ACADEMIC COUNCIL MEETING
Academic Council

AGENDA
Date: June 23, 2026
Time: 2:30 p.m. - 4:30 p.m.
In-Person
Bordessa Hall, 55 Bond St. E, Oshawa ON
DTB 524
Public In-Person Registration

AC Meeting Schedule and Materials 2025-2026

No.		Topic	Lead	Suggested Start Time
PUBLIC SESSION				
1.		**Call to Order and Land Acknowledgement**	Chair	2:30 p.m.
2.		**Agenda (M)**		
3.		**Chair's Remarks**		
4.		**Inquiries and Communications**	Chair	2:40 p.m.
5.		**Provost's Remarks**	L. Livingston	2:45 p.m.
	5.1	Senior Academic Administrator Search Update (I)		
6.		**Annual Integrated Academic-Research Plan, Institutional and SMA Metrics Report* (D)**	L. Livingston S. Thrush	2:50 p.m.
7.		**Undergraduate Studies Committee**	M. Bluechardt	3:10 p.m.
	7.1	Major Program Modification: Frazer Faculty of Education: Bachelor of Education (Primary/Junior and Intermediate/Senior)* (M)		
8.		**Graduate Studies Committee**	P. Mirza-Babaei	3:20 p.m.
	8.1	Major Program Modification: Faculty of Engineering and Applied Science: Master of Engineering Management* (M)		
	8.2	Major Program Modification: Faculty of Health Sciences: Master of Health Sciences* (M)		
	8.3	Major Program Modification: Faculty of Health Sciences: Master of Science in Nursing * (M)		

9.		**Governance & Nominations Committee**	L. Livingston	3:35 p.m.
	9.1	Academic Council Meeting Schedule* (M)		
	9.2	2026-2027 Academic Council – Expressions of Interest and Appointments* (M)		
	9.3	2026-2027 Academic Council – Research Committee Appointments* (M)		
10.		**Policy Instruments**		
	10.1	Registration and Course Selection Policy Amendments* (M)	P. Mirza-Babaei	4:00 p.m.
	10.2	Cotutelle Policy and Procedure Amendments* (M)		
	10.3	Graduate Experiential Learning Policy* (M)		
	10.4	Academic Integrity Policy Review Process* (D)	N. Crow J. MacInnis	4:10 p.m.
11.		**Consent Agenda: (M)**	Chair	4:25 p.m.
	11.1	Public Minutes of the May 26, 2026 Meeting* (M)		
	11.2	Minor Program Adjustments from USC* (I) (i) Faculty of Business and Information Technology: Bachelor of Commerce* (I) (ii) Faculty of Health Sciences: Bachelor of Health Sciences - Kinesiology – Advanced entry for Fitness and Health Promotion Graduates* (I)		
	11.3	Minor Program Adjustments from GSC* (I) (i) Faculty of Health Sciences: PhD in Health Sciences* (I)		
	11.4	Cyclical Program Review from GSC*(I) (i) 18-Month Follow-up Report: Master of Information Technology Security* (I)		
	11.5	Institutional Quality Assurance Process (IQAP) Policy and Procedures* (I)		
	11.6	Update on Scholarships & Major Award Recipients* (I)		
	11.7	New Graduate Scholarships, Awards and Fellowships* (I)		
12.		**Termination**	Chair	4:30 p.m.

Sandra Grouette, Assistant University Secretary

Academic Council Report

SESSION:		**ACTION REQUESTED:**	
Public	☒	**Decision**	☐
Non-Public	☐	**Discussion/Direction**	☐
		Information	☒

TO: **Academic Council**

DATE: **June 23, 2026**

PRESENTED BY: **Dr. Lori Livingston, Provost and Vice-President Academic**
Sarah Thrush, Associate VP Planning and Strategic Analysis

SUBJECT: **Integrated Planning Annual Evaluation and Report, Institutional and SMA Metrics Annual Report**

BACKGROUND/CONTEXT & RATIONALE:

The 2023-28 Integrated Academic and Research Plan (IARP) outlined a commitment to continuously evolve our integrated planning processes through annual evaluation and reporting. The annual reports contain two components; a qualitative summary of the years successes and challenges as identified in Faculty and unit integrated plan evaluations, and a quantitative data dashboard that illustrates performance against target for each metric (approved by the Board in 2022). The metrics report card provides the institution with opportunities to reflect on our successes and challenges that impact our collective progress.

In addition to the Institutional Metrics Annual report, the Strategic Mandate Agreement 2025-2029 (SMA4) annual report is included to demonstrate the University's achievement to target on the Ministry of Colleges, Universities, Research Excellence and Security (MCURES) performance metrics. Each year the University validates the data, assesses risks for each of the metrics and adjusts where necessary any of the metric weightings for future years to minimize any potential funding loss. The 2025-26 year marked the initial year, year 1, in the SMA4 reporting cycle and the dashboard is provided to illustrate performance against target, and the financial impact for those metrics where performance exceeded target. SMA4 performance metrics vary from SMA3 performance metrics in two overarching ways:

A. Performance metrics have been reduced from 10 to the 8 below:
    1) Graduate Employment Rate in a Related Field
    2) Graduation Rate
    3) Graduate Employment Earnings
    4) Experiential Learning
    5) Community/Local Impact of Student Enrolment
    6) Institutional Strength/Focus
    7) Research Revenue Attracted from Private Sources

8) Economic Impact (Institution-specific)

B. Reporting Accountabilities and Attestations have been added and if the university is not compliant in any one of the elements, there is a penalty equivalent to 5% of the University's total operating funding. The Reporting and Accountability and Attestations required are:
    1) Reporting:
        i. Audited Enrolment
        ii. Graduate Reports
        iii. University Financial Outlook
        iv. Research Disclosures
        v. STEM Funding Metrics
    2) Attestation of Key Activities:
        i. Efficiency Metric
        ii. Skills and Competencies Assessment
        iii. Research Security
        iv. Commercialization Attestation

Attached are the 2025-26 Institutional Metrics dashboard and qualitative summary report, and the SMA4 Metrics Annual report dashboards that illustrate progress towards our 2023-2028 IARP and our year 1 SMA4 report on performance metrics as reported to the MCURES. We are pleased to note that Ontario Tech met or exceeded all of its performance targets in year 1 of SMA4 and satisfied its reporting accountabilities and attestations. This will result in no loss of performance or operating funding, and a modest allocation for those metrics where targets were exceeded.

Also included in this package for record keeping is the finalized SMA3 metrics dashboard for information. The SMA3 report provided in June 2025 contained estimates for additional performance funding as the system allocations were delayed. There are no changes to the actual performance to target, rather a few minor dollar adjustments.

CONSULTATION:
Senior Leadership Team June 1, 2026
Board Strategy and Planning June 11, 2026
Academic Council June 23, 2026
Board of Governors June 25, 2026

NEXT STEPS:
N/A

SUPPORTING REFERENCE MATERIALS:
- 2025-26 Integrated Planning Report_ Final.pdf
- Institutional Metrics_2025-26 _Full_Final.pdf
- SMA4 Dashboard – Year 1 Reporting Final.pdf
- SMA3 Dashboard_Year 5_Finalized 2026.pdf

OntarioTech UNIVERSITY

2025–2026 INTEGRATED PLANNING ANNUAL EVALUATION AND REPORT

TECH WITH A CONSCIENCE | LEARNING REIMAGINED | CREATING A STICKY CAMPUS | PARTNERSHIPS

As it reaches its midpoint, the 2023–2028 Integrated Academic Research Plan (IARP) continues to serve as Ontario Tech's overarching framework for institutional planning, strategic alignment, and accountability. The IARP is supported through narrative reporting in the Annual Evaluation process, which captures accomplishments, challenges, and emerging priorities across Faculties and Administrative Units, as well as quantitative performance monitoring through Institutional Metrics, which tracks progress against key institutional indicators. Together, these reporting mechanisms provide a comprehensive view of institutional progress, emerging opportunities, and areas requiring attention, supporting informed decision-making, strengthening coordination, and reinforcing alignment with the university's strategic priorities.

Since its implementation, the IARP has been increasingly integrated with institutional planning and reporting cycles. Faculty- and Unit-level Integrated Plans continue to operate as three-year rolling strategies supported by annual assessment and reporting each Spring, providing both long-term direction and flexibility to respond to evolving priorities. By aligning local initiatives and strategies with the IARP's four priority areas, the process supports an institution-wide view on progress and a coordinated approach to institutional planning.

This past year, Ontario Tech continued to demonstrate strong institutional momentum despite an increasingly competitive and uncertain post-secondary environment. Total enrolment surpassed 14,000 students, while undergraduate applications increased by 5.3% year-over-year, reflecting sustained demand for the university's innovative, career-focused programs. Ontario Tech was named Canada's No. 1 Research University of the Year among undergraduate institutions by Research Infosource for the third consecutive year. The university also performed strongly in global benchmarks, including the Shanghai Global Ranking of Academic Subjects and the Times Higher Education World University Rankings, reflecting its growing reputation for research excellence, industry collaboration, and leadership in applying technology to address societal challenges. Internally, the university advanced major digital transformation initiatives, including significant implementation readiness work to support the separation of its Banner enterprise system from Durham College and the transition to a cloud-based ERP platform, as well as the creation of a standalone Microsoft Outlook and Exchange Online environment to strengthen operational autonomy and long-term institutional scalability. New program development continues to support STEM-focused enrolment growth and institutional differentiation through the introduction of innovative academic and professional programs aligned with emerging industry and workforce needs.

For the 2025–2026 academic year, Faculties and Units submitted 26 separate Integrated Plans comprising more than 500 milestones aligned with the four IARP priority areas. Of these, 90% were reported as either "Completed" or "On Track/In Progress", while 9% were identified as "Behind Target" or "Amended", primarily reflecting revised timelines or work continuing into the next academic year. Less than 1% of milestones were terminated. In addition to milestone reporting, Faculties and Units identified key accomplishments, challenges, and emerging priorities that will help shape future planning and decision-making.

TECH WITH A CONSCIENCE

The 2025–2026 Annual Evaluation submissions highlight significant achievements across all four IARP priority areas, while also identifying operational pressures, external challenges, and emerging opportunities that will continue to influence institutional planning and strategic direction. Key highlights include:

- In October 2025, Ontario Tech launched Canada's first School of Artificial Intelligence (SAI), bringing together interdisciplinary expertise in artificial intelligence, data science, ethics, health, and applied learning. SAI places a strong emphasis on the responsible design and application of artificial intelligence in teaching, including considerations related to privacy, data protection, and algorithmic bias. Through its partnership with the Mindful Artificial Intelligence Research Institute (MAIRI), the SAI will also contribute to the development of AI governance standards and national policy frameworks, further strengthening Ontario and Canada's leadership in responsible AI innovation.

- Throughout the academic year, Ontario Tech continued to strengthen its commitment and leadership in advancing ethical, human-centered approaches to AI research, education, and implementation. In March, the university held its inaugural AI Forum, which brought together more than 200 leaders from academia, industry, and government to explore human-centered AI applications that support economic growth, community wellbeing, and responsible innovation. Ontario Tech also launched a pilot of its in-house AI Learning Agent across 22 undergraduate and graduate courses, creating a real-world environment for testing how AI can enhance learning while maintaining academic integrity and human oversight.

- Through training, consultations, and infrastructure support, the Library continued to build institutional capacity in areas such as information literacy, data literacy, and trustworthy AI use, while reinforcing responsible research practices and academic integrity. By strengthening support for ethical research, responsible data management and stewardship, and digital literacy across teaching and learning environments, the Library further established its role as a key campus partner in advancing ethical innovation and informed academic practice.

- Student Engagement & Equity (SEE) expanded the use of the MentorCity platform across its Peer Mentorship and Ambassador Programs. The full implementation of the platform has improved accessibility and increased student autonomy through self-selection matching and the centralization of training resources. Unit operations are benefiting from improved process efficiency and automation, enhanced mentorship oversight and engagement tracking, and evidence-informed program evaluation.

- The Office of Co-operative Education, Experiential Learning, and Career Development (CEELCD) completed the design of a comprehensive Orbis Experiential Learning module framework, including intake, job search, work term tracking, engagement scoring, automated milestone monitoring, and at-risk student flagging functionality. This work established the foundation for future data-informed co-op operations and reporting.

LEADING IN INNOVATION

A reflection of our commitment to academic excellence, innovation, and meeting the needs of our communities.

ONTARIO TECH REPRESENTED

OF ALL NEW PROGRAMS APPROVED

BY THE MINISTRY OF COLLEGES, UNIVERSITIES, RESEARCH EXCELLENCE AND SECURITY (MCURES)

IN 2025-26 Q1 & Q2

LEARNING REIMAGINED

- Undergraduate co-op programs were successfully launched within the Frazer Faculty of Education and the Faculty of Social Science and Humanities, significantly expanding access to work-integrated learning opportunities across additional academic disciplines. The Office of Co-operative Education, Experiential Learning, and Career Development (CEELCD) also redesigned and standardized co-op preparation curriculum across all faculties using a modular framework that balanced institutional consistency with faculty-specific customization.

- CEELCD integrated the InStage platform to support enhanced student job search capabilities and activities. During the evaluation period, more than 380 students engaged with the platform, completing over 1,500 InStage sessions. The platform also strengthened search tracking and provided improved insights into student engagement and support needs.

- The School of Graduate and Postdoctoral Studies (SGPS) continued to advance graduate-level experiential learning initiatives, including the development of an initial draft graduate experiential learning policy and the creation of Ontario Tech's first structured master's co-op framework within the Faculty of Engineering and Applied Science.

- The Athletics Department launched the Ridgeback Level UP program to support student-athletes as they explore post-undergraduate pathways. Developed in partnership with CEELCD and SGPS, the program integrates career preparation into the student-athlete experience. All Ridgebacks classified by the university as being in their third year of study are offered access to one-on-one career guidance, employment advising, and support related to post-graduate studies.

- Building on its undergraduate specialization, the Faculty of Engineering launched a new Graduate Diploma in Railway Engineering. The program is designed to equip engineering professionals from a broad range of disciplines with the specialized knowledge and core competencies required to meet evolving industry needs in the railway sector.

- The Faculties of Business and Information Technology (FBIT) and Social Science and Humanities (FSSH) launched a new inter-faculty specialization in Video Games, Creative Industries and Society. Offered through the Game Development and Interactive Media and Communication and Digital Media Studies programs, the specialization integrates communication, design, entrepreneurship, art, and creativity within the context of digital media and gaming industries. The two Faculties have also collaborated on the development and launch of a specialization in Economics, which leverages cross-disciplinary expertise. Offered through the Bachelor of Arts in Political Science and the Bachelor of Commerce, the specialization is designed to provide students with a comprehensive interdisciplinary education in economic theory and applied economic analysis.

- The Faculty of Science launched several new specializations within its undergraduate programs, including Computer Science specializations in Software Development and Artificial Intelligence, and a Physics specialization in Computational Physics.

- Continuous Learning launched the Nuclear Career Accelerator (NCA), a rapid upskilling program designed to help mid-career engineers and technical professionals transition into Canada's growing nuclear sector. Supported through the Upskills Canada Palette grant and delivered in collaboration with the Office of Co-operative Education, Experiential Learning and Career Development (CEELCD), the program combined industry-informed micro-credentials, technical training, career coaching, employer networking, and job placement supports. More than 1,000 learners applied to the program, with 270 participants admitted during the grant-funded phase. The initiative achieved strong completion and learner satisfaction rates while helping address critical workforce needs in the nuclear industry. Building on its success, the program has been prepared for ongoing delivery beyond the initial grant-funded model, strengthening Ontario Tech's role in workforce development and lifelong learning.

- The Faculty of Social Science and Humanities (FSSH) launched a new specialization in AI for Professional Communicators, focused on the ethical use of Artificial Intelligence (AI) and Large Language Models (LLMs) in creative and professional communication fields. Students will develop skills in using evolving technologies to support the production of creative media projects while also learning to critically assess contexts, media forms, social values, and audience considerations to ensure responsible ethical practices.

- Several innovative programs are currently progressing through internal governance processes. These include the Bachelor of Business Analytics and Artificial Intelligence (BBAI), the Bachelor of Engineering in Artificial Intelligence Engineering, the Bachelor of Engineering in Civil Engineering, the Bachelor of Arts in Health Studies, a new Medical Laboratory Science field of study within the Master of Health Science, and a Master of Science in Neuroscience.

- Notices of Intent (NOIs) are currently in development or under review for the following new programs.

    - Graduate Diploma in Radioisotope Technology for Health Applications
    - Master in Game Development
    - Master in Business Innovation and Leadership, DBA
    - Graduate Diplomas in Age-Friendly and Dementia-Friendly Environments

OntarioTech UNIVERSITY

INNOVATING TODAY.
TRANSFORMING TOMORROW.

