

Academic Audit Onsite Evaluation Checklist

Institution: _____

Program: _____

CIP Code: _____

Degree Level: Certificate Associate Baccalaureate Master's Doctoral

Instructions for Academic Auditor Chairs and Teams

Part I: Academic Auditor Team Report -- Record of Commendations, Affirmations, and Recommendations

This form must be completed by each academic auditor team prior to concluding the visit. The original will be forwarded to TBR but a copy must be left with the department prior to departure. All observations included on this form should be represented as commendations, affirmations, or recommendations. Please be concise in your descriptions as you will have opportunity to expand upon your justification for each item in your written report due to TBR by **May 13, 2016**.

Part II: Academic Audit Rubric (only for use if program is being reviewed for Quality Assurance Funding purposes)

This form is **only** to be completed if the program review is serving as the Performance Funding review. Using the QAF Undergraduate Academic Audit Rubric, complete the evaluation results checklist. This exercise must be completed and signed by the team prior to the Exit Session [see complete directions on the form]. The original will be left with the department prior to departure, but a copy must be forwarded to TBR with the Academic Auditor Team Report.

Part III: Narrative Evaluation and Written Report

The Auditor Chair and Team will use their evaluations indicated on the Academic Auditor Team Report and Academic Audit Rubric (if used for Quality Assurance Funding purposes) as the basis of a written report. Summarized findings from the self-study report and onsite visit will represent a narrative report of the team's conclusions and the final responsibility of the academic auditor team. The template for completing this report (limited to 10 pages) is attached. This report is due to TBR on **May 13, 2016**.

The Audit Evaluation will become part of the record of the academic program review and will be shared with the academic department/unit, the college, and the central administration, as well as the Tennessee Higher Education Commission. Each department/campus will be provided opportunity to respond and comment on the written report.

Audit Chair's name, title, and institution: _____

Audit Chair's signature: _____ **Date** _____

Names, titles, institutions, and signatures of other Audit Team members:

Academic Auditor Team Report

Record of Commendations, Affirmations, and Recommendations

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Total Number of Commendations

- Commendation #1 –
- Commendation #2 –
- Commendation #3 –
- Commendation #4 –

Total Number of Affirmations

- Affirmation #1 –
- Affirmation #2 –
- Affirmation #3 –
- Affirmation #4 –

Total Number of Recommendations

- Recommendation #1 –
- Recommendation #2 –
- Recommendation #3 –
- Recommendation #4 –