

Student Learning Outcome (SLO) Assessment Reporting Form – Confirm No Edits or Report Edits for FY23 and Beyond

Please complete one form per degree program/certificate/minor. Send all completed forms to Institutional Effectiveness (IE@augusta.edu) by **November 24, 2023**.

Respective members of each college/school or unit may use the following links to reference forms previously submitted: [College of Allied Health Sciences](#); [College of Education and Human Development](#); [College of Nursing](#); [College of Science and Mathematics](#); [Dental College of Georgia](#); [Hull College of Business](#); [Medical College of Georgia](#); [Pamplin College of Arts, Humanities, and Social Sciences](#); [School of Computer and Cyber Sciences](#); [The Graduate School](#); and [Instruction](#).

Please complete the **FOUR STEPS** listed below, as applicable:

STEP 1: List the Degree Program/Certificate/Minor: _____

STEP 2: Based on the Degree Program/Certificate/Minor listed above, please complete ONE of the following two boxes listed below.

CERTIFICATE/MINOR EMBEDDED AND ALIGNED TO A CORRESPONDING DEGREE PROGRAM AND ITS CURRICULUM

Select one of the following, and complete the second page of this form as applicable:

- No Change: The certificate/minor is still embedded and aligned. It will not complete a separate SLO Assessment Report. (Complete STEP 4.)
(The dean responsible for the quality of this certificate/minor must approve of this reporting decision annually.)
- Change – Option 1: The certificate/minor is now embedded and aligned to a different degree program and its curriculum, namely _____.
It will not complete a separate SLO Assessment Report. (Complete STEP 4.) (List degree program.)
- Change – Option 2: The certificate/minor is no longer embedded and aligned. It will complete an SLO Assessment Report for the FY23 reporting cycle and beyond. (Complete STEPS 3 and 4.)

DEGREE PROGRAM/CERTIFICATE/MINOR

Select one of the following, and complete the second page of this form.

- No Change: There are no changes to the SLOs, Assessment Cycle Length, or Assessment Calendar. (Complete STEP 4.)
- Change – SLOs, Assessment Cycle Length, and/or Assessment Calendar (Complete STEPS 3 and 4.)
- New Degree Program/Certificate/Minor (Complete STEPS 3 and 4.)

STEP 3: Only complete this step if you indicated that there are assessment changes. Please complete each portion of this STEP 3.

- List SLO Statements for the Degree Program/Certificate/Minor. (For more than 10 SLOs, please send a separate document with a complete list of the SLO statements.)

SLO #1: _____ SLO #2: _____
SLO #3: _____ SLO #4: _____
SLO #5: _____ SLO #6: _____
SLO #7: _____ SLO #8: _____
SLO #9: _____ SLO #10: _____

- Indicate the program's length of time for its full assessment cycle by completing one of the two options below.

☐ **OPTION 1: SAME Assessment Cycle Length**

All SLOs listed above will be assessed in a _____ full assessment cycle.
(Select from drop-down list.)

☐ **OPTION 2: MIXED Assessment Cycle Length**

Different SLOs will be assessed in a full assessment cycle using a range from one to three years.

- SLOs # _____ will be assessed in a 1-year full assessment cycle.
- SLOs # _____ will be assessed in a 2-year full assessment cycle.
- SLOs # _____ will be assessed in a 3-year full assessment cycle.
- SLOs # _____ will alternate the reporting of a full assessment cycle, reporting in a _____ full assessment cycle followed by a _____ full assessment cycle.

- Indicate the Assessment Calendar by noting when each of the SLOs will (1) report assessment data and will (2) report full assessment.

| Assessment Schedule | FY22 | FY23 | FY24 | FY25 | FY26 | FY27 | FY28 |
|---------------------|------|------|------|------|------|------|------|
| SLO 1 | | | | | | | |
| SLO 2 | | | | | | | |
| SLO 3 | | | | | | | |
| SLO 4 | | | | | | | |
| SLO 5 | | | | | | | |
| SLO 6 | | | | | | | |
| SLO 7 | | | | | | | |
| SLO 8 | | | | | | | |
| SLO 9 | | | | | | | |
| SLO 10 | | | | | | | |

STEP 4: Sign.

I hereby certify that the information above is true and correct to the best of my knowledge. The program listed above will adhere to the reporting indicated.

Signature: _____ Title: _____ Date: _____

Please contact Institutional Effectiveness (IE@augusta.edu) with questions.