Ontario Tech University and Durham College Campus Master Plan announcement

Ground-breaking at *The Ridge*

The first phase new student residence, *The Ridge* (architectural rendering)

Campus High Performance Complex (architectural rendering)

CREATING A STICKY CAMPUS

- The 2025–2026 academic year marked an important step forward in Ontario Tech's evolution as a vibrant campus community and regional hub for learning, engagement, and connection. In early 2026, Ontario Tech and Durham College launched a refreshed joint Campus Master Plan to guide the long-term growth and transformation of their shared campus environment. The plan outlines a future-focused vision centered on academic growth, sustainability, accessibility, student experience, and community connection. Key priorities include new academic and multi-purpose buildings, expanded athletic and wellness facilities, enhanced wayfinding and walkability, transit-oriented planning, and the creation of a welcoming campus gateway and dynamic community hub that strengthens both campus life and regional engagement.

- In February 2026, the University broke ground on "The Ridge," a new on-campus residence development that will open in phases beginning in Fall 2027. The project will initially add 450 student beds, with long-term capacity for approximately 2,000 students, helping address student housing demand while strengthening campus life, student engagement, and institutional growth.

- Athletics and recreation infrastructure continued to advance through planning for the Campus High Performance Complex, an expansion of the existing Campus Ice Centre. With a targeted opening in 2028, the complex is envisioned as more than an athletics facility. It will serve as a community-inclusive hub that supports student development, as well as overall campus wellbeing, belonging, and engagement. The facility will bring together students, employees, alumni, and community members through spaces designed for recreation, health and wellness, experiential learning, and community gathering. The project will strengthen campus vibrancy and enhance the student and employee experience, while supporting community partnerships, regional economic activity, and Ontario Tech's long-term institutional competitiveness.

- Ancillary Services finalized a new strategic direction for Campus Parking Services, with Ontario Tech assuming responsibility for daily operations across the shared north campus, the downtown campus, and Durham College's North Whitby location. The transition to an in-house operating model strengthens service integration, operational oversight, and long-term sustainability, while supporting a more coordinated and accessible campus experience for students, employees, and visitors. The initiative also lays the foundation for a comprehensive transportation strategy aligned with future campus growth, mobility, and community engagement objectives.

- The Office of Campus Infrastructure and Sustainability (OCIS) led the renewal of Hunter's Kitchen and atrium furnishings, transforming high-traffic campus spaces into more modern, accessible, and flexible environments. The upgrades enhance usability and collaboration, contributing to a more welcoming and vibrant campus experience. The refreshed spaces also provide greater flexibility and functionality for meetings, events, and broader community activities.

PARTNERSHIPS

- Ontario Tech's Institute for Cybersecurity and Resilient Systems (ICRS) received a major philanthropic gift to advance cybersecurity research and education. The donation, from a longtime Ontario Tech supporter and resident of Durham Region, will support new initiatives focused on strategic cybersecurity for business, helping organizations address emerging cybersecurity challenges through technological innovation while also considering legal, ethical, and social frameworks. The investment will also expand opportunities for student scholarships, applied research experiences, small business training, and community-focused cybersecurity education, further strengthening Ontario Tech's leadership in cybersecurity innovation and resilience.

- Internal collaborations between the Office of the Registrar, the School of Graduate and Postdoctoral Studies (SGPS), and the Office of the Deputy Provost expanded the integration of international and graduate student orientations with broader campus transition programming, strengthening student connection and engagement opportunities.

- Indigenous Education and Cultural Services (IECS) strengthened Ontario Tech's national Indigenous engagement through participation in the National Indigenous University Senior Leaders Association (NIUSLA), supporting Indigenous-centred leadership and policy collaboration across Canadian universities.

- The Faculty of Engineering and Applied Science and the Office of Co-operative Education, Experiential Learning, and Career Development (CEELCD) launched the HERizon co-op program in partnership with industry, government, and community partners to support women-identifying engineering students in accessing professional co-op pathways and industry networks.

- The Brillant Energy Institute established and operationalized its Advisory Board, bringing together senior leaders from industry, academia, government, Indigenous leadership, and strategic sectors including nuclear, hydrogen, AI, and climate innovation. The Board provides high-level strategic guidance to strengthen relevance, partnerships, and long-term impact.

- In partnership with the Office of the Registrar, Communications and Marketing implemented a new integrated external marketing and recruitment campaign aimed at strengthening coordination of paid, owned, and earned media across GTA, Durham, and provincial markets. The initiative improves consistency in messaging and alignment with institutional priorities, enhancing brand visibility and supporting a more strategic and effective recruitment approach.

- A transformational $1 million gift from the Sienna for Seniors Foundation established the Sienna Senior Living Research Centre for Healthy Aging and Happiness at Ontario Tech. The centre will advance applied, human-centered research focused on improving the well-being and quality of life of older adults and those who support them. Its work will emphasize healthy aging innovation, caregiver and workforce education, and the development of evidence-based tools and policies to help shape the future of senior care.

CHALLENGES

Throughout the 2025–2026 academic year, academic and administrative units across the University navigated an increasingly complex institutional and post-secondary environment that influenced the pace, scope, and sequencing of strategic initiatives. While many areas continued to demonstrate strong adaptability, innovation, and commitment to institutional priorities, the reporting cycle highlighted the growing importance of balancing strategic priorities with institutional capacity, resource sustainability, and institutional readiness for change.

A recurring theme across the university was the challenge of advancing strategic transformations while maintaining day-to-day operations. As Ontario Tech continues to differentiate and grow in scale, many units are managing expanding portfolios, increasing service demands, new programs and services, and evolving reporting and assessment requirements. At the same time, significant efforts are underway to modernize systems, processes, and service delivery models. This dual focus on operational delivery and institutional transformation has created pressures on implementation timelines, long-term planning, and operational agility. Student Engagement & Equity (SEE) provides a strong example of the operational and strategic demands facing many units, balancing high-volume annual programming while simultaneously advancing modernization initiatives related to mentorship systems, leadership development, assessment frameworks, and institutional belonging programming. To support this work, SEE adopted phased implementation approaches, prioritized high-impact initiatives, leveraged technology and automation where possible, and focused on building sustainable systems and scalable processes to support long-term operational efficiency and future growth.

The increasing complexity of institution-wide initiatives also highlighted challenges related to governance, coordination, and implementation. Many initiatives require extensive collaboration across multiple academic and administrative units, which strengthens institutional alignment and relationships but also increases consultation and reporting requirements, shared approvals, and project dependencies. These factors often slow implementation timelines and reduce overall institutional agility. The development and launch of new academic programs illustrate both the opportunities and pressures associated with interconnected planning processes. Accelerated approval timelines require significant coordination among Faculties, the Office of the Registrar, the Planning Office, and other support units to ensure timely recruitment, admissions, communications, and market positioning. While the university's collaborative culture remains a significant strength in managing these challenges, the reporting cycle reinforced the value of clear accountability structures, streamlined decision-making processes, and strong institutional coordination.

Technological modernization and infrastructure readiness emerged as another significant area of challenge. Several initiatives experienced delays due to system limitations, competing digital priorities, integration requirements, or reliance on manual processes while broader institutional modernization efforts were underway. The experience of Ancillary Services' planned UCard expansion demonstrated many of these complexities. Despite extensive development, testing, and cross-institutional collaboration over approximately 18 months, the addition of a declining-balance functionality was ultimately not implemented due to limitations in platform readiness and the operational complexity of Ontario Tech's shared-service environment with Durham College. While the decision to discontinue the project reflected the unit's commitment to operational stability, user experience, and responsible resource management, it also reinforced the importance of technology readiness assessments, phased implementation approaches, and coordinated planning. More broadly, the reporting cycle highlighted the need for continued investment in enterprise systems, digital infrastructure, and change management to ensure employees have access to reliable, scalable, and fit-for-purpose tools that support both operational effectiveness and long-term strategic objectives.

External pressures also continued to shape institutional planning and operations. Demographic shifts, government policy changes, evolving international student regulations, and increasing market competition within the post-secondary sector influenced enrolment patterns and recruitment strategies. Additionally, economic uncertainty, funding ambiguity, and broader socio-political dynamics placed increasing pressure on institutional budgets, operational planning, and investment priorities. In response, Faculties and Units demonstrated adaptability through diversification strategies, digital innovation, partnership development, revised recruitment approaches, and operational restructuring. The evolving external environment continues to require greater institutional responsiveness, stronger market differentiation, and increasingly agile planning approaches.

NEXT STEPS IN THE INTEGRATED PLANNING PROCESS

The 2025–2026 academic year reflected a university continuing to navigate significant growth, operational complexity, and institutional transformation within an increasingly competitive and evolving post-secondary environment. The IARP reporting cycle reinforced the importance of aligning strategic priorities with institutional capacity, coordinated planning, and realistic timelines while Ontario Tech continues to expand its programs, partnerships, and campus service initiatives.

Looking ahead, the Integrated Planning process will remain essential in aligning enrolment and growth strategies, budget development, complement and capital planning, infrastructure requirements, and modernization initiatives to effectively support the university's strategic objectives. Focus should be placed on strengthening coordination across academic and administrative units, clarifying strategic direction, and streamlining planning and implementation processes to enhance organizational effectiveness. Continued investment in and integration of scalable systems, digital infrastructure, and service modernization will be critical to enabling sustainable growth and ensuring employees have access to the tools, technology, and support needed to effectively deliver on both operational responsibilities and longer-term strategic objectives.

Despite increasing complexity and external pressures, Faculties and Units continued to demonstrate strong adaptability, innovation, and commitment to institutional priorities throughout the reporting cycle. As Ontario Tech enters the second half of the IARP cycle, maintaining this collaborative, coordinated, and student-centered approach will be critical in supporting long-term sustainability, institutional agility, differentiation, and continued success.

Ontario Tech University

2025-2026 Report on Institutional Metrics

June 2026

Ontario Tech University Metrics

Integrated Academic-Research Plan – Strategic Priorities

Tech with a conscience:

Innovating to improve lives and the planet by incorporating technology-enhanced learning strategies, and promoting the ethical development and use of technology for good through intensive research and inquiry.

Learning re-imagined:

Co-creating knowledge by adapting to the ever-changing educational landscape through the provision of flexible and dynamic learning and research opportunities.

Creating a sticky campus:

Cultivating student- and community-centric engagement opportunities by encouraging an inclusive culture for our institution through online and on-campus activities.

Partnerships:

Uncovering innovative solutions for their most pressing problems through purposeful research and collaboration with industry, community, government and academic partners especially as it relates to all facets of global sustainability and well-being.

Ontario Tech University Metrics

		IARP Priority Alignment			
		Tech with a Conscience	Learning Re-Imagined	Sticky Campus	Partnerships
					
Comprehensive Access Institution	**Status**				
Student mix (Actual and Proportion)	●		●	●	●
Intake Enrolment Targets to Actuals	●		●	●	
Demographics of our community	●	●		●	
Transfer students from universities and colleges	●		●		
Student retention rates	●			●	
Student participation in Transition activities	●		●	●	
LEAP participation	●		●	●	
Employee Retention (Academic and Non-Academic)	●			●	
Transformational Education & Research Excellence					
Student Participation in Work Integrated Learning Opportunties	●		●		●
Partnerships supporting Work Integrated Learning	●		●		●
Students graduating with courses on Ethics or Impact	●	●	●		
Courses taught by FT faculty	●			●	
Student: Faculty ratios	●		●	●	
NSSE results: overall student satisfaction	●		●	●	
NASM/FTE ratio in instructional categories	●		●	●	
Flexible course formats offered (online or hybrid)	●		●		
Research Chairs & Institutes	●	●			●
Research Sponsorship	●				●
Alumni Engagement	●			●	●
Economic Stewardship					
Net Income/Loss Ratio	●				
Viability Ratio	●				
Primary Reserve Ratio	●				
Net Operating Revenues Ratio	●				
Credit Rating	●				

Legend:
- ● - On Track/Meeting Target
- ● - Progressing towards target
- ● - Behind/Below target
- ● - Aligned with Strategic Priority

Ontario Tech University Metrics

Return to Metrics Listing

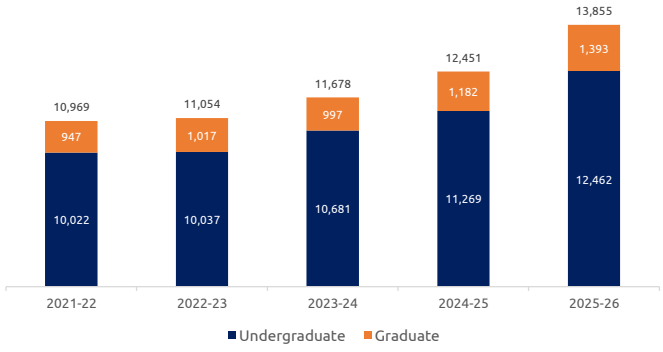
Metric: **Student Mix - Overall**

Definition: Number and proportion of official student enrolment as reported by Ontario Tech University to the Ministry of Colleges and Universities. Overall Enrolment numbers include GR, PR and UG.

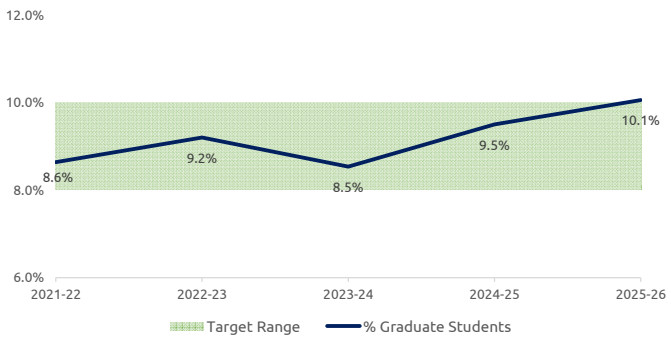
Data Source: University Statistical and Enrolment Report (USER) (Fall Report)

Target: Proportion of Graduate Students: between 8-10%
Proportion of International Students: 11-15%
Proportion of Female Students: 50%
Proportion of Part-Time Students: 7-10%

