

REPORT OF THE WSCUC TEAM
For Reaffirmation of Accreditation

To Cedars-Sinai Medical Center
Los Angeles, CA

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The team evaluated the institution under the 2013 Standards of Accreditation and prepared this report containing its collective evaluation for consideration and action by the institution and by the WASC Senior College and University Commission (WSCUC). The formal action concerning the institution's status is taken by the Commission and is described in a letter from the Commission to the institution. This report and the Commission letter are made available to the public by publication on the WSCUC website.

Table of Contents

SECTION I - OVERVIEW AND CONTEXT..... 4

- A. Description of the Institution and its Accreditation History** 4
- B. Description of Team’s Review Process** 5
- C. Institution’s Reaccreditation Report and Update: Quality and Rigor of the Report and Supporting Evidence**..... 6

SECTION II - EVALUATION OF INSTITUTIONAL ESSAYS..... 6

- A. Component 1: Response to previous Commission actions** 6
- B. Component 2: Compliance with the Standards and federal requirements; Inventory of Educational Effectiveness Indicators** 8
 - Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives 8
 - Standard 2: Achieving Educational Objectives through core functions 10
 - Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability 10
 - Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement Preliminary Narrative..... 13
- C. Component 3: Degree Programs: Meaning, quality and integrity of degrees**
16
- D. Component 4: Educational Quality: Student learning, core competencies, and standards of performance at graduation**..... 18
- E. Component 5: Student Success: Student learning, retention, graduation** 21
 - Student learning 21
 - Retention and Graduation 21
- G. Component 7: Sustainability: Financial viability, preparing for the changing higher education environment**..... 25
 - Financial Viability 25
 - Alignment 25
 - Preparing for Change 26
- H. Component 8: Optional essay on institution-specific themes**..... 27
- I. Component 9: Reflection and plans for improvement** 27

SECTION III - FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS FROM THE TEAM REVIEW 28

- Commendations 29
- Recommendations..... 29

APPENDICES	32
Inventory of Educational Effectiveness Indicators	33
Credit Hour and Program Length Review Form	36
Marketing and Recruitment Review Form.....	39
Student Complaints Review Form	40
Transfer Credit Policy Review Form.....	42

SECTION I - OVERVIEW AND CONTEXT

A. Description of the Institution and its Accreditation History

Cedars-Sinai Medical Center (CSMC) is a nonprofit hospital system in Southern California, and is committed to providing the best, most modern patient care that is available. Because of this, the Health Care institution has been remarkably successful. It is also world renowned for the highly productive and innovative medical research, resulting in development of products or patents each year.

Based on stakeholder feedback, in 2006 the Cedars-Sinai Board of Directors voted to establish the Graduate Program in Biomedical Science and Translational Medicine (BSTM). A program leading to a PhD in BSTM was established in fall 2008 and accredited by WSCUC in June 2012. Two years later, in October 2014, the institution received approval from WSCUC to add a Master of Science degree in BSTM. Recent expansion of two additional MS degrees is occurring: the MS in Magnetic Resonance in Medicine has been approved by WSCUC in September 2016. The second new program, the MS in Health Science Delivery (HSD), is currently under WSCUC review and is scheduled to be considered at the March 2017 meeting. Projected enrollments of the two new programs is anticipated for fall 2017. To summarize, currently, CSMC has three accredited programs (one PhD and two MS programs) and is awaiting notification by WSCUC on a fourth degree (MS program).

The mission of the academic programs is to “to educate future biomedical scientists who will be successful in their chosen field and will understand the relevance of biomedical science to human disease,” giving focus on the translational aspects of

biomedical science. In the 2015 summary report, the institution had 36 enrolled students, and a typical annual cohort ranges 9-10 PhD students. At this time, the institution does not accept international students, but has articulated the intention of doing so in the future.

B. Description of Team's Review Process

The team received documents in July, 2016, for the Reaffirmation of Accreditation, and discussed the report and exhibits during an initial conference call on August 26, 2016. Meeting together in person at WSCUC headquarters for the off-site visit on September 22, 2016, the team formulated lines of inquiry and requested additional documentation to have before the on-site review. The team discussed these requests with the CSMC leadership per videoconferencing the same afternoon. In preparation for the on-site review, the team met again on a conference call on January 26, 2017 to discuss new documents received, and review logistics for the visit. While on campus, the team met with leadership, faculty, staff, and students. Committees included Graduate Program Executive, Admissions, Curriculum, Graduate Program Administration, Qualifying Examination, Graduate Advisory, students representing all five cohorts of the PhD program, VP for Research and Finance personnel, and Translational Research and Scientific Mentors. Team members also scheduled individual sessions with key personnel regarding collection of student, faculty, and institutional data. The team appreciated the professionalism, rapid response to inquiries, and willingness to provide additional data with every interaction throughout the entire months-long accreditation process.

C. Institution's Reaccreditation Report and Update: Quality and Rigor of the Report and Supporting Evidence

The institution submitted the Institutional Report, and 28 Appendices or Exhibits before or on time for the document review and off-site visit. The institution provided additional documents swiftly. All requested and required documents were uploaded two months prior to the site visit. Key documents found on Box in the Exhibits included Self-Study Report, Graduate Program Annual Report, Curricular Map, Assessment Plan, Program Review Guidelines, among others such as bylaws, policies, and timelines. Documents were organized, well written, and many but not all had supporting statistics or data tables included. (CFR 1.8)

SECTION II - EVALUATION OF INSTITUTIONAL ESSAYS

A. Component 1: Response to previous Commission actions

In the WSCUC Commission action of July 2012, the EER action letter called for an interim report for 2015. The focus of the 2015 report was to include information on (1) enhancing student support, (2) conducting program review, and (3) supporting faculty development. In the response letter dated August 2015 from WSCUC regarding the Interim Report, the commission noted "significant progress made in developing resources and other appropriate support for students." Indeed, the institution has made significant progress in establishing a campus environment and student-centered and focused community, all within the confines of a very large and active medical center.

