COOPERATIVE ACADEMIC ARRANGEMENT REVIEW

Includes Joint and Dual Academic Awards

Name of Program__________________________________________

UTSA Program Coordinator____________________ Title ______________________

Department________________________ College____________________

Date of Review __/__/____

Reference to SACSCOC Standard 10.9

In the space below, briefly describe any changes made to the Program’s Contractual Agreement or Memorandum of Understanding (MOU) regarding each of the following. If no changes were made, please indicate so.

1. Responsibilities of parties to the agreement

2. Processes for ensuring the quality of the program and courses offered through the agreement

3. How credit earned through the agreement appears on the institution’s transcript

In the space below, briefly report on each of the following since the last review.

4. Programmatic changes/improvements (if none, indicate N/A)

5. Resolution of grievances between the institutions (if none, indicate N/A)

6. Program progress and success as determined by a.) number of qualified applicants to the Program, b.) number of students accepted to the Program, c.) percentage of admitted students awarded degrees

7. Brief summary of Program assessment including course-related assessment data collected by program-affiliated faculty from UTSA and partner institution(s)

This report has been shared with the program coordinator at the institution/organization collaborating with UTSA on this agreement, and with the Directory of University Assessment.
Decision: Program will be:  _____Continued  _____Modified  _____Discontinued

Note: Cooperative Academic Arrangements must be reviewed at a minimum of every two years, or as guided by the arrangement and may be reviewed at any time as deemed necessary. Updated arrangements should be signed and copies made available to all parties.

Proposed date of next review __/__/____

Program Coordinator’s Signature___________________________  Date___________________________

APPROVALS (In Order of Authority):

Department Chair Authorization:

______________________________  ___________________________
Printed Name  Signature

Date___________________________

Dean Approval of Decision:

______________________________  ___________________________
Printed Name  Signature

Date___________________________