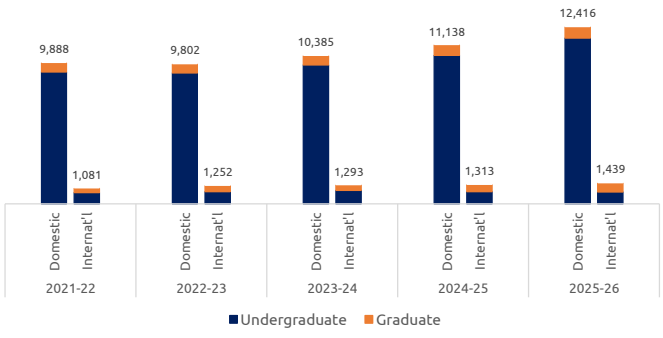
Student Mix by Level



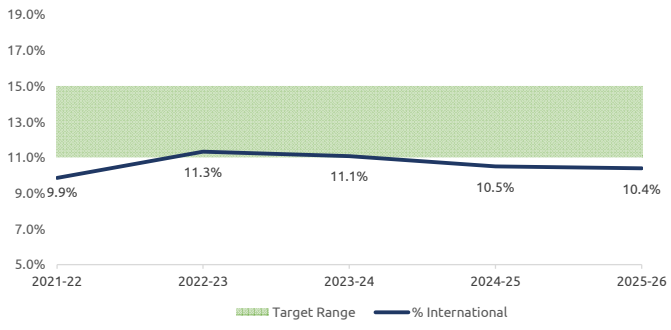
Proportion of Graduate Students



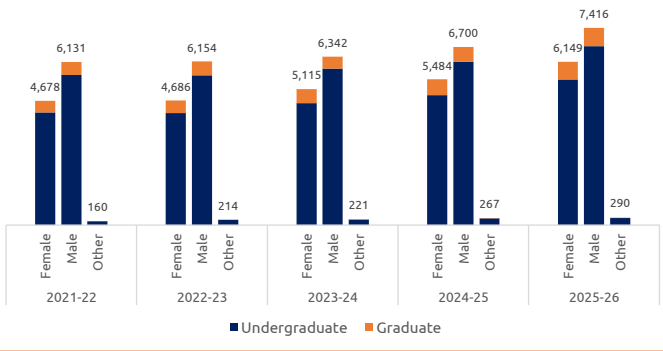
Student Mix by Residency



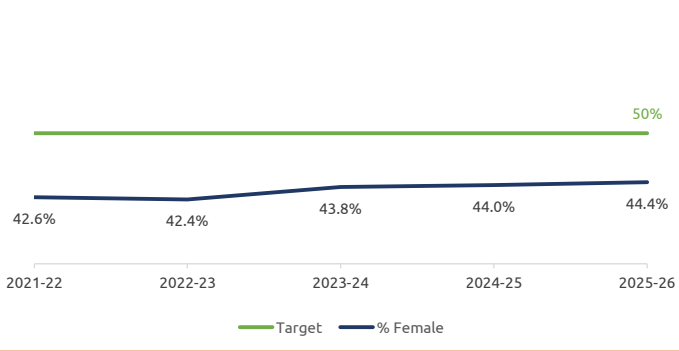
Proportion of International - Overall



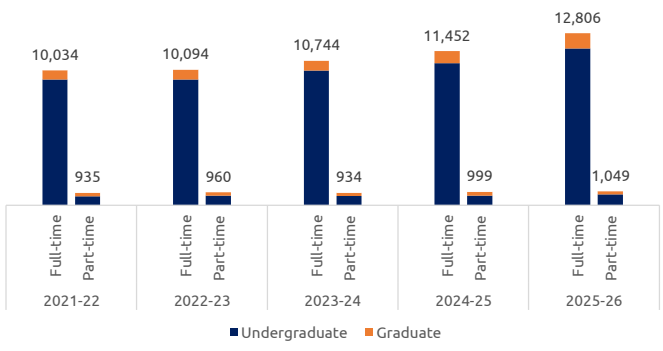
Student Mix by Gender



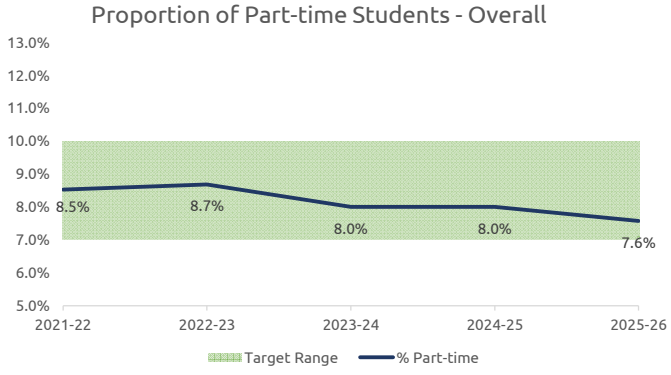
Proportion of Female Students - Overall



Student Mix by Status



Proportion of Part-time Students - Overall



Ontario Tech University Metrics

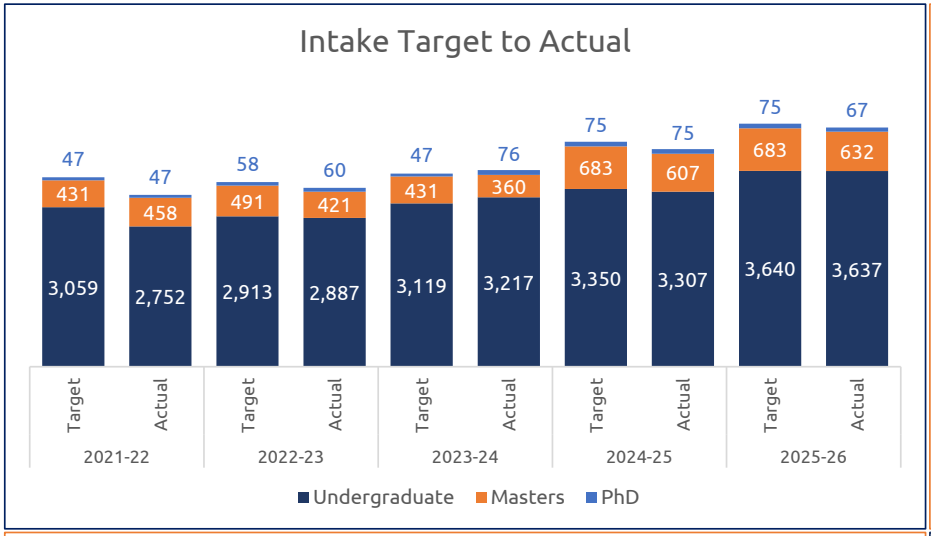
Return to Metrics Listing

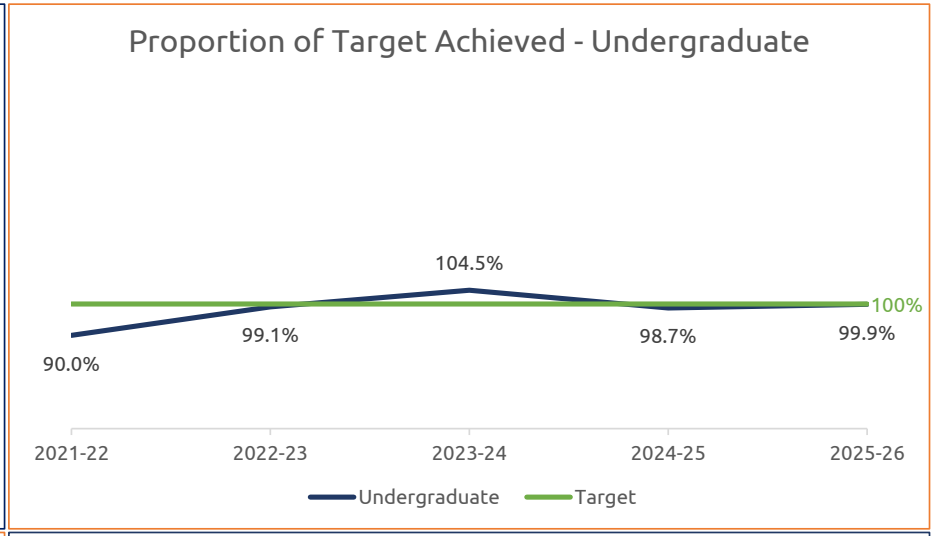
Metric: **Intake Enrolment Targets to Actual**

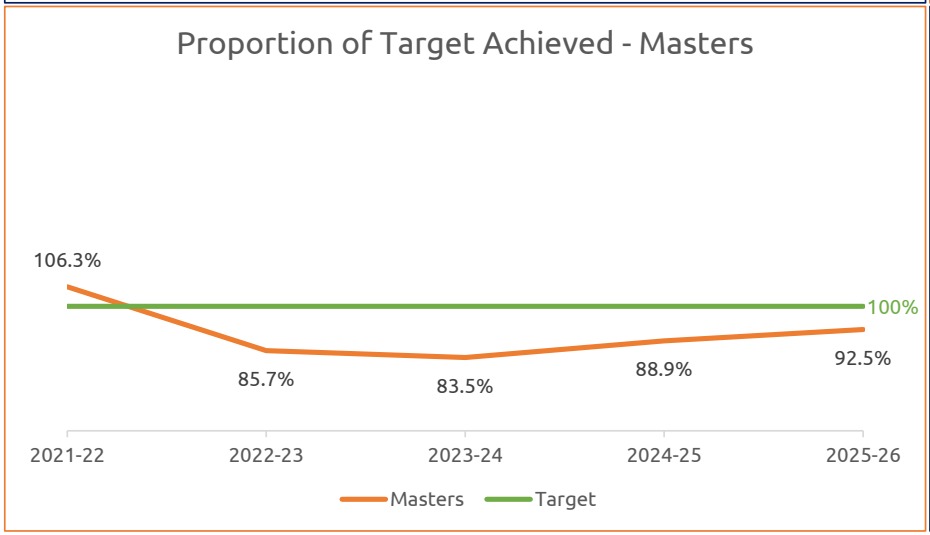
Definition: Comparison of the established Day 10 Intake Enrolment Targets with the Day 10 Actual Enrolment, presenting the proportion of target achieved for Undergraduate, Masters, and PhD enrolment.

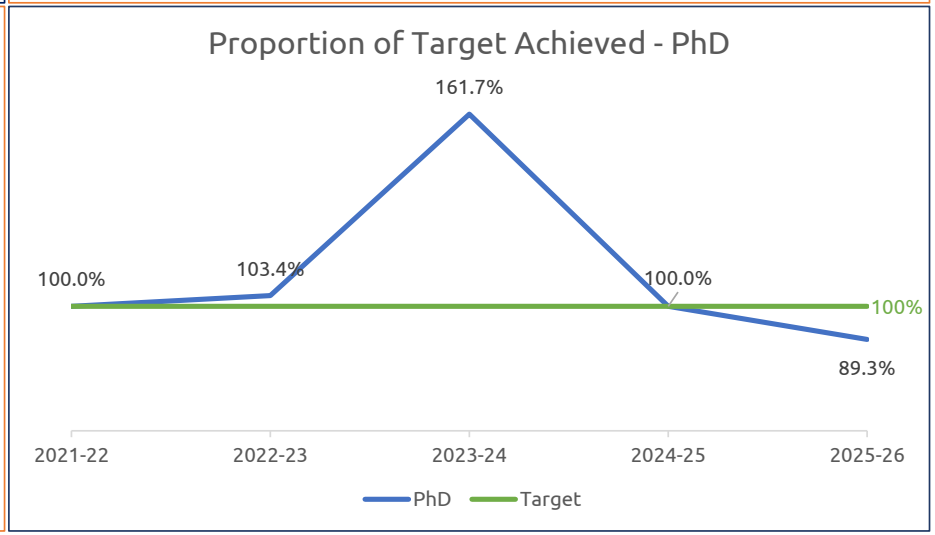
Data Source: Enrolment Targets, and Day 10 Enrolment Reports (UG: Fall, GR: Annual).

Target: 100% of Enrolment Targets Achieved









Ontario Tech University Metrics

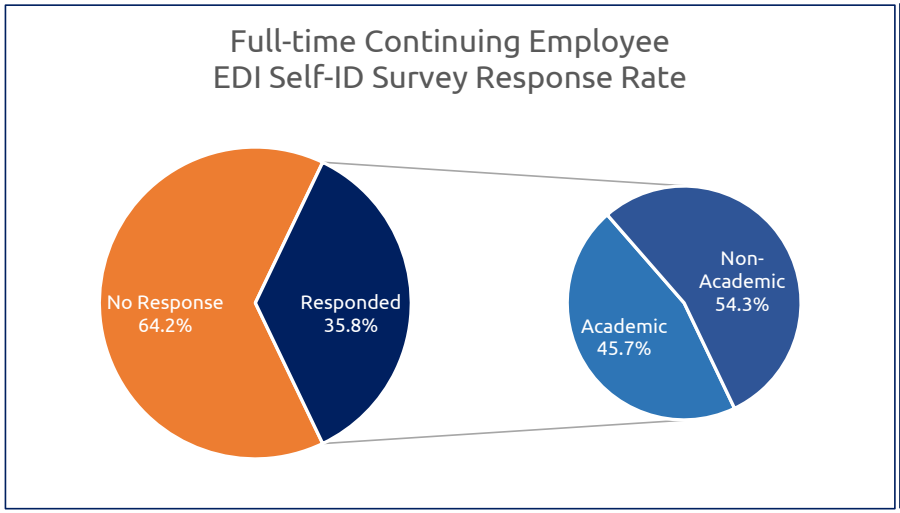
Return to Metrics Listing

Metric: **Demographics of our Community**

Definition: Response rates to internal EDI Self-ID Survey, from active Graduate and Undergraduate Students (as of Official Fall Count Date, November 1), and active Full-time Continuing and Limited-Term academic and non-academic employees (as of Official Count Date, October 1) .

Data Source: EDI Self-ID Survey Data (internal)

Target: 30% or higher response rate per campus population (reporting thereshold)



Report shows response rates to EDI Self-ID Survey from active Full-time Continuing academic and non-academic employees. The data presented covers all currently available data. However, it only includes responses from employees who were active on the 2025-2026 official count date (October 1, 2025).

Response rates for students and limited term employees (academic and non-academic) continue to not meet the target threshold of 30% required to reporting. Currently, 5.56% of limited term employees have submitted survey responses. On-going communication efforts saw a small increase in survey participation amongst the student population, bringing the overall student response rate to 4.32%.

The EDI working group continues to explore options to encourage greater survey participation across the campus community.

Ontario Tech University Metrics

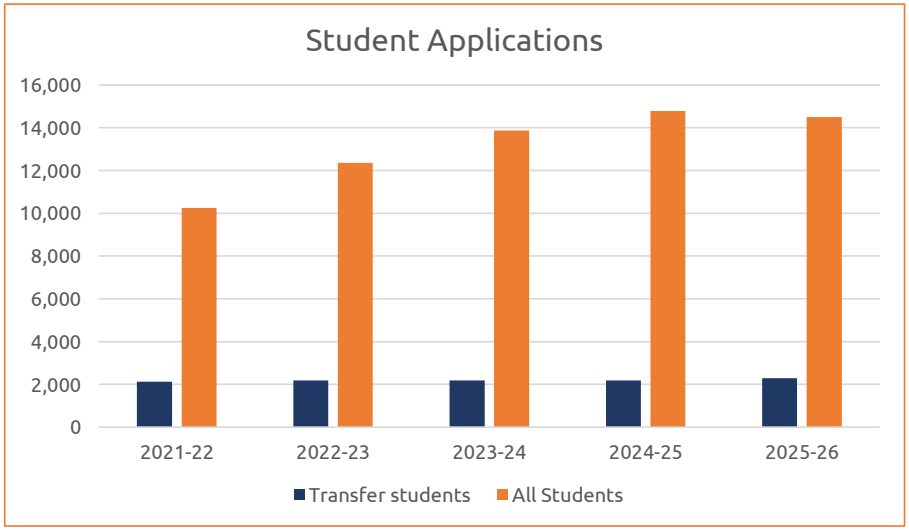
Return to Metrics Listing

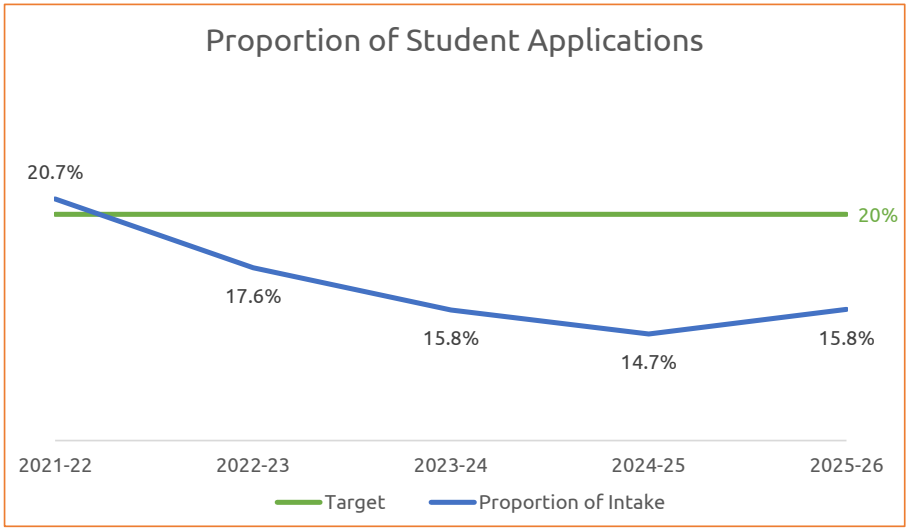
Metric: **Transfer students from college and university**

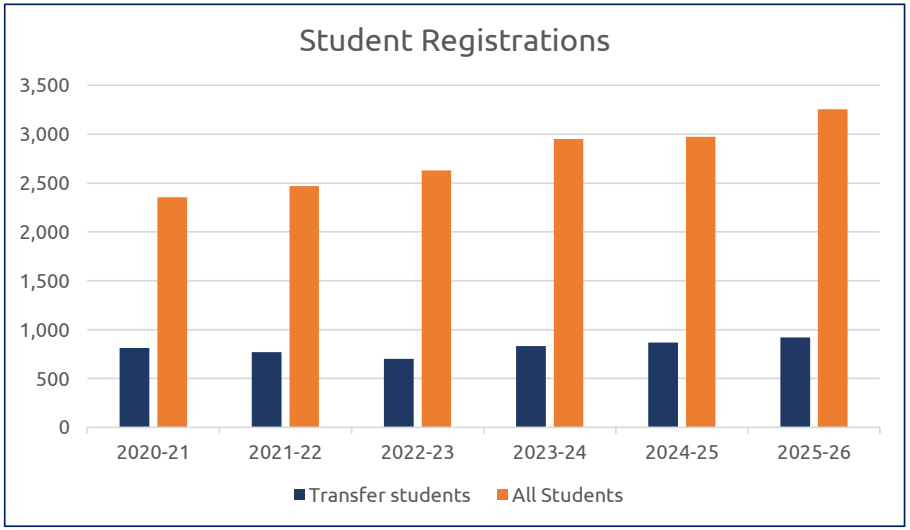
Definition: Number and proportion of UG transfer student applicants (from either another university or college) to overall new UG applicants.
Number and proportion of UG transfer student registrants (from either another university or college) to overall UG registrants.