Also included in the letter from the commission was the following:

“The panel commended CSMC for taking the program review process seriously. It is clear that the institution is transparent about its challenges as well as its accomplishments, an openness that evidences the true spirit of continuous improvement. The panel found a continued need for a more sophisticated system of data collection and reporting where the production, display, and analysis of data validate institutional perspectives on quality and effectiveness. CSMC should also provide evidence of how data, including the results from assessment of student learning outcomes and program review, are used to inform planning and decision-making, including budget and resource allocation. (CFRs 2.7, 3.10, 4.1, 4.2)”

The report states that the third area of consideration was:

“Positioning graduation education for the 21st century requires faculty to become increasingly familiar with what the authors of *The Formation of Scholars* describe as “...emerging principles and insights that can guide student’s transition from experience to expertise.” The authors argue that faculty should bring to their teaching “...the same habits of inquiry and evidence-gathering they bring to their research...” and, in the case of CSMC faculty, their clinical experience. CSMC faculty benefit from student feedback and peer mentoring, but what is still missing is a robust system of student learning assessment to inform teaching. (CFRs 2.5, 2.8, 3.1, 3.3, 3.10)”

The Graduate Program in BSTM adds a significant element to the profile of the medical center by expanding the dimension of its education and training mission of biomedical and translational scientists while seeking to improve the health status of the community.

The institution had a strategic planning exercise in 2015 that resulted in 12 goals. The broad strategic initiatives resulted from the Self-Study and the Steering and Oversight Committee approved them. Noteworthy strategies that give direction on activities of the academic unit include exploring ways to support career paths for students, establishing relationships with other academic institutions in order to recruit diverse students, revising curriculum based on defined metrics assessed throughout the programs, and seeking extramural funding through training grants.

The institution has hired a career counselor to develop this strategy further. It has an established relationship with Charles Drew University but is seeking to expand to other Universities. Existing metrics and assessments used in the Graduate School include course surveys, and climate surveys (career, student, and library services). They have also submitted proposals for training grants, as well as students also submit proposals for grants. (CFR 2.10)

See Recommendations section, numbers 1 and 2 for further clarifications for growth and improvements.

B. Component 2: Compliance with the Standards and federal requirements;

Inventory of Educational Effectiveness Indicators

Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives

The institution has a stated purpose that is consistent with the mission. They have articulated institutional learning outcomes (ILOs), as well as clear program learning outcomes (PLOs). There is some discontinuity in the program learning outcomes when

comparing them in various written documents (i.e., exhibit 1.1, exhibit 5.1, page 3 are aligned but exhibit 5.10, page 1 needs alignment). The team suggests reviewing all documents that refer to program learning outcomes, and realign to achieve concordance. (CFRs 2.3, 2.4)

Almost all course syllabi included course learning outcomes (CLOs). In discussion with faculty, they indicated students achieve the broad learning outcomes with the implementation of journal clubs, annual program retreats, courses, oral presentations, qualifying exams, and interactions with peers and faculty. Although they could articulate outcomes, the visiting team did not find complete institutional understanding in what indicators were/could be used to demonstrate achievement of the institutional and program learning outcomes. Major emphases seemed to be placed on course grades and assignments – achievement of the assignments must show achievement of PLOs. Unfortunately, not having extant indicators for PLOs serves to make program evaluation subjective and prone to bias and error. (CFRs 1.1, 2.11, 4.1, 4.2, 4.3)

The primary focus of Cedars-Sinai is a major medical center delivering state-of-the-art patient care. The education program under evaluation is a small portion of the Cedars-Sinai health delivery organization. Due to the size in relation to other emphases of the institution, the team perceived a lack of involvement from top levels of administration. Staff are not invited to engage in strategic planning or asked about capacity or plans, and there is no requirement for long term planning and accountability. The new master's programs create a new set of potential problems and uncertainties. This must be addressed in the near future. (CFR 1.6)

Standard 2: Achieving Educational Objectives through core functions

Cedars-Sinai uses program outcomes and curricular map to show where in the program students are exposed to the content (exhibit 4.2). The team did not see specific indicators for program outcomes but the institution does use several indicators for milestone achievements. Course outcomes are assessed at the end of each core module or rotation, at the end of Year One, and during (a) the qualifying examination, (b) the doctoral progress rubric, and (c) use of an individualized development plan (IDP), (page 59 of Institutional Report). The team verified all these assessments. (CFRs 2.1, 2.2b, 2.3, 2.4)

Admission requirements are posted on the website, and the institution shows capacity in using a documented process for determining admission. By using a standardized Graduate Interview Evaluation form, vetting applicants based on quantitative indicators, ranking students from 1-5, interviewing the top 20-30 applicants and creating a color coded admissions ranking, the institution decides on enrollees. The Admissions Committee makes data driven admissions decisions for new the cohorts. They have started recruitment for the newly approved MS in Magnetic Resonance Medicine and, if approved by WSCUC in the March 2017 meeting, will soon recruit for the new MS in Health Science Delivery program. (CFRs 2.2b, 2.11, 2.12). The Inventory of Educational Effectiveness Indicators (IEEI), which the team considered while conducting the review, is included in the Appendix.

Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability

Faculty and Staff

CSMC has approximately 100 faculty who support the biomedical sciences education programs, more than enough for the small number of students in the PhD and MS degree programs. Faculty appear strongly committed to teaching and student mentorship, although for most faculty only a small fraction of their time is dedicated to this activity. (CFRs 3.1, 3.2)

Fiscal, Physical and Information Resources

In fiscal year 2016, CSMC had total revenues of \$3.3B and an operating surplus of \$383M. The \$5M budget for the Biomedical Sciences academic program is a tiny fraction (<1%) of the CSMC institutional budget. The institution does not exhibit any signs of fiscal risk. (CFR 3.4). During our site visit, the institution's CEO articulated his commitment to CSMC's broad education mission, including the biomedical sciences graduate programs. At the same time, we heard from the Vice Dean that the institution has capped for now the resources it is willing to commit to underwrite the biomedical sciences graduate programs. The PhD program requires research mentors to fund about half the cost per student through their research grants. This ensures "skin in the game" from the research mentors, and also helps ameliorate the programs' burden on institutional funding.

