input from its partners.
- The external review committee will normally include an internal reviewer from each partner institution, selected in a manner consistent with the approach at their respective institution.
- AAUs at partner institutions will work together to submit a list of potential external reviewers.
- The selection of the external reviewers will be the joint responsibility of those responsible for selecting external reviewers from all institution
- The review team will normally visit all program sites.
- Reviewers will consult faculty, staff, and students at each partner institution.
- Deans and participating units at all partner institutions each will provide separate responses to the reviewers' report.
- The Final Assessment Report, which includes the Implementation Plan and an executive summary, will involve input from all partners through procedures consistent with their respective IQAPs; on a rotational basis, each partner institution will undertake to produce the Final Assessment Report which will then go through the appropriate governance processes at each partner institution.
- The Final Assessment Report's Executive Summary and Implementation Plan will be posted on the university website of each partner.
- Partner institutions will negotiate an appropriate monitoring process for the Implementation Plan that is consistent with their IQAP requirements.
- The Final Assessment Report will be submitted to the Quality Council by the lead partner.