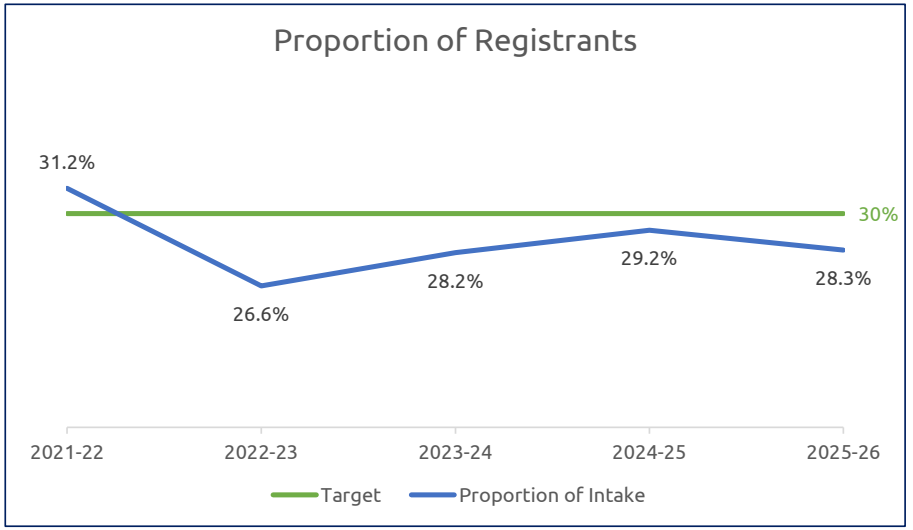
Data Source: Day 10 Applicant Tracking Report and Official Fall USER report

Target: Maintain 20% of applications and 30% of registrations









Ontario Tech University Metrics

Return to Metrics Listing

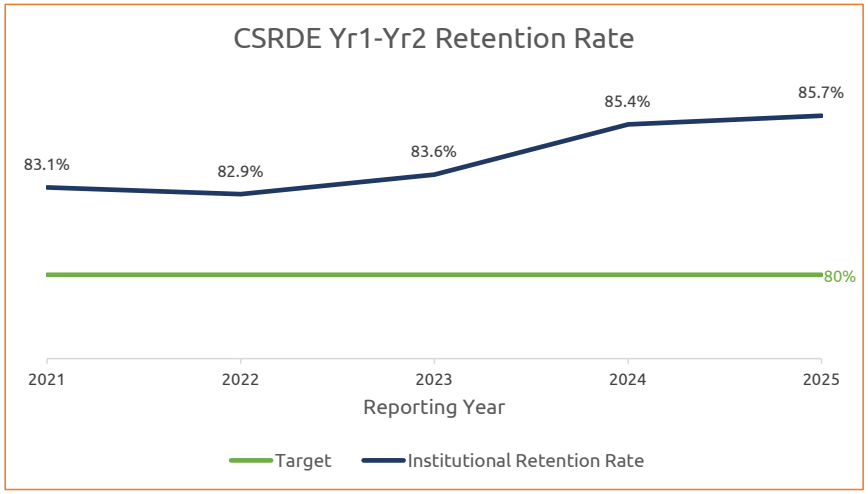
Metric: **Student Retention Rates**

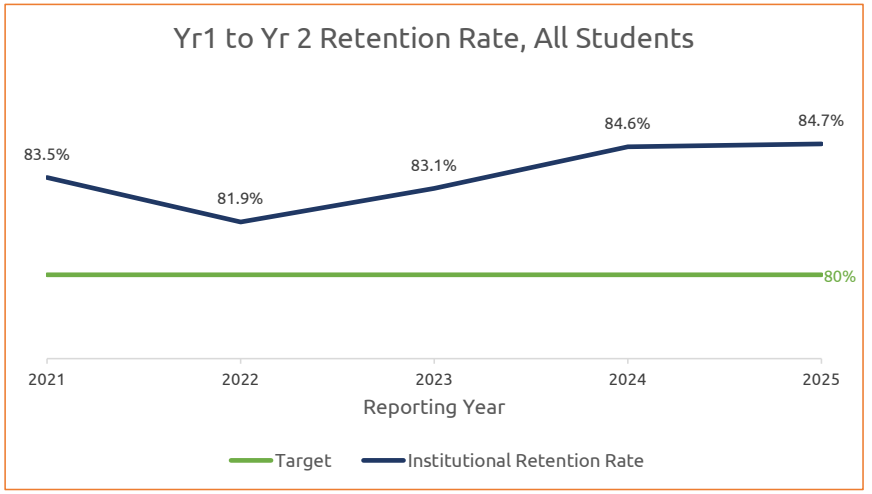
Definition: Percentage of students who study in a given Fall term and have continued to study at the same institution in the next Fall term.

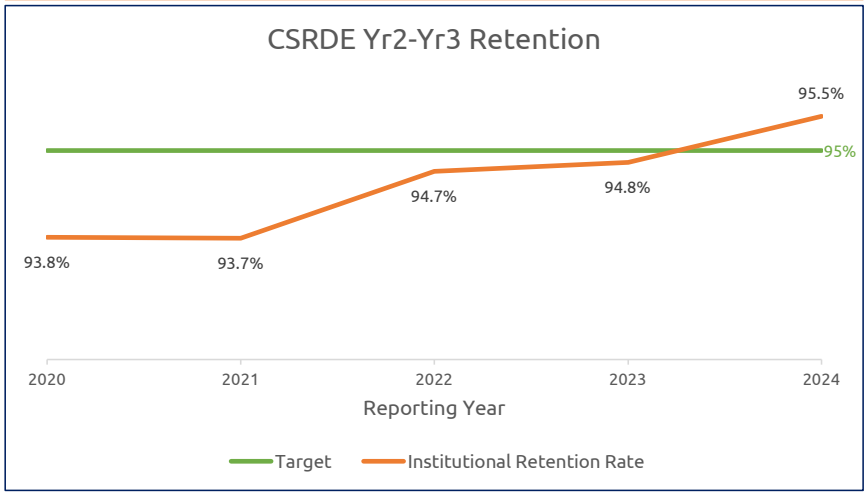
- CSRDE Year 1 to Year 2 Retention rates are based on first-time, full-time undergraduate students who commenced studies in the previous year and have continued to study at the same institution in the reporting year.
- All Year 1 to Year 2 Retention rates are based on all incoming Year 1 students who commenced studies in the previous year and have continued to study in the same institution in the reporting year.
- Applicable methodology applied to Year 2 to Year 3 Retention rates.

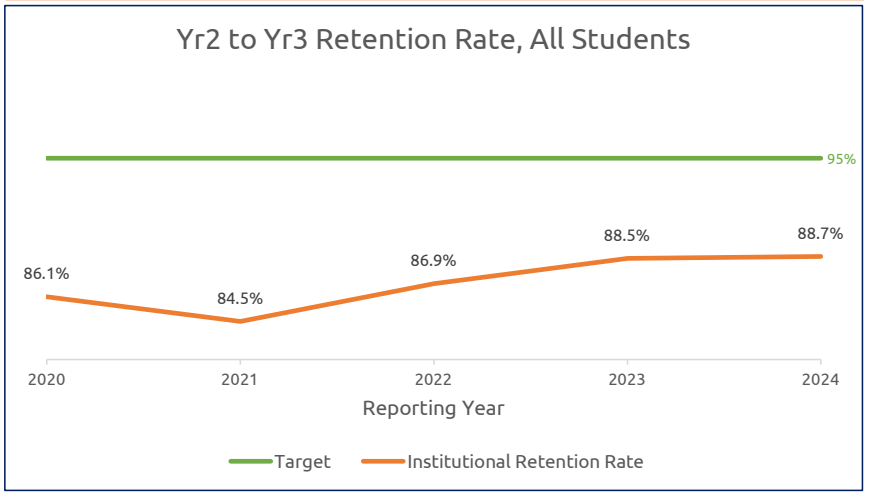
Data Source: Official Fall USER Reports

Target: CSRDE Year 1 to Year 2 Retention Rate: 80% or above
CSRDE Year 2 to Year 3 Retention Rate: 95%









Ontario Tech University Metrics

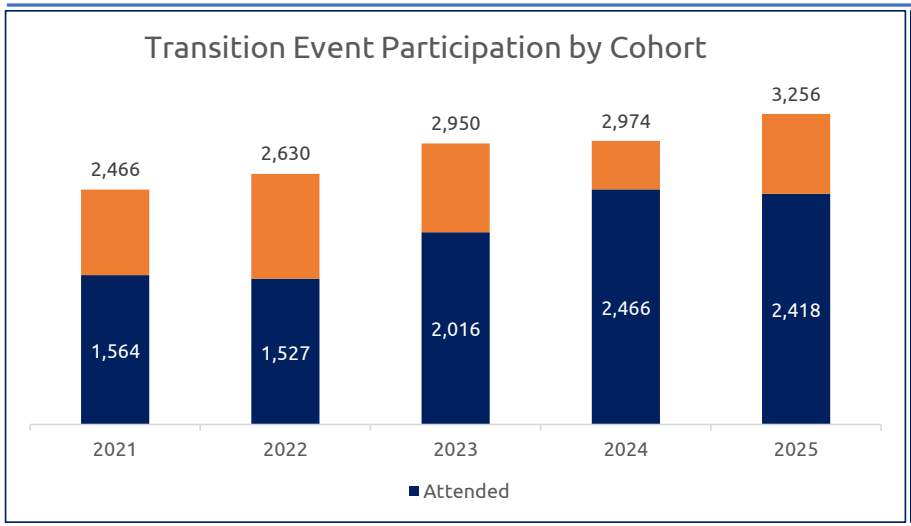
Return to Metrics Listing

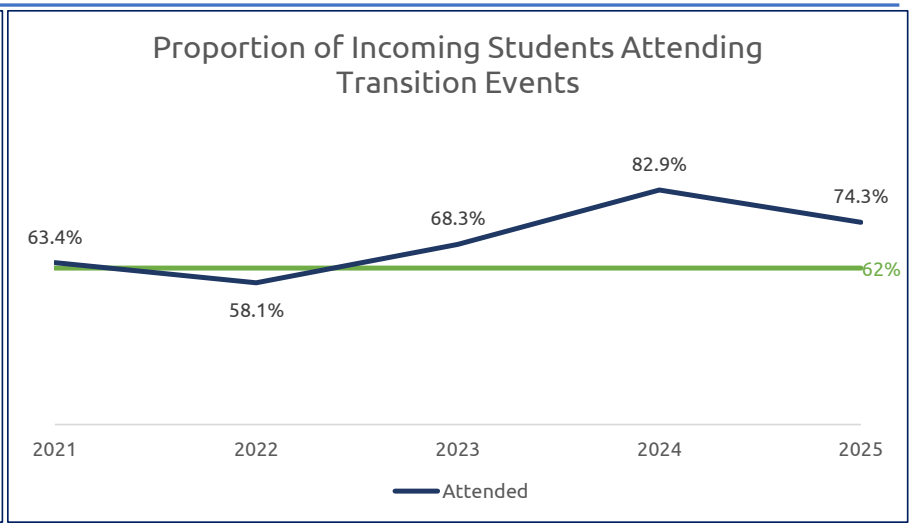
Metric: **Participation in New Student Transition Events**

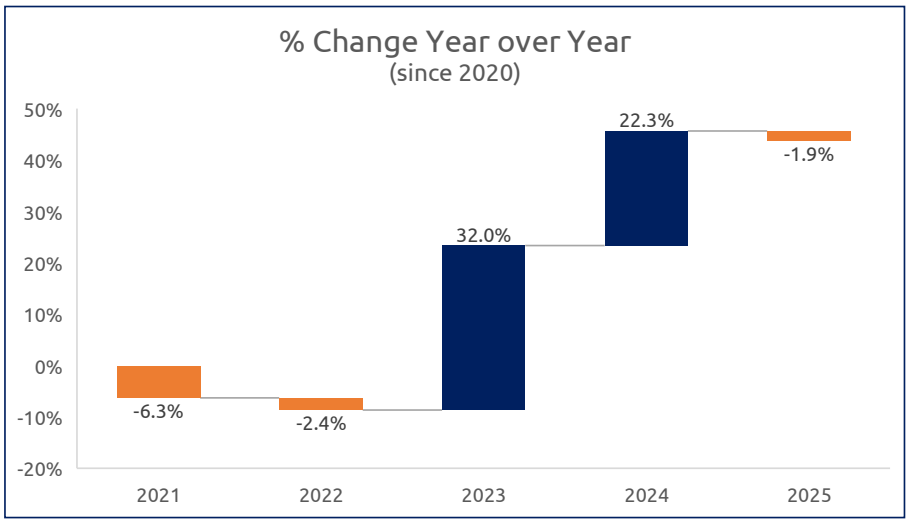
Definition: Distinct count and proportion of incoming UG students who attended one or more Transition Events (include Ridgeback Orientation,Get Ready Workshops, & Ridgeback Ramp Up)

Data Source: Students Life event attendence tracking reports, and overall new UG student counts (Fall USER)

Target: Proportion of Incoming Students (cohort) attending one or more Transition Events: 62% or above







Ridgeback Ramp Up is a series of online modules and live workshops that provide new students with a head start (both academically and an orientation to services and supports) in their university career. The program is offered throughout July and August to help students prepare for classes in September.

Ridgeback Orientation is the university's largest transition program specifically geared toward in-coming students. Orientation events take place before classes start in both the fall and winter terms, and serves as an opportunity for students to connect with other new students, get familiar with their academic program, and get to know their way around campus. Scheduled activities provide fun and exciting opportunities for all incoming students to learn about the university's vibrant campus culture.

Get Ready Workshops are quick reviews sessions offered in the first six week of the Fall semester and are designed to help students succeed in fundamental first-year course work. Students have the opportunity to ask questions and review foundational concepts, as well as review the academic expectations they need to thrive in their first year of study.

Ontario Tech University Metrics

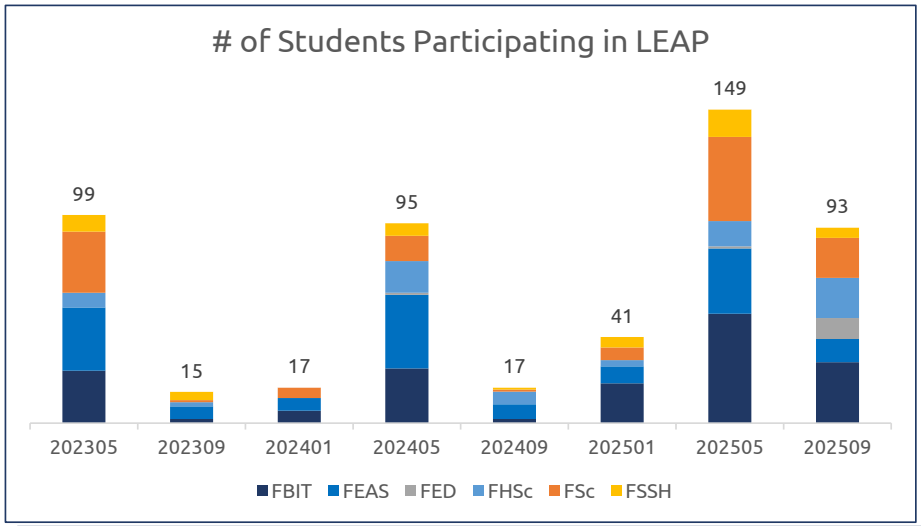
Return to Metrics Listing

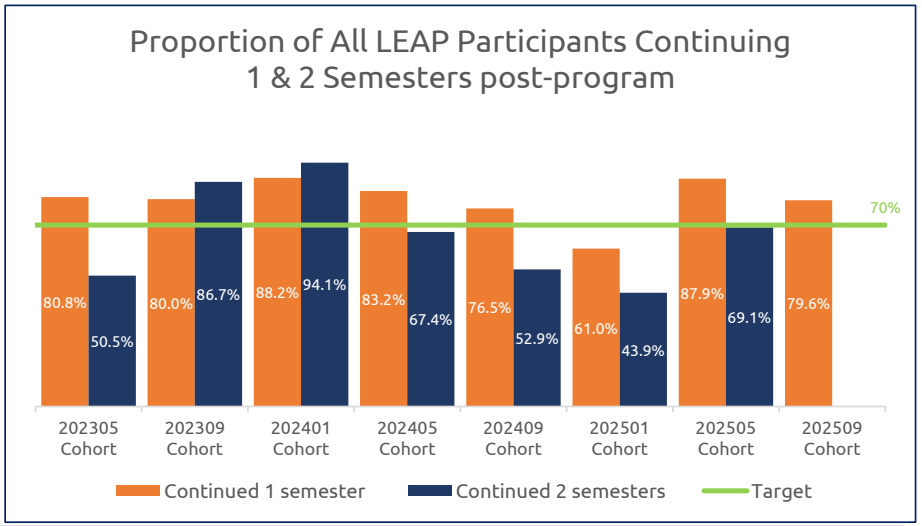
Metric: **LEAP participation**

Definition: Post-program continuation of students who participated in and completed the LEAP program (count and proportion) term over term (one and two terms after program participation).