The team also observed sufficient facilities, services, and resources to serve students within the size and scope of the PhD program (CFR 3.5). Students shared positive comments on the accessibility of resources and how the facilities support their professional goals. The team is concerned over the administrative capacity to serve an

increasing student body at the Masters level; a new out-of-pocket paying student population; potentially a new Title IV student population; and a potential new international student population into these programs. Strategic planning to support these new students and programs is unclear to the team and seems underdeveloped (CFR 3.7).

Organizational Structures and Decision-Making Processes

The visiting team sensed a detachment of the senior-level leadership (e.g. CEO, Dean, VP of Research) to the program. These individuals are not members of any of the committees that guide strategic initiatives of the program. Nonetheless, the visiting team believes that the current administrative structure is sufficient for the size and scope of the PhD program (CFR 3.8). Additionally, the visiting team believes the academic leadership who work most closely with the students, program, and curriculum are effective and dedicated to student learning, success, and the mission of the program (CFR 3.10). There are clear and consistent decision-making structures (CFR 3.7).

CSMC's education governance structure was designed to support its biomedical sciences PhD program. There is a hierarchy of committees including a Governance Committee chaired by the CEO, Graduate Programs Executive and Advisory Committees chaired by the Vice Dean, and Admissions and Curriculum Committees for each of the PhD and MS programs. Although the Graduate Program Committees have nominal oversight of all of the MS degree programs, it was clear from our visit that their expertise and primary focus is on the PhD program. The Vice Dean acknowledged the

need to reassess and possibly amend the governance structure in light of the growing number of masters programs. (CFR 3.9)

Standard 4: Creating an Organization Committed to Quality Assurance,
Institutional Learning, and Improvement Preliminary Narrative

CSMC demonstrated a commitment to enhancing quality assurance, institutional learning and improvement through their response to the previous commission actions. Specifically, the assessment team observed significant improvement in the intention of collecting and analyzing data over time through the employment of the Empower database (CFR 4.1). Additionally, the assessment team observed effective use of a number of committees (e.g. The Graduate Program Executive Committee; Curriculum Committee; and Steering and Oversight Committee) to guide reflection and assessment toward curriculum improvement, student support, and faculty development (CFRs 4.4, 4.5, 4.6, 4.7). The visiting team was pleased to find improved quality assurance processes and institutional learning.

CSMC incorporates quality-assurance processes to collect, analyze, and interpret data (CFR 4.1). The faculty and administrative staff use the information to make improvements to the program. CSMC has plans to collect, analyze, interpret and track data through the use of rubrics, student evaluations, grading forms, and the Empower database. The assessment systems in place are sufficient for the size and scope of the programs (CFR 4.2). The CSMC administrative staff acknowledges the significant potential this system can play in the future of assessing the effectiveness and the achievement of outcomes. Yet the visiting team observed the need for continued

improvement in better using the analytical tools of Empower to collect quantitative and qualitative data, aggregate information, and make data-driven decisions geared toward student success and institutional improvement and commends CSMC for the purchase of this system in being forward thinking. The visiting team recommends continued development in the institution's progress toward creating a culture of evidence by maintaining consistent, systematic data collection and assessment processes to measure student learning, progress, program success, and demonstrate data-driven decision-making approaches.

CSMC uses a mixture of quantitative and qualitative methods to assess the effectiveness of the program, including anecdotal data from student and faculty experiences, rubrics, grades, and student evaluations to assess the overall student experience (CFR4.1, 4.4). CSMC utilizes student feedback through direct and indirect methods (e.g. grades, evaluations, surveys, student forums, individual mentoring sessions, student Individual Development Plans and faculty progress reports, Q&A sessions (pages 42-43; page 48; page 51). This data is collected and discussed in committee meetings. Student evaluations also serve as a method of assessing professor effectiveness; the learning modules as a whole; and student achievement of the learning outcomes (page 43). Student performance is also assessed through laboratory and clinical rotations and oral Lab Presentation Sessions. Information from these methods are synthesized and evaluated by committees to make improvements to the student experience and learning outcome attainment.

Networks of cross-departmental committees made up of faculty and staff discuss the student experience (e.g. learning; student progress; teaching effectiveness; student development) and propose changes as necessary. The Curriculum Committee assesses student performance and achievement of academic learning outcomes (page 44). The student's doctoral committee utilizes a doctoral rubric to document student advancement (page 47). The Steering and Oversight Committee annually discusses and plans new initiatives to enhance the program (page 70). The Graduate Program Executive Committee uses anecdotal data, evaluations, and student performance to propose changes to the program (page 71). These committees gather data and assess student progress and the success of the program in different areas. (CFRs 4.3, 4.4, 4.5, 4.6, 4.7)

CSMC has made improvement in the following areas as a result of the existing assessment process (CFR 4.1). For example, "both faculty and students now benefit from stricter guidelines for scientific and translational mentoring as well as strengthened feedback in doctoral progress meetings; this modification is a direct change resulting from student feedback forums" (page 44). Additionally, student advising has been enhanced as scientific and translational mentors have increased visibility into their student's progress through Individual Development Plans (page 43). Co-curricular activities were also offered as a result of student feedback in the areas of Career advising and programming; social activities; offering grant-writing templates; Talking Science seminar series; Research in Progress meetings; Graduate Student

Association; Association for Women in Science; Research Roundabouts; and other research seminars (page 51 of the Institutional Report). (CFRs 2.11, 2.12, 2.13)

The visiting team commends CSMC faculty and staff for their commitment to improved learning, teaching, and research. Yet the visiting team observed that improvement can be made by the institution in demonstrating an evidence-based culture to drive strategic planning and decision-making. Additionally, the visiting team observed that improvement can be made by the senior leadership to reflect upon the anticipated changes in the higher education landscape (CFR 4.7) and thoughtfully use data to plan the primary initiatives that align themselves with the strategic plan (e.g. development of new programs) (CFR 4.6). Ongoing improvement can be made from CSMC in the systematic inquiry into teaching and learning to improve curricula, pedagogy, and assessment (CFR 4.4).