Data Source: LEAP course registration/grades and Annual USER data

Target: Proportion of participating cohort continuing post-program: 70%





The Learner Engagement Academic Program (LEAP) aims to provide students with the tools needed to support a successful transition into the university community and beyond. While all Ontario Tech students can benefit from taking LEAP 1001U, the program is specifically recommended for first-year students and/or students on academic probation. In certain circumstances, LEAP 1001U may be required for academic continuation, including for students facing academic suspension who wish to reduce the length of their suspension to a single term, as well as for students whose academic appeal conditions include successful completion of the program.

LEAP 1001U is a highly interactive, in-person course offered during the regular 12-week semester. Combining the innovative principles of *Designing Your Life by Burnett and Evans* (2016) with Covey's *The 7 Habits of Highly Effective People* (2019), the course has been specifically designed to help students develop a variety of academic and life-management skills. Students who successfully complete LEAP 1001U will be able to apply design-thinking processes, create frameworks for personal, career, and academic development, and develop a series of personally relevant tools that can be used to overcome barriers.

Note: As of Spring 2025, LEAP 1001U has been offered as a for-credit course.

Ontario Tech University Metrics

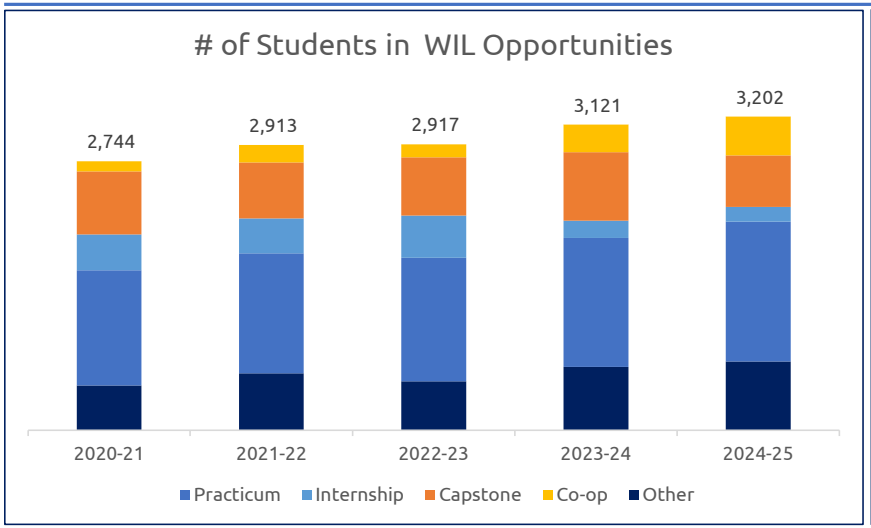
Return to Metrics Listing

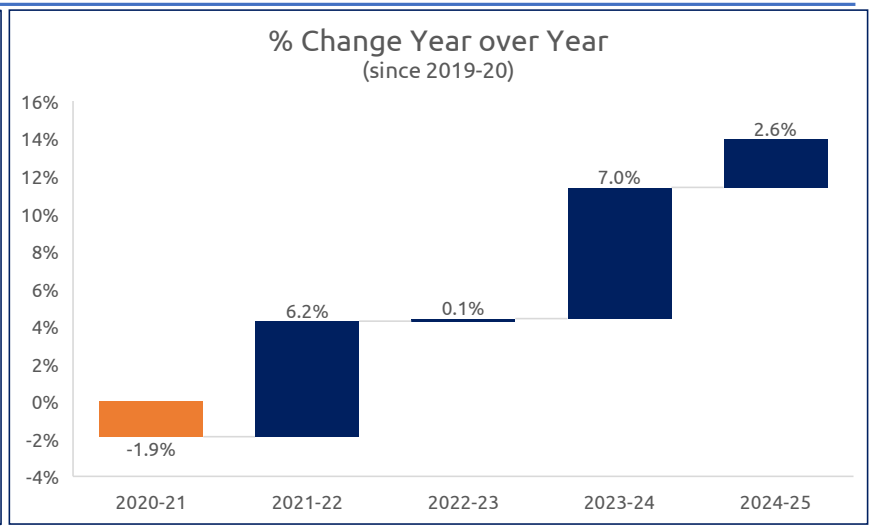
Metric: **Student Participation in Working Intergated Learning (WIL) opportunities.**

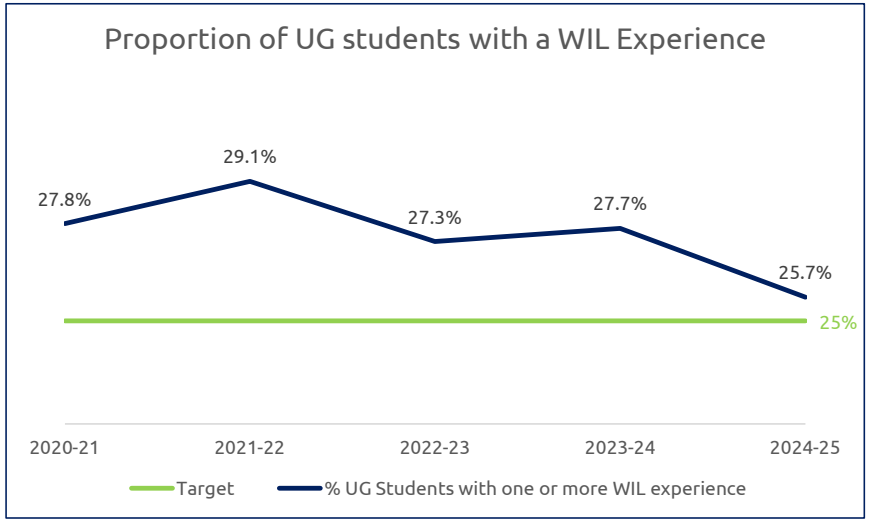
Definition: Distinct Count and Proportion of undergraduate students enrolled in one or more WIL opportunity including, but not limited to, the traditional experiences of Co-operative Education, Internships, Practicums, and Capstone Projects, reported for the Ministry Reporting year.

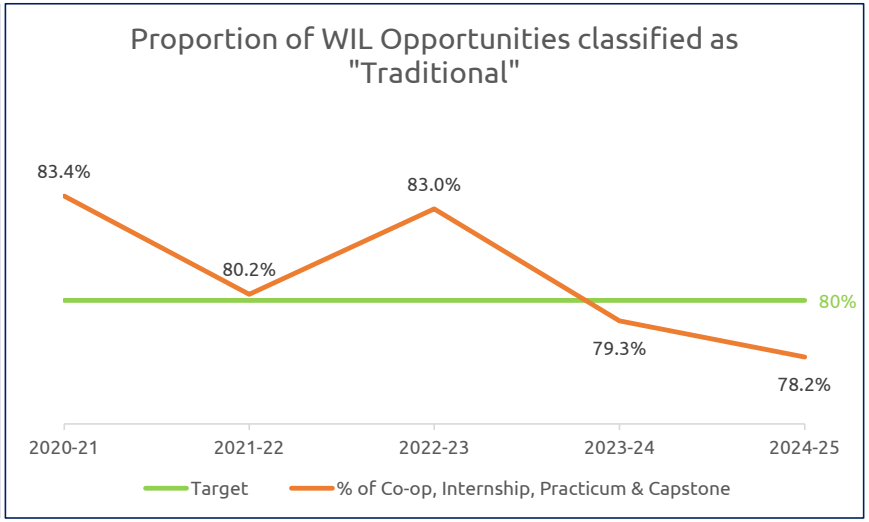
Data Source: Experiential Learning Database housed in the Office of Institutional Research and Analysis (OIRA).

Target: Proportion of Undergraduate Students participating in at least one WIL opportunity: 25% or higher
Proportion of all WIL opportunities classified as a "Traditional WIL experience"(Co-op, Internship, Practicum, and Capstone): 80%









Ontario Tech University Metrics

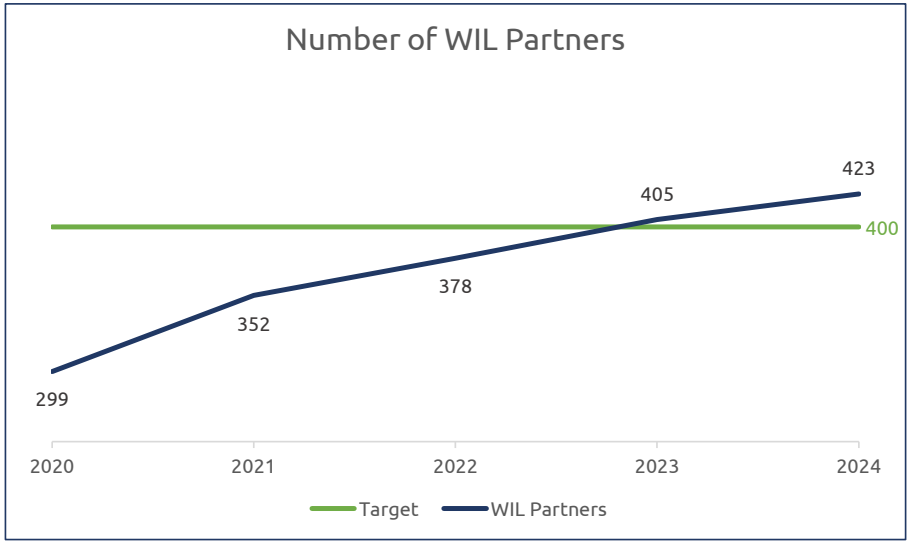
Return to Metrics Listing

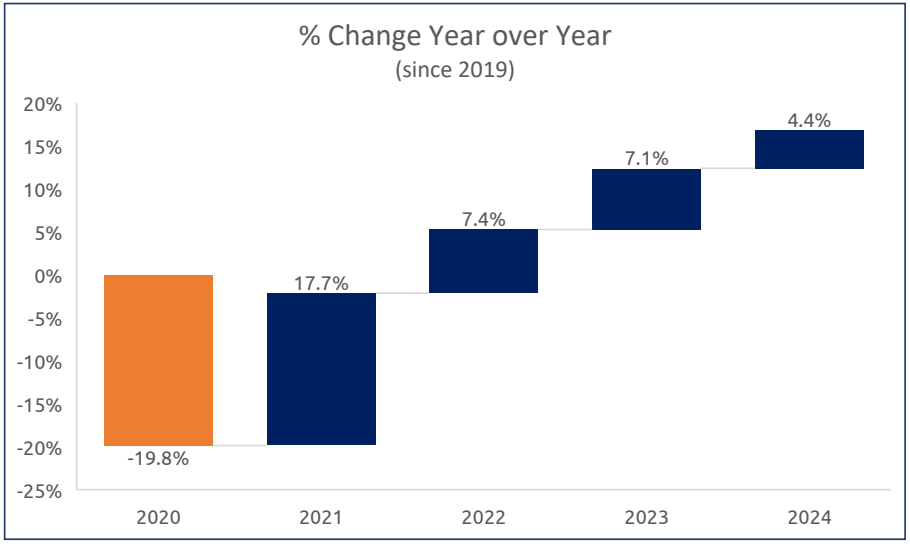
Metric: **Partnerships in support Work Integrated Learning**

Definition: Distinct Count of partners supporting Work Integrated Learning included, but not limited to, Co-operative Education, Practicums, Internships, and Capstone projects. Note: Partner may have more than one project supporting WIL opportunities recorded for the Ministry Reporting year.

Data Source: Experiential Learning Database housed in the Office of Institutional Research and Analysis (OIRA).

Target: Number of Partners supporting WIL: 400





Ontario Tech University Metrics

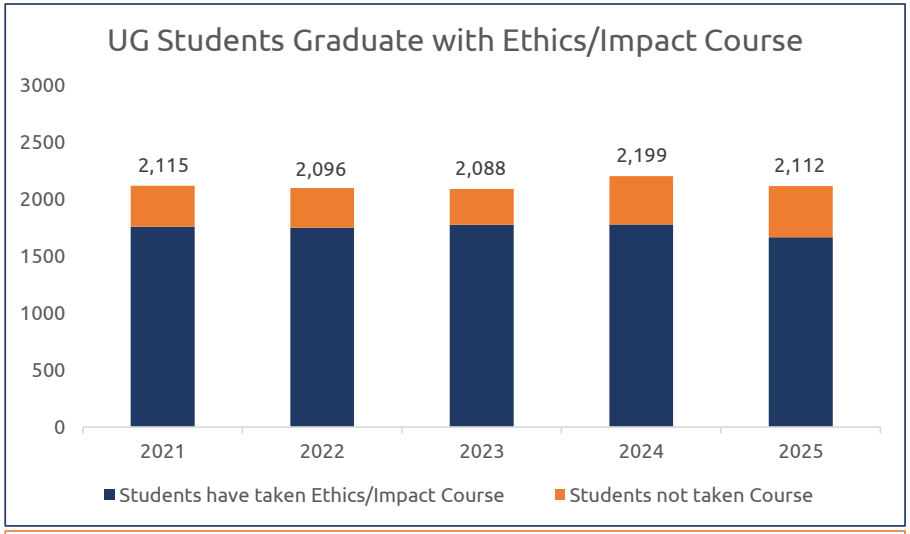
Return to Metrics Listing

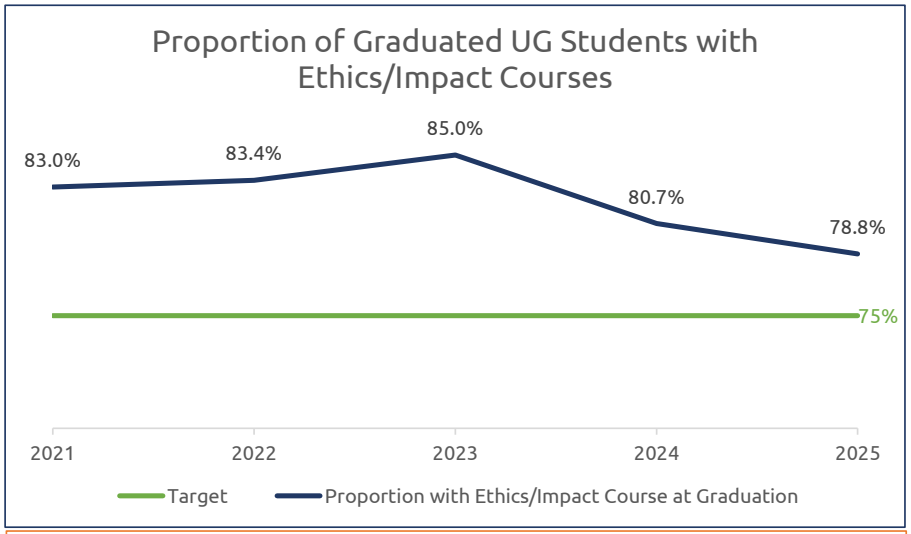
Metric: **Students graduating with a course on Ethics or Impact**

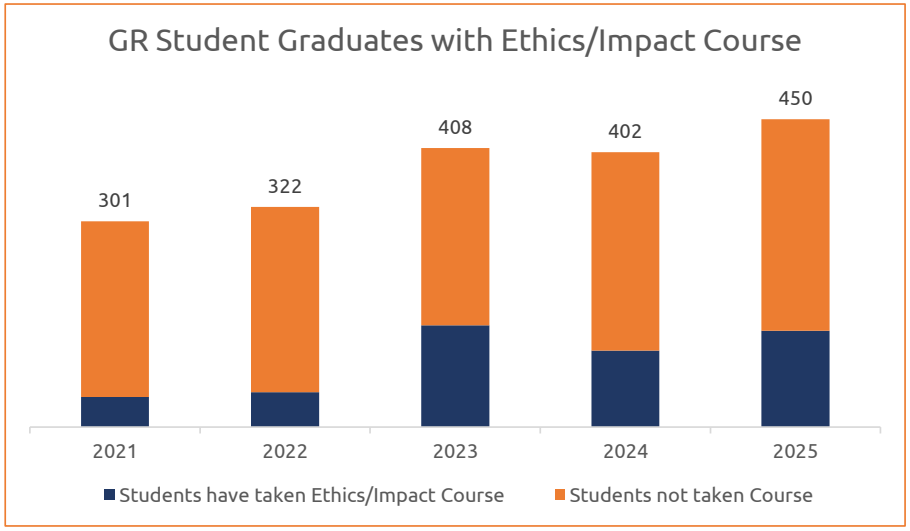
Definition: Count and proportion of students, at time of graduation, who have taken in a course that has an ethical or impact component listed (indicated in course title within the Academic Calendar).

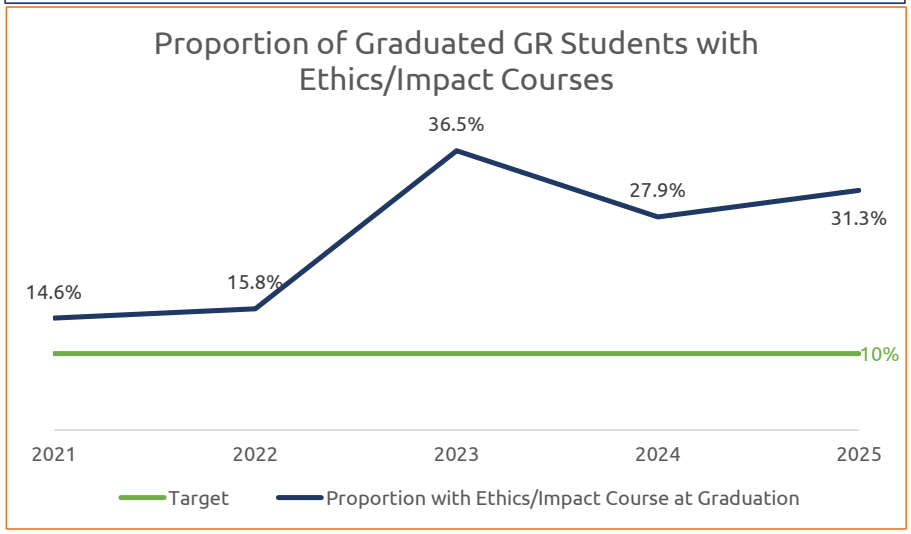
Data Source: Annual (Calendar Year) Graduation Census report, Student Registration Data Report

Target: Proportion of Undergraduate students graduating with at least one course with an Ethics or Impact component: 75%
Proportion of Graduate students graduating with at least one course with an Ethics or Impact component: 10%









Ontario Tech University Metrics

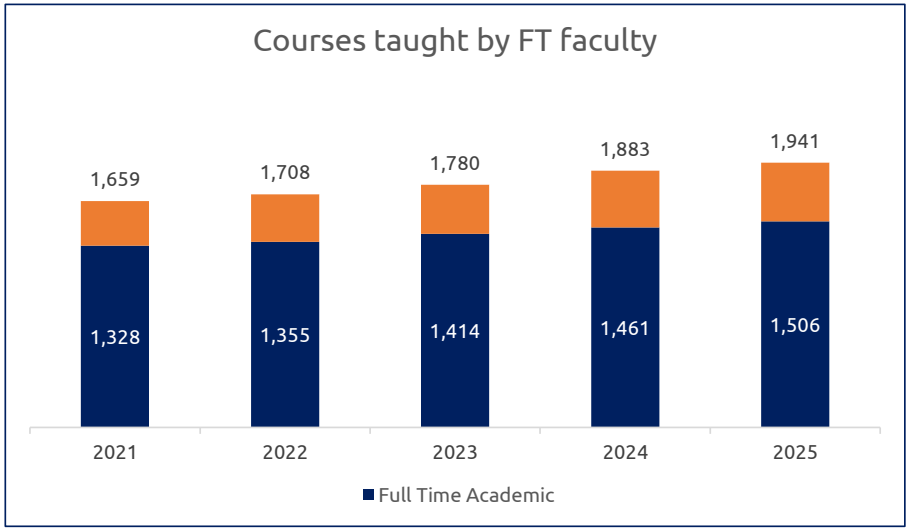
Return to Metrics Listing

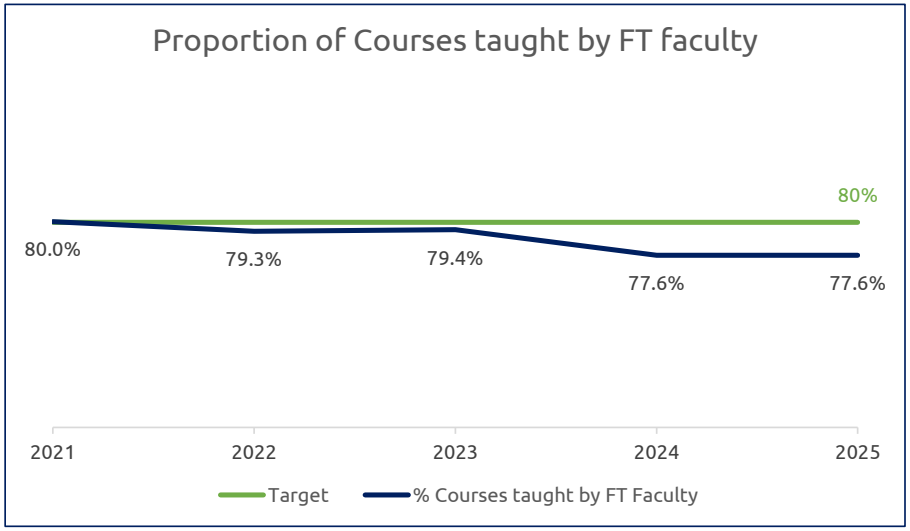
Metric: **Courses taught by Full-time faculty**

Definition: Count and proportion of courses (CRN with credit hour weighting) taught by FT faculty members (Includes TTT, TF and Limited Term Faculty Members), per Ministry Reporting year.

Data Source: Course data and enrolment reports

Draft Target: Proportion of Courses taught by FT faculty members: 80%



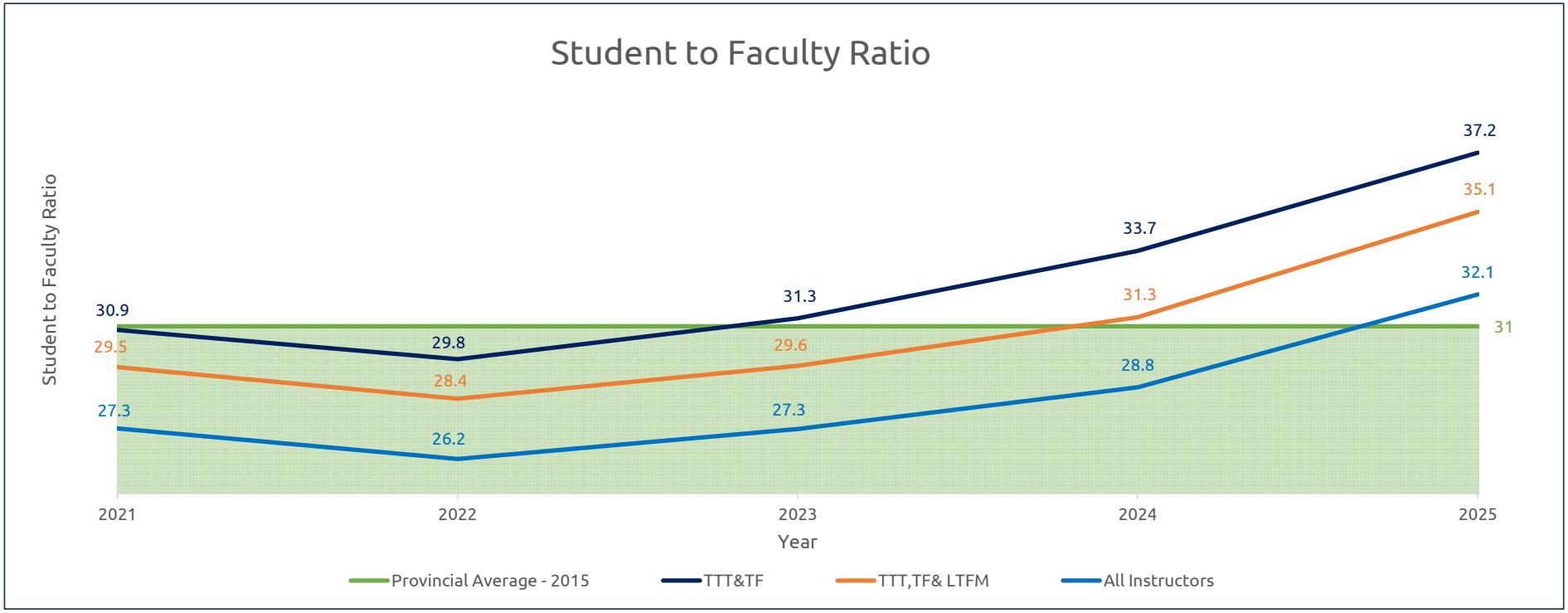


Ontario Tech University Metrics

Return to Metrics Listing

Metric: **Student: Faculty ratios**
Definition: The ratio of students taught to number of academic teaching staff (Measure of FTE to FTE).
Data Source: Annual USER data and Official Human Resources counts as of October 1st of each year.

Target: 31 to 1 or better (2015 Provincial Average)



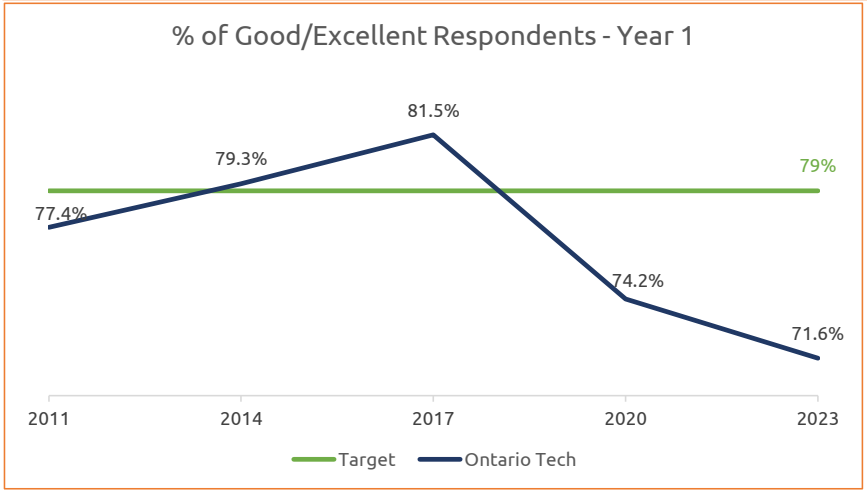
Ontario Tech University Metrics

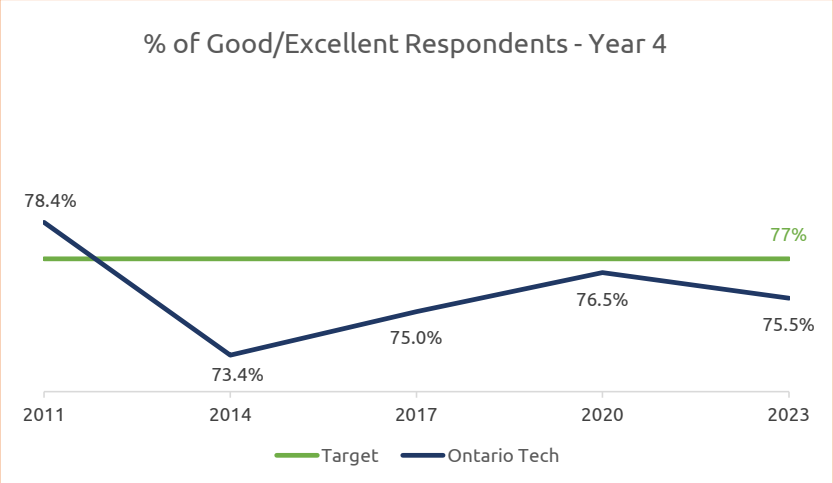
Return to Metrics Listing

Metric: **Overall Student Satisfaction**
Definition: Reponse to NSSE questions on entire educational experience (% "good" or excellent" respondents) at Year 1 and Year 4
Data Source: National Survey of Student Engagement (NSSE); administered every 3 years to Year 1 and 4 Undergraduate students

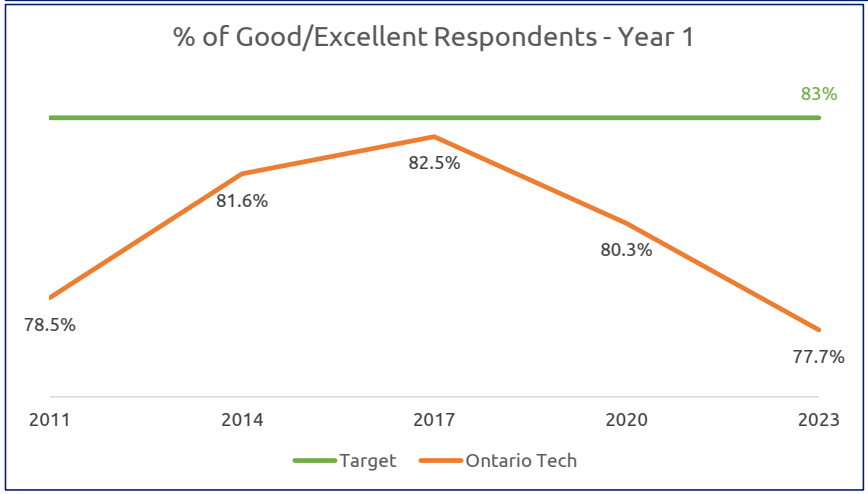
Target: Question 1 - Year 1: 79%, Year 4: 77%
Question 2 - Year 1: 83%, Year 4: 76% (based on Provincial Averages)

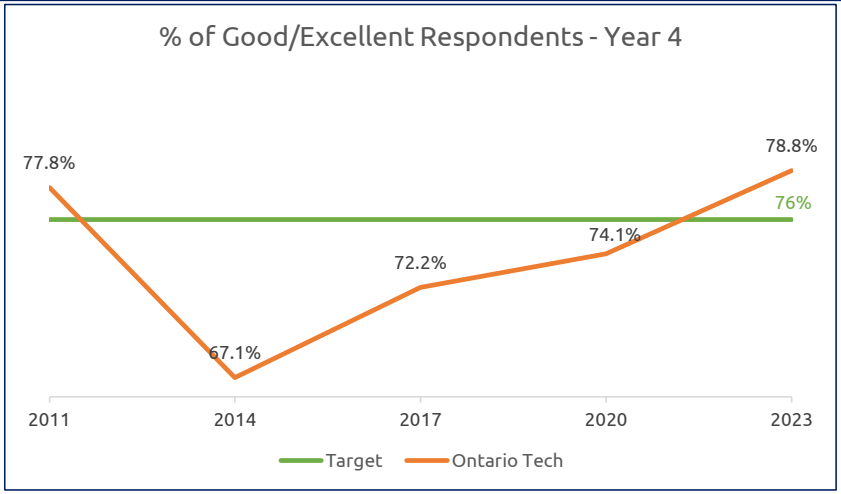
Question: How would you evaluate your entire educational experience at this institution?





Question: If you could start over again, would you go to the same institution you are now attending?