C. Component 3: Degree Programs: Meaning, quality and integrity of degrees

Meaning of degrees

The Graduate Program is committed to graduate education through the PhD and the MS Degrees in Biomedical Science and Translational Medicine (BSTM), and gives high priority to research and graduate student learning. The institution provides a rich environment for students to not only learn research methods, but also participate in scientific discoveries and translate them into therapies, treatments, and cures for human disease. The institution tracks post-graduation success by documenting indicants for graduates of the program, i.e., have either received post-docs, been accepted into

medical school, or obtained jobs as researchers either at CSMC or other research institutions. (CFRs 2.2b, 2.4, 2.10).

The institution places appropriate milestone achievements for both the PhD and MS degrees: Specifying didactic and laboratory-based instruction, success in coursework, mastery of a capstone project (written thesis or dissertation, oral defense), and passing written and oral qualifying exams. In addition, the institution requires PhD students to submit a proposal for grant funding. For didactic content, the institution uses a curved grade scale to assign grades. Based on review of syllabi, better documentation of how students meet didactic and laboratory-based instruction needs to be accomplished in order to meet federal guidelines. (CFRs 1.1, 1.2, 2.1, 2.2b, 2.6) For further clarification, see the report on the federally required “Credit Hour and Program Length Review Form” on page 36 of this report.

Quality and Integrity of degrees

There are several systems in place to monitor student progress at every turn. The research buildings which house the graduate program are surrounded by cutting-edge centers of excellence in a wide range of medical disciplines. The program’s faculty includes clinicians who interact daily with patients in hospital and clinical settings. Similarly, basic scientists who work in CSMC’s research community are focused on uncovering new knowledge that will directly advance patient care.”

Students are assigned two mentors during their tenure: a translational research mentor who monitors student progress on their research project, and a scientific mentor

who guides them in their professional development. It is evident the faculty know each student and their strengths/weakness and provide individual attention.

To support and ensure progress of students and provide document trail, the institution uses several forms or policies (, i.e., Doctoral Committee Progress rubric, Qualifying Examination rubric, annual Individualized Development Plan (IDP), Qualifying Exam Policy). The curriculum committee reviews student progress and achievement prior to students qualifying exams are attempted. The QE policy was very clear, and during interviews, students acknowledged they knew what was expected of them and what was at stake (failure of qualifying exam means dismissal from the program). Of note, there is about 50% of students who receive a conditional pass, and the team suggested this could be an institutional student success indicator, to track and learn how to improve this statistic. (CFRs 2.3, 2.5, 2.6, 3.2)

D. Component 4: Educational Quality: Student learning, core competencies, and standards of performance at graduation

It is the responsibility of every institution of higher learning to establish its mission, program learning outcomes, expected standard of measuring performance and evidence of attainment. Recently CSMC broadened its mission to include 'educating biomedical students through an exploration of translational and clinical research and interactions with medical practitioners.' CSMC intends to build on the tradition of biomedical graduate programs that education students to think creatively and independently with a translational bend. CSMC follows the apprenticeship model and proceed with the following high impact practices and course of study: (1) courses in the

form of a lock-step curriculum and clinical and laboratory rotations in the early years; (2) qualifying examination as the gateway into PhD Candidacy; and (3) dissertation research supervised by scientific and translational mentors in the later years. In addition to the aforementioned program components, CSMC students also participate in many co-curricular activities as mentioned previous in Component 2. The institutional report stated that some of their core competencies or learning outcomes are scientific analysis, communication, ethics, and professional interactions, but the team could not find how the statements in the report manifested into performance standards that are set, communicated and validated by CSMC. Despite the consensus view that these program requirements and high impact practices are hallmarks of the biomedical graduate training, CSMC failed to articulate how and why these program components are required and necessary. Although most didactic syllabi had course learning outcomes, the learning outcomes for many of the program components could not be found in course syllabi or in other program materials. (CFR2.2a, 2.6, 2.7, 4.1)

A good example of this is the clinical rotations. Upon inspection of the clinical rotation syllabus, it states the goal and requirements of the rotation, but often it does not state how the student's grade will be determined or how the student's mastery of the goal will be evaluated. When the team met with students, it was abundantly clear that the students highly value the interaction with clinicians and patients, but leadership could not articulate how the clinical rotations add to the students' education and training, and how to ensure parity across experiences. (CFRs 2.6, 2.7)

In its institutional report, CSMC stated that student success is largely dependent on faculty and set out to build a culture that focuses not only on student learning, but faculty learning as well. The institution established several strategies to shine a bright light on faculty development, engagement, mentoring and quality. The team commends CSMC for creating the Office of Faculty Development under the auspices of the Associate Dean for Faculty Development; however, the report highlighted a disconnect between the goal of faculty engagement and learning and the data used to inform how to go about achieving said goal. Certainly grades and qualifying examination pass rates are important, but there is no universal agreement on what is being measured and requirements for standard of measurement. For example, the qualifying examination rates were 50%. It is good that CSMC's knows the program's pass rate; however, it isn't clear that the data and analysis were used to gain a clear understanding of the type and nature of challenges on the qualifying examination. The team did not find evidence of data-driven investigations that led to deeper discussions and more nuanced understanding of student readiness and faculty's role in preparing the students for this examination.

The team recommends that the institution undergo a curriculum and co-curricular mapping exercise with deep thinking about all aspects of its PhD program. CSMC needs a set of clear measurable program learning outcomes (PLOs), course learning outcomes (CLOs) and student learning outcomes (SLOs) that show linkages and coherency between them. Pay special attention to the program components such as the clinical rotations that CSMC espouses is a unique feature to its program. Create defined

learning outcomes and assessment methods to evaluate their effectiveness in adding scientific value to the students' training experience. See Recommendation #5 on page 31 of this report for further clarification.