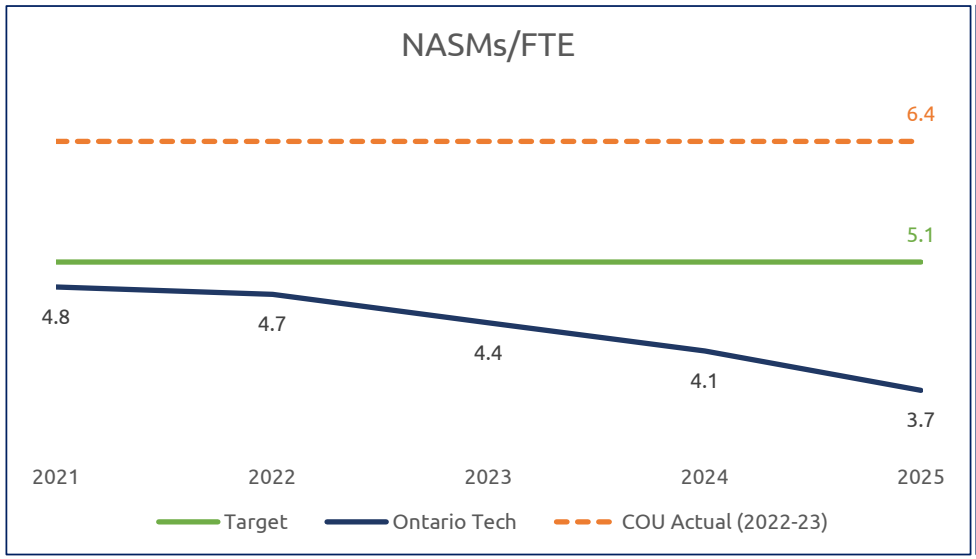


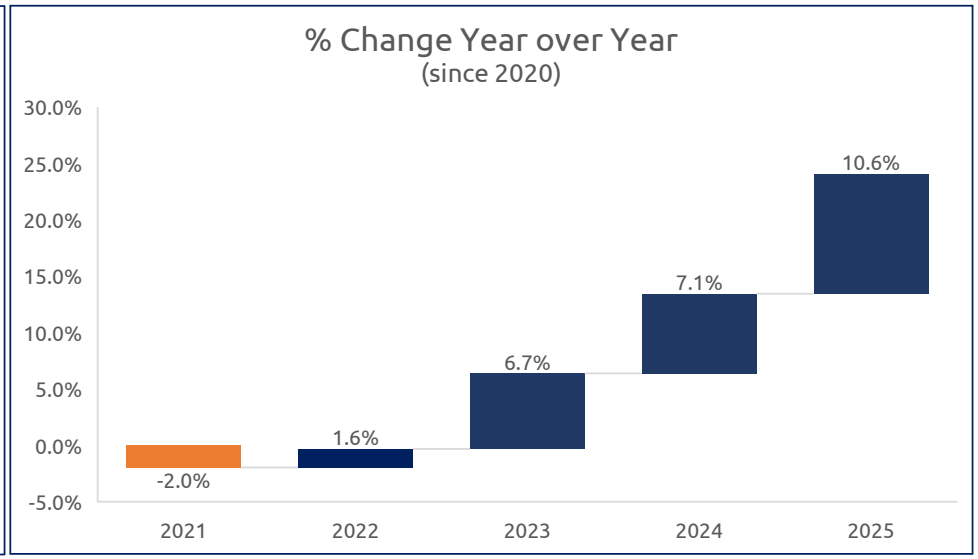
Ontario Tech University Metrics

Return to Metrics Listing

Metric: **NASM/FTE ratio in instructional categories**
Definition: Ratio of Net Assignable Square Meters (NASM) of instructional space to Overall Student FTEs (COU methodology used)
Data Source: Official space database (OCIS), Annual USER data

Target: Ontario Tech Internal Target of 5.1





Ontario Tech University Metrics

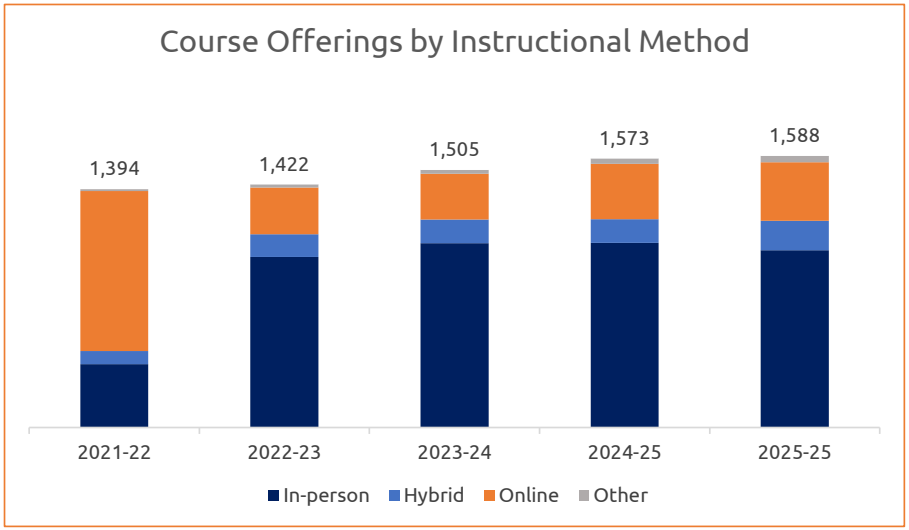
Return to Metrics Listing

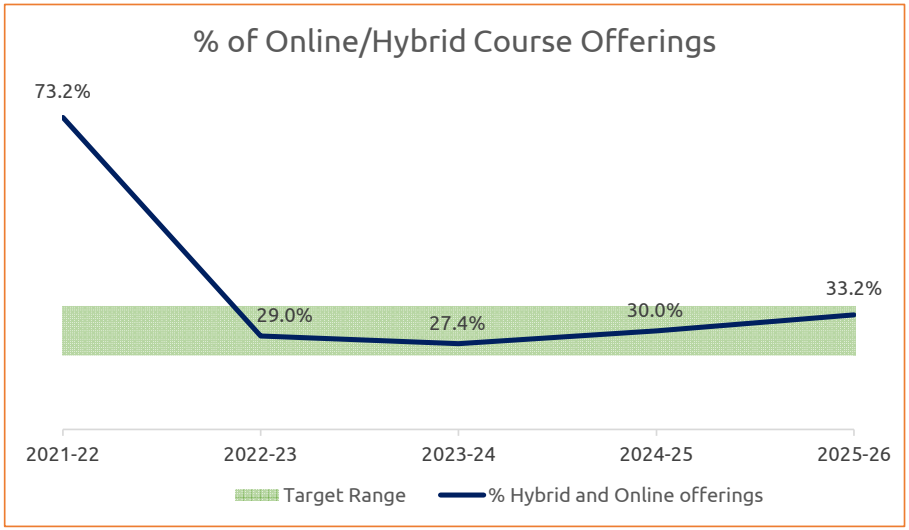
Metric: **Flexible course formats offered (online or hybrid)**

Definition: Count of In-person, Hybrid, Online, and Other undergraduate course offerings (*Other includes "Offsite, Independent Study, N/A"). Proportion of undergraduate e-learning course offerings (hybrid/online).

Data Source: Official course scheduling and enrolment data (Ministry Reporting year)

Target: Proportion of online/hybrid undergraduate course offerings: between 25-35%



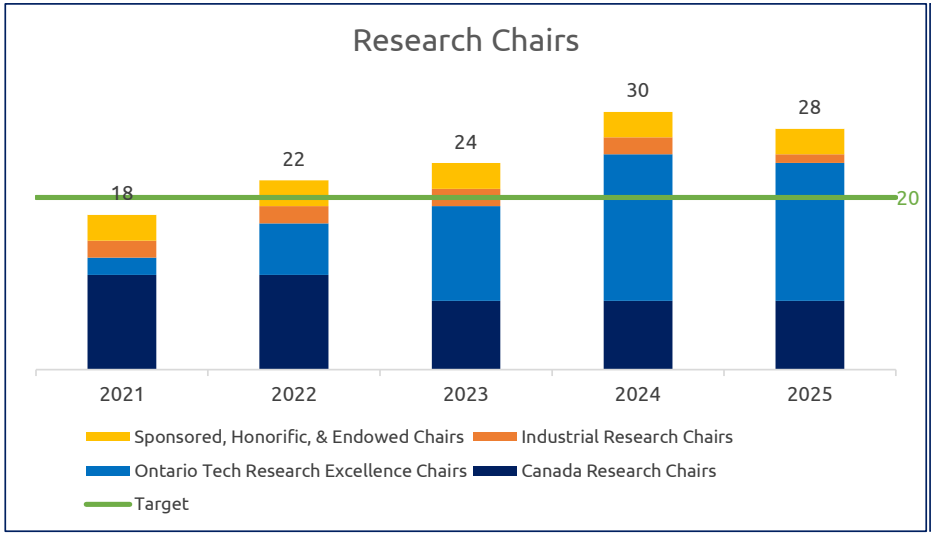


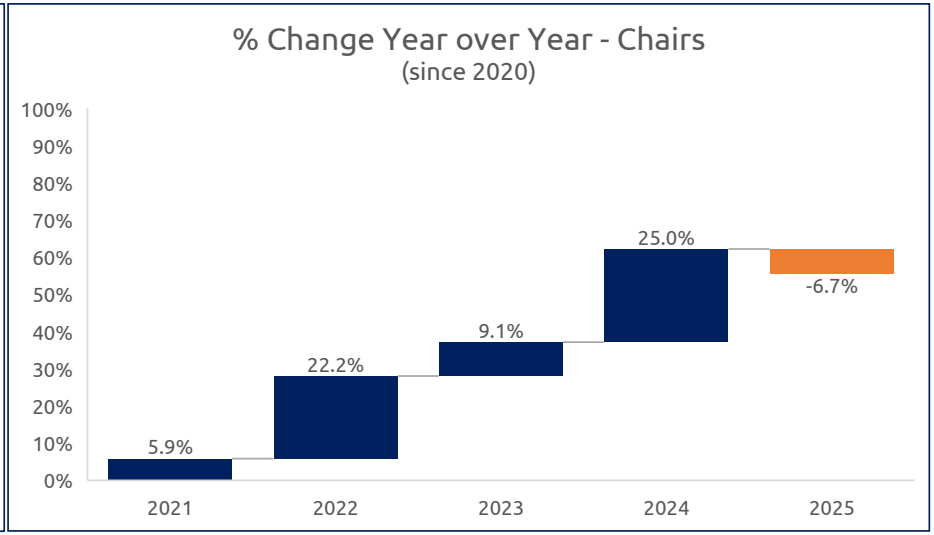
Ontario Tech University Metrics

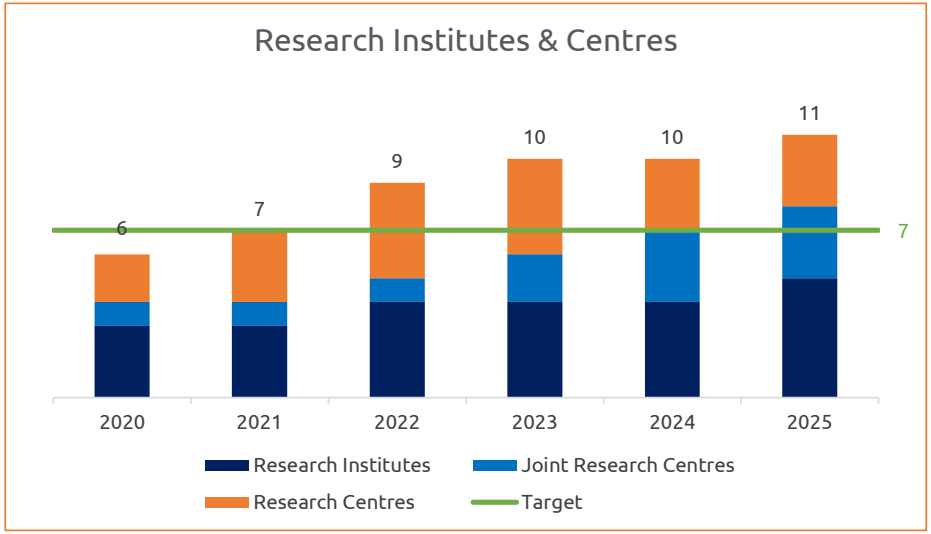
Return to Metrics Listing

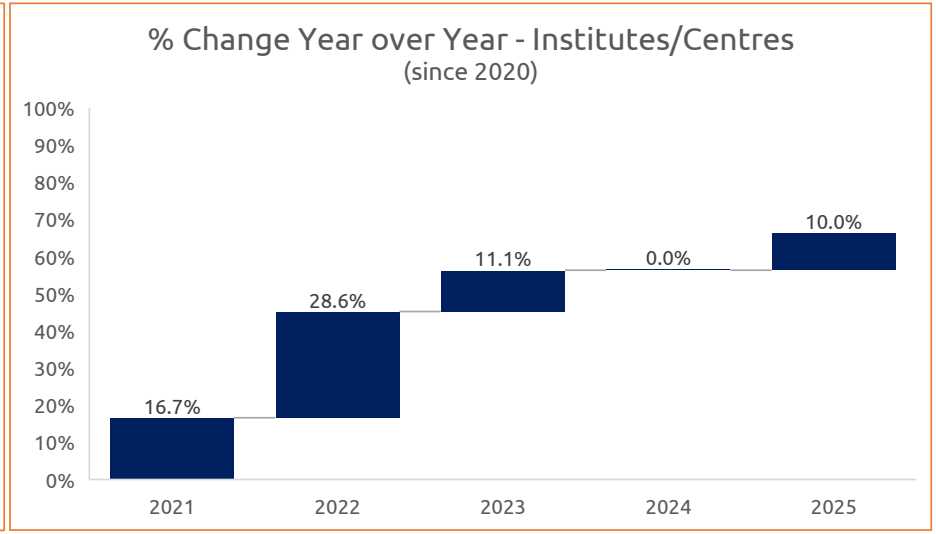
Metric: **Research Chairs & Institutes**
Definition: Count of Research Chairs, Institutes, and Centres, by year. Includes internal, CRC, and industry chairs.
Data Source: Office of Research Services

Draft Target: Count of Research Chairs: 20
Count of Research Institutes and Centres: 7









Ontario Tech University Metrics

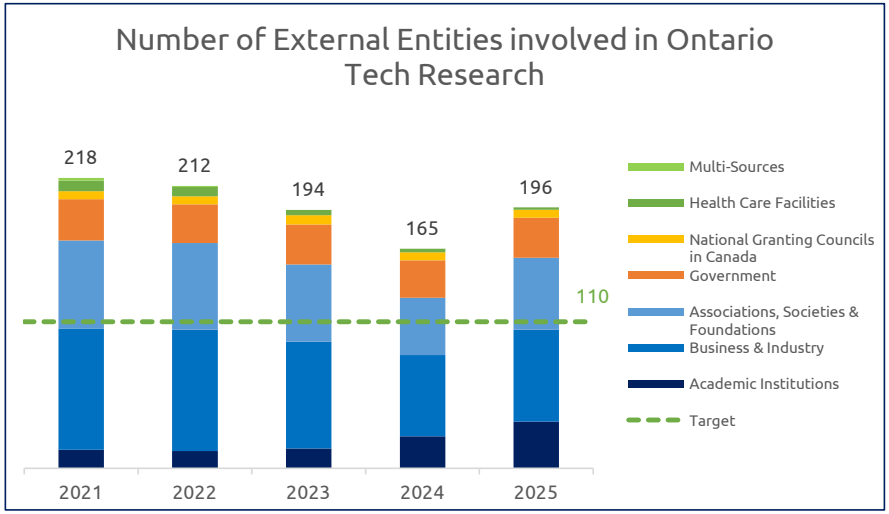
Return to Metrics Listing

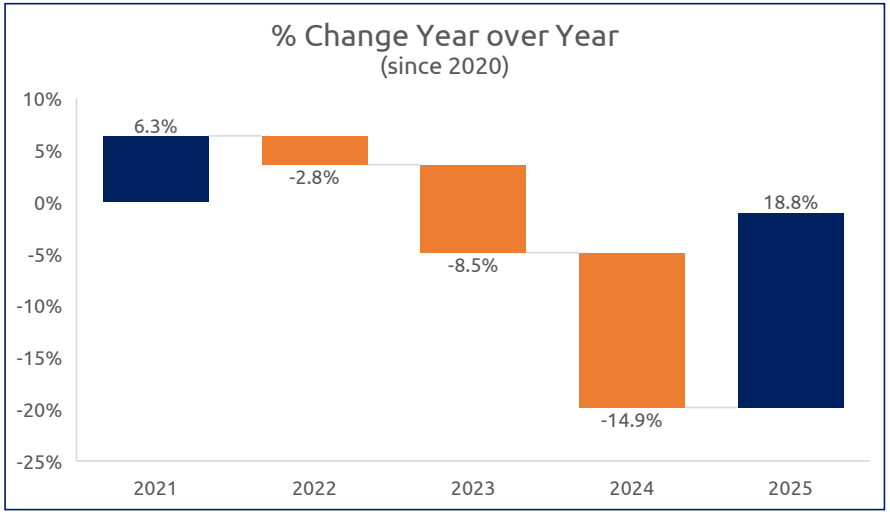
Metric: **Research Sponsorship**

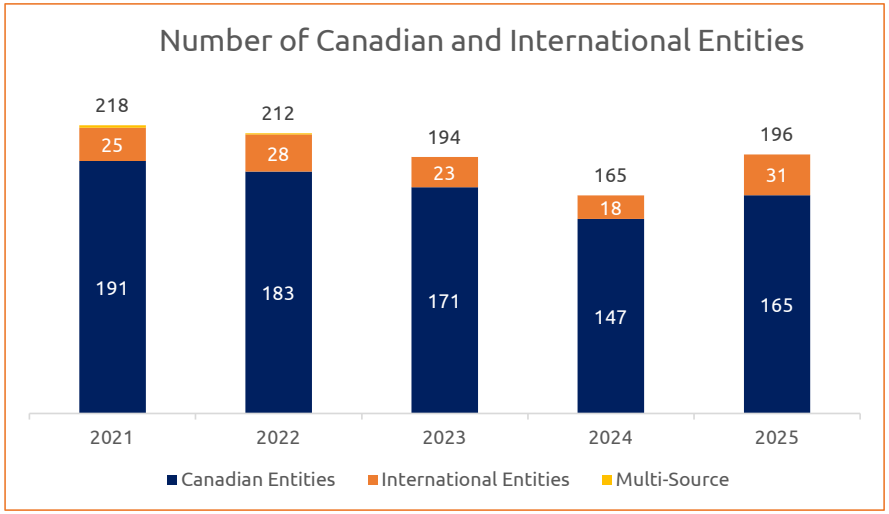
Definition: Count of external entities involved in sponsored research with Ontario Tech U. per fiscal year. Each entity is shown only once per year, regardless of how many projects they are involved in. However, an entity can be repeated in more than one fiscal year if they disbursed in more than one fiscal year.