E. Component 5: Student Success: Student learning, retention, graduation

Student learning

All student data is housed in the graduate program office (CSMU Report, 2016, page68). The graduate program office staff are responsible for collecting data, and it is the responsibility of the committees to review the data. Key committees reviewing student data include Admissions, Curriculum, Graduate Program Executive, and Qualifying Examination. In discussions with the faculty, staff, and administration, the team identified the importance of CSMC naming additional indicators of student success, defining and tracking them. Based on the milestone benchmarks students are required to achieve during their tenure, the institution has many to choose from. (CFR 2.3, 2.5, 2.6)

Retention and Graduation

Although the institution's educational focus in granting degrees has only been in existence since 2012, they show the capacity and have processes in place to track student success data. The institution developed an annual tracking system, as evidence by the "Graduate Program Annual Report" (exhibit 5.1). Examples found in the report include (a) applicant profiles, (b) enrollee profiles, (c) GPA, and (d) GRE scores of enrolled students, (e) qualifying exam scores, and (f) number of student publications. The institution displays the initiative to track post-graduation data as well. (CFR 2.7)

They have created data graphs for publicly displayed student data; there is a Student Success button that shows prominently on the sidebar of the CSMC website under *Graduate Programs*, showing a strong attempt at transparency and desire to display key statistics, such as applications received by diversity, from 2008 – 2016, similarly displayed data for time-to-degree (TTD) for PhD students. For doctoral TTD, the institution reports **58% receive their degree in less than 5 years**, which is much better than the national average; the institution is to be commended for that. An additional 31% of doctoral graduates receive their degree within 5-6 years making a combined total of 89%. The institution engages in *external benchmarking* for TTD and provided the team with a document detailing TTD information on 112 institutions (exhibit 4.4 “Comparable Data-PhD Biomedical Science Programs”). To further enhance student success, CSMC has a clear written policy on the Degree time limit. (CFRs 2.10, 4.1, 4.2)

The tracking and reporting of data will likely mature, and this is necessary. For example, the retention and graduation rate data links provided in the report did not function properly, and looped back to the webpage on diversity of applicants and the TDD displays. The institution has fixed this problem, and now public information indicates a **retention rate of 89%**. Although the applicant’s diversity was displayed prominently, the acceptance rate is not made available to the public, and this information may be important to stakeholders. Finally, the visiting team was unclear how large each cohort was when reviewing the post-graduation rate data and suggests making clearer reports that include cohort size. Since they work with small cohorts,

determining the best way to display the data publicly in order to meet Federal regulations, while not infringing on Family Educational Rights and Privacy Act (FERPA) will be delicate. (CFR 2.10)

See Recommendations section, numbers 3 and 4 for further clarifications for improvement.

F. Component 6: Quality Assurance and Improvement: Program review, assessment, use of data and evidence

Cedars-Sinai Medical Center demonstrated a commitment to quality assurance, institutional learning and improvement through their response to the previous commission actions. Specifically, the assessment team observed significant improvement in collecting and analyzing data over time through the employment of the Empower database (CFR 4.1). Additionally, the assessment team observed effective use of a number of committees (e.g. The Graduate Program Executive Committee; Curriculum Committee; and Steering and Oversight Committee) to guide reflection and assessment toward curriculum improvement, student support, and faculty development (CFRs 4.4, 4.5, 4.6, 4.7). The visiting team was pleased to find a commitment to improve quality assurance processes and institutional learning.

CSMC collects, analyzes, interprets and tracks data through the use of the Empower database. CSMC uses this information to make data-driven decisions geared toward student success and institutional improvement. Faculty, staff, and students agree the system helps with maintaining consistent, systematic data to measure student learning, progress, program success, and make data-driven decisions.

CSMC assesses the overall student experience in an effort to inform teaching (page 41). CSMC utilizes student feedback through direct and indirect methods (e.g. grades, evaluations, surveys, student forums, individual mentoring sessions, student Individual Development Plans and faculty progress reports, Q&A sessions (pages 42-43; page 48; page 51). This data is collected and stored through meeting minutes. Student self-evaluations also serve as a method of assessing professor effectiveness; the learning modules as a whole; and student achievement of the learning outcomes (page 43). Student performance is also assessed through laboratory and clinical rotations and oral Lab Presentation Sessions. Information from these methods are synthesized and evaluated by committees to make improvements to the student experience and learning outcome attainment.

A variety of committees assess the student experience (e.g. learning; student progress; teaching effectiveness; student growth and development as a scientist; and progress toward strategic initiatives). The Curriculum Committee is charged with the responsibility to assess student development as a scientist (page 44). The Qualifying Examination committee considers student performance and feedback to recommend modifications if necessary (page 47). The student's doctoral committee utilizes a doctoral rubric to document student advancement (page 47). The Steering and Oversight Committee uses data to ensure that planning, operation, and outcomes of the graduate program are met (page 70). The Graduate Program Executive Committee evaluates the assessment process and proposes changes based on student evaluations

(page 71). These committees gather data and assess student progress and the success of the program in different areas (CFR 4.3-4.7).

See Recommendations section, number 6 for further clarifications for improvement.

G. Component 7: Sustainability: Financial viability, preparing for the changing higher education environment

Financial Viability

CSMC demonstrated that it is willing and able to dedicate sufficient financial resources to sustain its education program in the intermediate term. The \$3M program budget represents less than 1% of the institution's academic program budget and 0.1% of CSMC's fiscal year 2016 revenues of \$3.3B. In addition to the institutional grant that funds all first year PhD stipends, the program requires faculty research mentors to provide about half of year 2-5 funding through their sponsored research grants, and this is happening now for most students. This funding mechanism also ensures "skin in the game" on the part of research mentors.

Beginning in FY 2017, students are encouraged to apply for extramural fellowships. Five or six students applied and 3 fellowships were awarded (2 from DHHS and 1 from DOD). The institution has also applied for a NIH T-32 grant that will fund 2-3 fellowships. Increased extramural funding will provide further assurance of the financial viability of the program. (CFR 3.4)

Alignment

During our site visit, the institution's CEO articulated his commitment to CSMC's broad education mission, including the biomedical sciences graduate programs.

CSMC's education governance structure was designed to support its biomedical sciences PhD program. There is a hierarchy of committees including a Governance Committee chaired by the CEO, Graduate Programs Executive and Advisory Committees chaired by the Vice Dean, and Admissions and Curriculum Committees for each of the PhD and MS programs. This governance structure appears effective in overseeing the biomedical sciences PhD programs. (CFRs 3.7, 3.10, 4.4, 4.5)

Although the Graduate Program Committees have nominal oversight of all of the MS degree programs, their expertise and primary focus is on the PhD program. The Vice Dean and his team should reassess and possibly amend the governance structure in light of the growing number of masters programs. Additional staff and systems resources are also likely to be necessary to support the master's programs. For example, although the masters programs intend to collect student tuition, there is no current mechanism in place for doing so. (CFR 3.5)

Preparing for Change

Leaders of the individual curriculum cores shape their classes to reflect the evolving state of science within their discipline. Faculty leadership described the growing importance of data sciences in medical research and their efforts to integrate data management methods throughout the curriculum. (CFRs 4.6, 4.7)

The program is to be acknowledged for recognizing that the majority of PhD graduates will pursue non-academic careers, and is working towards giving students visibility into non-academic opportunities and mentors from health sciences enterprises.

On the other hand, the program's plans for the future do not appear rooted in a comprehensive strategy or vision for the future of translational medicine. The three MS degree programs seem opportunistic, rather than be part of a coherent institutional plan.

H. Component 8: Optional essay on institution-specific themes

The team is not reporting on specific essays, rather, information is embedded in the other components.

I. Component 9: Reflection and plans for improvement

The self-study and institutional report summarizes the findings, interpretations, conclusions, and plans for the institution. Cedars-Sinai recognizes the need for continual improvement in assessment, data collection, faculty development, and strategic planning (page83). These reflections affirm the observations of the evaluating team during the onsite visit. The evaluating team commends Cedars-Sinai for their work in each of these areas. Additionally, the evaluating team encourages Cedars-Sinai to develop additional methods and metrics for the collecting, analyzing, and making informed decisions based on data that will guide the future direction of the institution.

To accomplish these tasks there are some suggestions by the team that will support institutional growth. As the academic unit of the institution will soon double in size, incurring new growth problems as well as the need to attend to refinement of current practices, the team suggests the institution engage either in a consultant familiar with regional accreditation requirements to help refine programs and support documentation of the reports, or, have personnel engage in annual WSCUC trainings

and/or meetings. Currently, no office of institutional research exists within CSMC. Rather, the Graduate Program Office is the primary owner and collector of student data (page 69). Members of the institution's various committees gather data and make informed decisions based on their findings. The visiting team suggests further development in this administrative capacity to improve data dissemination and utilization into the planning and decision-making process of the institution (CFR 4.2).

There is a disparity in number of applications vs actual number enrolled in regards to diversity (see Graduate Program Annual Report, pages 7-11). The institution however, recognizes this and took steps in 2014 to increase representation of students from diverse backgrounds by: (a) collaborating with an institution with high ethnic diversity, (b) starting a summer scholars program, and (c) giving more emphasis on qualitative predictors rather than quantitative predictors during admissions deliberations. The rates are improving rather slowly. The team included a recommendation on this aspect since state, regional and federal offices speak loudly of equality and equity in admissions. (CFR 1.4)

SECTION III - FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS FROM THE TEAM REVIEW

Based on document review, off-site review, on-site interviews and discussions with administration, faculty, staff, and students, the team provided the following commendations and recommendations to CSMC during the exit interview.

Commendations

1. For the quickness, responsiveness, and willingness of the Graduate office to provide requested information throughout the past and current review process.
2. For the student-centered approach to education, and the individualized attention and caring attitude displayed to students. This approach enhances their success.
3. For the clarity, energy, and excitement displayed by the students, faculty, staff, and administration regarding the translational mission of the institution.
4. For the genuineness and dedication shown by faculty who demonstrate a level of unparalleled expertise to the students during their academic tenure and development as advanced researchers.
5. For the entrepreneurial spirit of the leadership in creating an institution of higher learning connected to an excellent and rich research environment.

Recommendations

1. Develop a clear strategic plan for the degree-granting education programs that includes ongoing communication to all stakeholders (i.e., board members, faculty, staff, students, community, etc.) regarding the components of the plan and provide an appropriate structure for dealing with current and future programs. The team recommends giving attention to how the growth of the academic programs fits in to the overall mission of the institution and include

action plans that delineate goals, persons responsible, timeframes, benchmarks, reviews, and follow-ups.

2. Create a clear governance structure for the Master's Programs. Allocate sufficient resources and attention to leadership, staffing, and support structures to accomplish management functions of the programs. Support structures could include enrollment management, tuition gathering, federal and state financial aid, among others.
3. Develop and implement a diversity plan that specifies measurable recruiting targets toward advancing racial and ethnic diversity in the faculty, the student body and the institution as a whole. Create a culture of promoting inclusion, diversity and valuing cultural differences for faculty, students, staff and administration. The team recommends that such a plan include both short and long-term measurable goals and strategies. (CFR 1.4)
4. Demonstrate a culture of evidence for each program, by conducting annual tracking, analysis benchmark setting, and decision making for, i.e., (a) diversity of applicants vs enrollees and how they relate to admission practices, (b) traditional student success indicators such as retention rate, on-time graduation, time to degree, (c) certain indicators from the graduation rate dashboard, (d) institutionally defined student success indicators (suggestions include improved pass rates for qualifying exams, #presentations, #publications, #proposals

funded, #awards, #patents, i.e., anything the institution deems important to demonstrate success of the students).

5. Develop and enact an assessment plan that show relationships for learning outcomes at all levels. Program learning outcomes (PLOs) should be measurable and assessed. Show linkages and relationships between PLOs and Course Learning Outcomes (CLOs), as well as show how course assignments achieve (CLOs). Finally, give attention to the creation of defined learning outcomes for the laboratory and clinical components of the student's educational experience. The team recommends using results of these assessments to make data informed decisions to adjust learning outcomes and strengthen the curriculum.

APPENDICES

WSCUC Inventory of Educational Effectiveness Indicators and Federal Compliance Forms

Inventory of Educational Effectiveness Indicators

Category	(1) Have formal learning outcomes been developed ? <i>Yes/No</i>	(2) Where are these learning outcomes published (e.g., catalog, syllabi, other materials)?	(3) Other than GPA, what data / evidence are used to determine that graduates have achieved stated outcomes for the degree? (e.g., capstone course, portfolio review, licensure examination)?	(4) Who interprets the evidence? What is the process?	(5) How are the findings used?	(6) Date of the last program review for this degree program.
At the institutional level:	YES	<p>Student Catalog</p> <p>Course Syllabi reviewed also had learning outcomes.</p> <p>Of the few Clinical/Laboratory syllabi reviewed, some but not all had learning outcomes</p>	<p>-Qualifying Examination - Training grant proposal - Doctoral Committee Progress Reports</p> <p>-Dissertation results (written and oral) - Scientific journal publications - Poster presentations and oral presentations</p>	<p>-Core Module Coordinators - Faculty of the Qualifying Examination Committee - Faculty of Doctoral Committees - Scientific Mentors - Translational Research Mentors - PhD/MS Program Director</p> <p>Students are evaluated for each core module by each core module coordinator and at the end of Year One by the Curriculum Committee.</p> <p>Students then must present their written and oral Qualifying Examination to the QE Committee.</p>	The findings are used to determine if the student has met the learning objectives set forth by the program.	2014-2015

				<p>Once they pass the QE and proceed to PhD Candidacy, their progress is monitored through annual Doctoral Committee progress meetings. MS students are evaluated monthly by the MS Program Director.</p> <p>Each student is responsible for preparing a presentation describing their accomplishments, plans and new developments. Each Doctoral Committee evaluates the student's progress and this is recorded in a rubric.</p> <p>The MS Program Director also records the progress of each MS student. PhD students are also required to complete an Individual Development Plan (IDP) on an annual basis to record student progress. This is done with the student's mentors and advisors and reviewed by the PhD Program Director.</p>	
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PhD program	Yes	Student Catalog Website	Each student is expected to demonstrate material progress on their research project, intellectual mastery of their research material, an understanding of the investigative process, and awareness of how their research contributes to their broader discipline.	-Core Module Coordinators - Faculty of the Qualifying Examination Committee - Faculty of Doctoral Committees - Scientific Mentors -Translational Research Mentors -PhD Program Director - Curriculum Committee	The findings are used to determine if the student has met the learning objectives set forth by the program.	2014-2015
MS Degree	Yes	Student Catalog Website	Each student is expected to demonstrate material progress on their research project, intellectual mastery of their research material, an understanding of the investigative process, and awareness of how their research contributes to their broader discipline.	-Core Module Coordinators - Faculty of the Qualifying Examination Committee - Faculty of each student's Master's Thesis Committee -Scientific Mentors -Translational Research Mentors -MS Program Director - Curriculum Committee MS students must meet with the MS Program Director monthly, upon passing the QE. At the end of Year Two, each student must present their Master's Thesis research in both written and oral capacity.	The findings are used to determine if the student has met the learning objectives set forth by the program.	Anticipate 2019

Credit Hour and Program Length Review Form

Material Reviewed	Questions/ Comments (Please enter findings and recommendations in the Comments sections as appropriate.)
Policy on credit hour	Is this policy easily accessible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If so, where is the policy located? <i>Policy Handbook on the intranet</i>
	Comments: <i>There is no standardization of materials in the syllabi reviewed, most do not have clear articulated information about how many credits, nor how long is each didactic session; most have a schedule. All syllabi have learning objectives. Laboratory syllabi do not differentiate contact hours for credit versus didactic courses contact hours.</i>
Process(es)/ periodic review of credit hour	Does the institution have a procedure for periodic review of credit hour assignments to ensure that they are accurate and reliable (for example, through program review, new course approval process, periodic audits)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If so, does the institution adhere to this procedure? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Comments: <i>The institution states the policy is formally reviewed during Program Review</i>
Schedule of on-ground courses showing when they meet	Does this schedule show that on-ground courses meet for the prescribed number of hours? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Comments: <i>Often modules (syllabi) do not show how many credit hours is each course worth. It is difficult to determine if the course/module meets for the required time based on credit hours assigned.</i> <ul style="list-style-type: none"> • <i>Cardiology (no schedule. No mention of number of credits)</i> • <i>Stem Cell syllabus (36 contact hours. Excludes any exam hours. No mention of number of credits)</i> • <i>Genetics syllabus (33 contact hours. Excludes any exam hours. No mention of number of credits)</i> • <i>Biostatistics syllabus (meets 21 times but I am unable to determine for how long each session as there is no mention in the syllabus. Excludes any exam hours. States is a 3 unit course)</i> • <i>Gastroenterology/Inflammation syllabus (meets 20 times for didactic, 4 times for journal club, but I am unable to determine for how long each session as there is no mention in the syllabus. Excludes any exam hours. No mention of number of credits)</i> • <i>Immunology and Infection syllabus (meets 23 times but I am unable to determine for how long each session as there is no mention in the syllabus. Excludes any exam hours. No mention of number of credits)</i>

	<ul style="list-style-type: none"> • <i>Neuroscience syllabus (25 contact hours plus 2 workshops, 1 journal club). Excludes any exam hours. No mention of credits).</i> • <i>Cell & Molecular Biology syllabus (25 contact hours. Excludes any exam hours. Is 1 credit course)</i> • <i>Research and Clinical Imaging syllabus (8 contact hours. Excludes any exam hours. No mention of number of credits)</i> • <i>Intro to Research I (30 contact hours. Excludes any exam hours. 3 credits)</i> • <i>Structured Journal Club (no schedule, states is a 3 credit course)</i>
<p>Sample syllabi or equivalent for online and hybrid courses <i>Please review at least 1 - 2 from each degree level.</i></p>	How many syllabi were reviewed? <i>Not applicable</i>
	What kind of courses (online or hybrid or both)?
	What degree level(s)? <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doctoral
	What discipline(s)?
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Sample syllabi or equivalent for other kinds of courses that do not meet for the prescribed hours (e.g., internships, labs, clinical, independent study, accelerated) <i>Please review at least 1 - 2 from each degree level.</i></p>	Comments:
	How many syllabi were reviewed? <i>One</i>
	What kinds of courses? <i>See below in comments section</i>
	What degree level(s)? <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA <input checked="" type="checkbox"/> Doctoral
	What discipline(s)? <i>Biomedical Science and Translational Medicine</i>
Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>Sample program information (catalog, website, or other program materials)</p>	Comments: <ul style="list-style-type: none"> • <i>Observational Clinical Rotation syllabus (4 hours per rotation, 7 rotations. States is 1 credit).</i>
	How many programs were reviewed? <i>One – Both PhD and MS students take the same courses the first year of the Biomedical Science and Translational Medicine curriculum. See below, notice same number of classroom-based units.</i>
	What kinds of programs were reviewed?
	What degree level(s)? <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input checked="" type="checkbox"/> MS <input checked="" type="checkbox"/> Doctoral
	What discipline(s)? <i>Biomedical Science and Translational Medicine</i>
Does this material show that the programs offered at the institution are of a generally acceptable length? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Comments: <i>There is no mention in the syllabi as to the type of credit in the syllabi--semester, quarter, trimester, etc—but the required number of credits below is typical for doctoral programs.</i>

	<p><i>The MS degree in BSTM requires a minimum of 47 (classroom-based) and 27 (laboratory-based) units of graduate level coursework (page 23 of IR) for a total of 74 units required to graduate.</i></p> <p><i>The PhD in BSTM requires a minimum of 47 (classroom-based) and 36 (laboratory-based) units to graduate (page 24 of IR) for a total of 83 units required to graduate.</i></p>
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Review Completed By: Jan Nick

Date: March 2, 2017

Marketing and Recruitment Review Form

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's recruiting and admissions practices.

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.
**Federal regulations	Does the institution follow federal regulations on recruiting students? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: <i>Employees do not receive any incentive compensation. Recruitment is by word of mouth and through the websites for each program. Students reported doing a search for the translational research programs and the CSMC programs came up.</i>
Degree completion and cost	Does the institution provide information about the typical length of time to degree? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Does the institution provide information about the overall cost of the degree? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: <i>The institution supports the doctoral students through the 4th year of the program. The MS students for the three programs will be paying tuition. The websites for the MS BSTM and MS Magnetic Resonance Imaging clearly state tuition fees. The website for the new MS Health Science is awaiting approval from WSCUC and does have information about the curriculum but does not include tuition information yet. The websites state merit and need-based scholarships may be available.</i>
Careers and employment	Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Does the institution provide information about the employment of its graduates, as applicable? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: <i>The institution documents the post-graduation job placement for the doctoral students. The MS BSTM has two students. The other two MS programs have not begun admitting students yet.</i>

*§602.16(a)(1)(vii)

**Section 487 (a)(20) of the Higher Education Act (HEA) prohibits Title IV eligible institutions from providing incentive compensation to employees or third party entities for their success in securing student enrollments. Incentive compensation includes commissions, bonus payments, merit salary adjustments, and promotion decisions based solely on success in enrolling students. These regulations do not apply to the recruitment of international students residing in foreign countries who are not eligible to receive Federal financial aid.

Review Completed By: Jan Nick

Date: March 15, 2017

Student Complaints Review Form

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's student complaints policies, procedures, and records.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Policy on student complaints	Does the institution have a policy or formal procedure for student complaints? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If so, is the policy or procedure easily accessible? Is so, where? <i>The policy is outlined in the student handbook, on the intranet. The student handbook is also handed out to students during orientation.</i>
	Comments: <i>Students have an orientation at the beginning of their tenure where policies for grievance and procedure are verbally explained.</i>
Process(es)/ procedure	Does the institution have a procedure for addressing student complaints? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If so, please describe briefly: <i>There are several administrators who are available to address student complaints.</i>
	If so, does the institution adhere to this procedure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: <i>The institution conducts an annual review of the programs as well as conducts a comprehensive review every 4-5 years. Due to the size, faculty know students well and they deal with situations quickly.</i> <i>The Graduate program administration handles student complaints. The Academic Human Resources unit at the institution also becomes involved.</i>
Records	Does the institution maintain records of student complaints? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If so, where?
	Does the institution have an effective way of tracking and monitoring student complaints over time? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

	If so, please describe briefly:
	Comments: <i>Due to the small size of the student body, and the smaller size of formal student complaints, Human Resources maintains the records manually.</i>

*§602-16(1)(1)(ix)

See also WSCUC Senior College and University Commission’s Complaints and Third Party Comment Policy.

Review Completed By: Dawn Eastmond

Date: 10 April 2017

Transfer Credit Policy Review Form

Under federal regulations*, WSCUC is required to demonstrate that it monitors the institution's recruiting and admissions practices accordingly.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Transfer Credit Policy(s)	Does the institution have a policy or formal procedure for receiving transfer credit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If so, is the policy publically available? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If so, where? Catalog
	Does the policy(s) include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Comments: <i>The institution does not accept transfer credit.</i>

*§602.24(e): Transfer of credit policies. The accrediting agency must confirm, as part of its review for renewal of accreditation, that the institution has transfer of credit policies that--

- (1) Are publicly disclosed in accordance with 668.43(a)(11); and
- (2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

See also WSCUC Transfer of Credit Policy.

Review Completed By: George del Hierro
Date: March 10, 2017