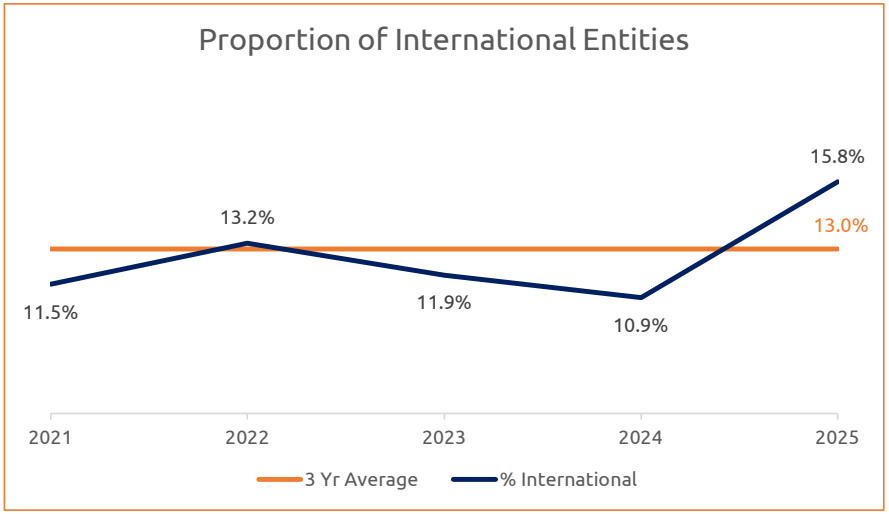
Data Source: Office of Research Services

Target: Number of external entities involved in sponsored research: 110









Ontario Tech University Metrics

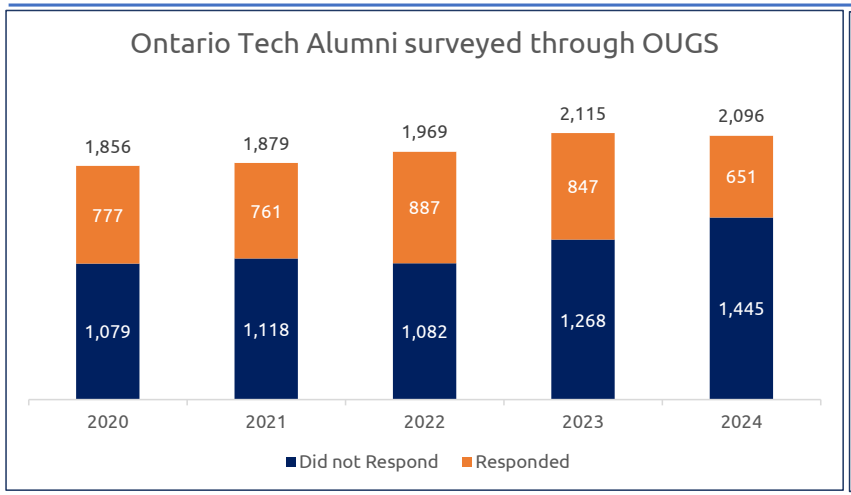
Return to Metrics Listing

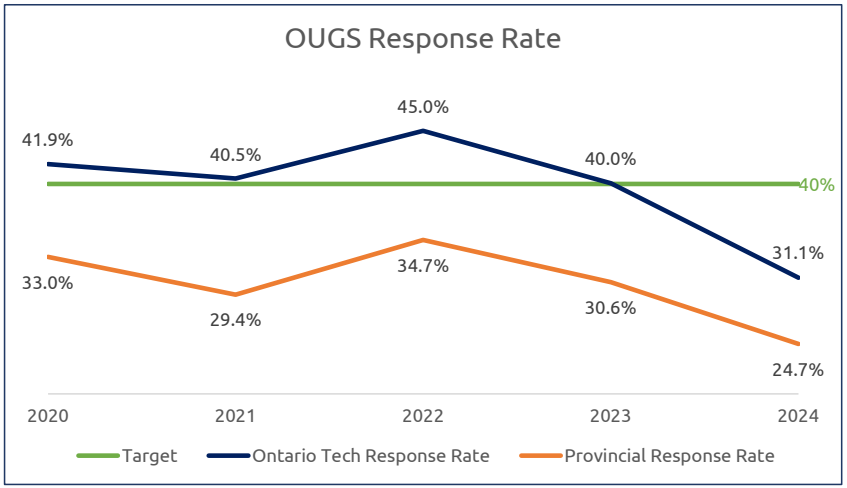
Metric: **Alumni Engagement**

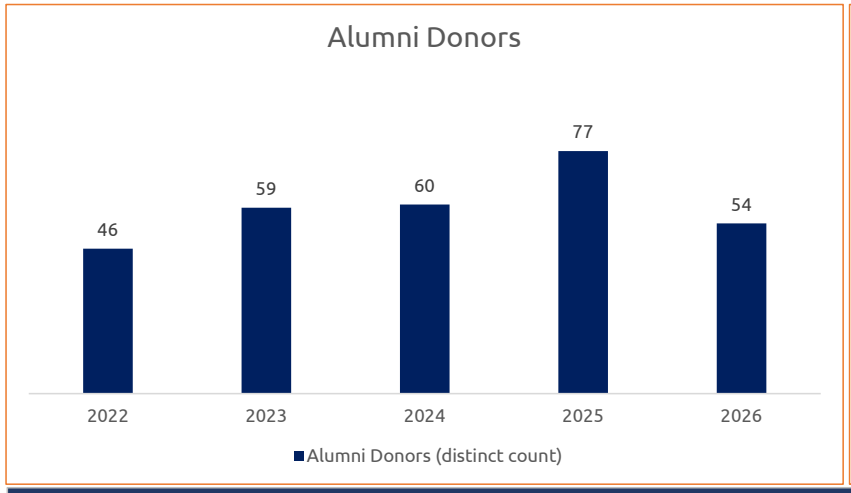
Definition: Proportion of eligible alumni who responded to Ontario University Graduate Survey (OUGS) (administered two years after graduating from an undergraduate or first professional degree program). Proportion of alumni donors per fiscal year (unique donors against rolling distinct count of total alumni).

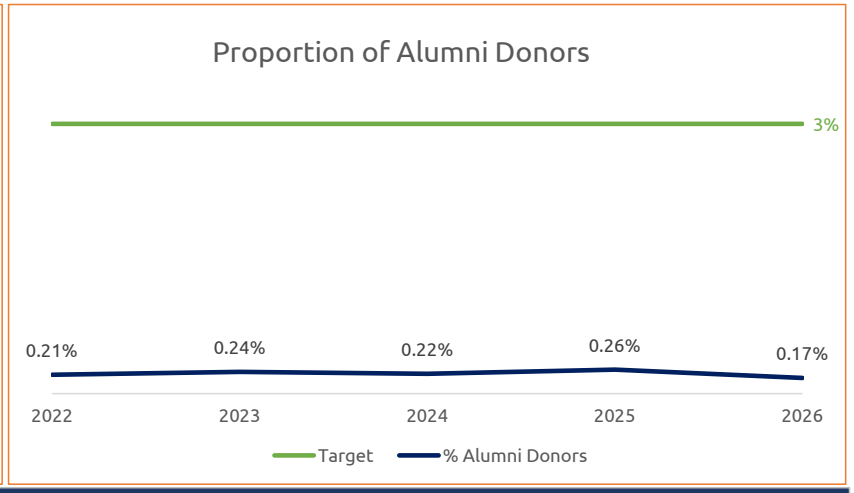
Data Source: OUGS survey response data, Student Graduation Reports, donor records maintained by the Advancement and Alumni Office

Target: Engagement rate on OUGS: 40%
Engagement rate on Alumni donors: 3%









While there was a decrease in unique alumni donors in 2025-26, the Advancement Office and Alumni Relations saw a 12.5% increase in overall philanthropic gifts from 2024-25, with more Ontario Tech Alumni opting for monthly pledges.

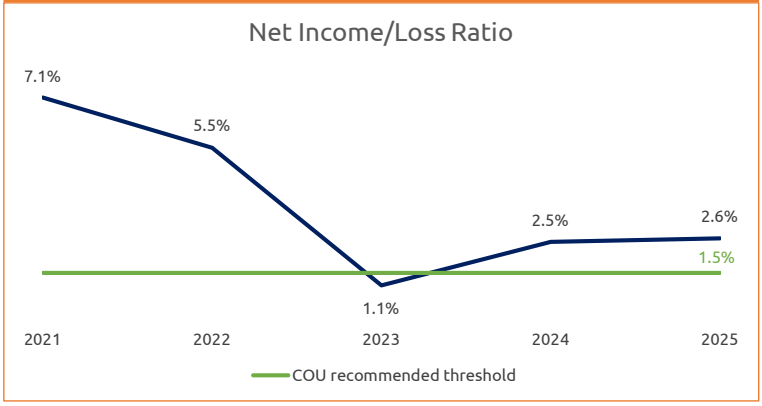
Ontario Tech University Metrics

Return to Metrics Listing

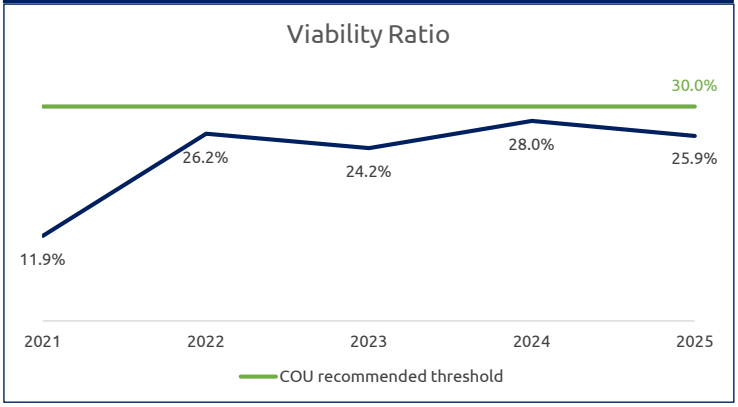
Metric: **Economic Stewardship**
Definition: As provided below
Data Source: Finance

Target: COU recommended thresholds.
Net Income/Loss Ratio: < 1.5%
Primary Reserve Ratio: < 30
Viability Ratio: < 30%
Net Operating Revenues Ratio: < 2.0%

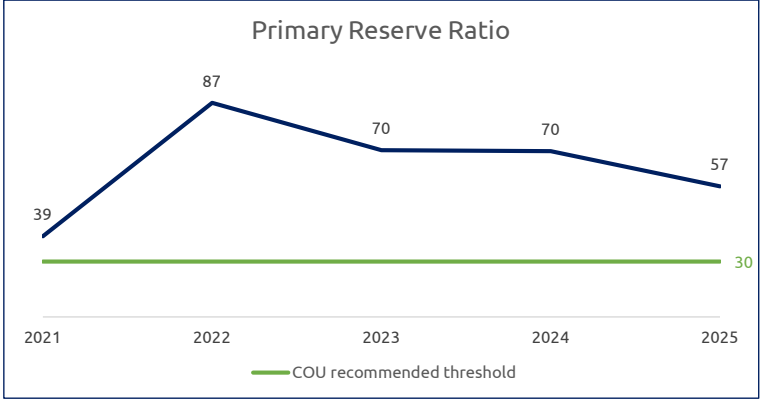
The Net Income/Loss Ratio measures the percentage of revenues that contributes to net assets. The objective of this ratio is to track trends in net earnings.



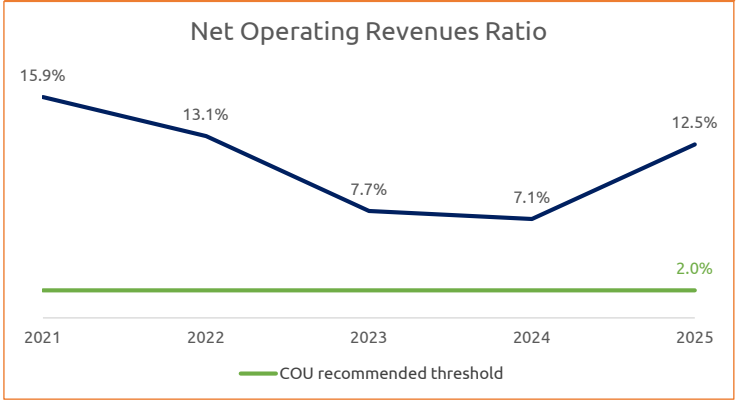
The Viability Ratio is a basic determinant of an institution's financial health, as it provides an indication of the funds on hand that can be used should an institution need to settle its long-term obligations.



The Primary Reserve Ratio is a measure of financial viability that compares expendable net assets to total expenses by determining how many days an institution could function using only its financial resources that can be expended without restrictions.



The Net Operating Revenues Ratio is a financial performance metric that provides an indication of the extent to which institutions are generating positive cash flows in the long run to be financially sustainable.



Credit Rating	Moody's	DBRS
2020-21	A1 Stable	A(low) Stable
2021-22	A1 Stable	A(low) Stable
2022-23	A1 Stable	A Stable
2023-24	A1 Stable	A Stable
2024-25	A1 Stable	A Stable

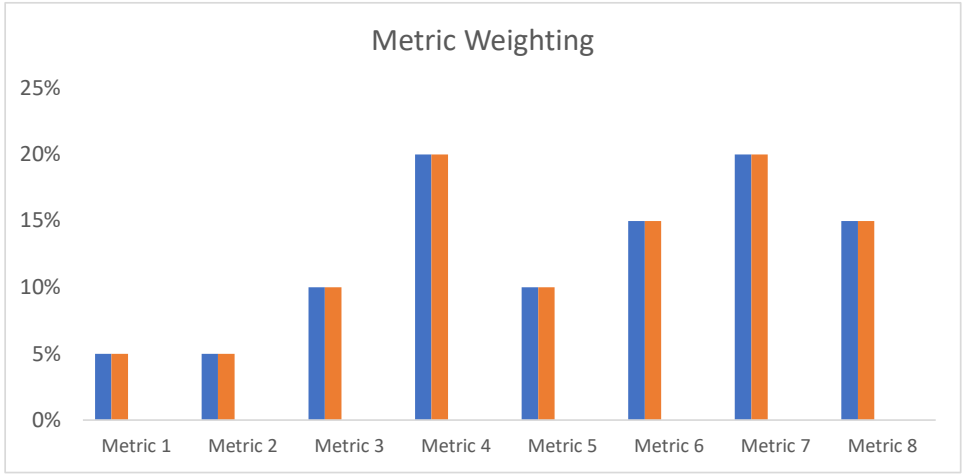
Ontario Tech University

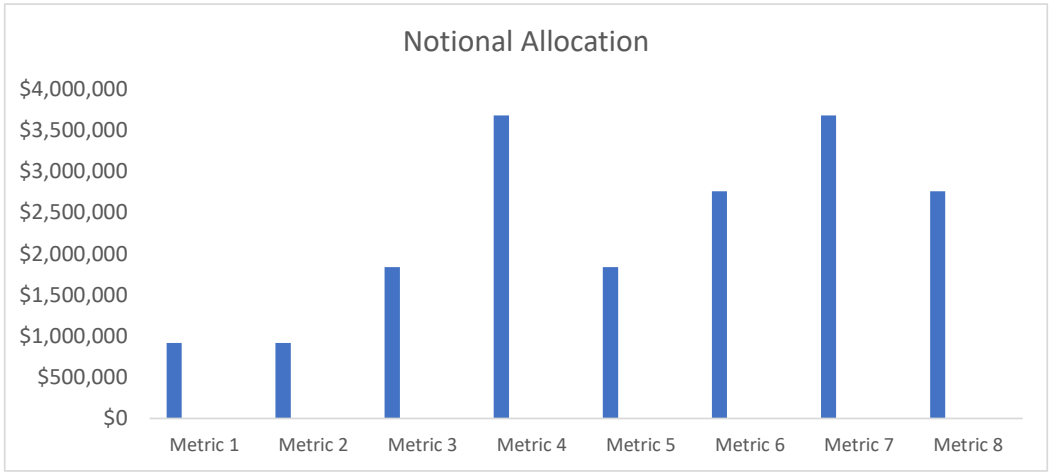
Ontario
Ministry of Colleges, Universities, Research Excellence and Security

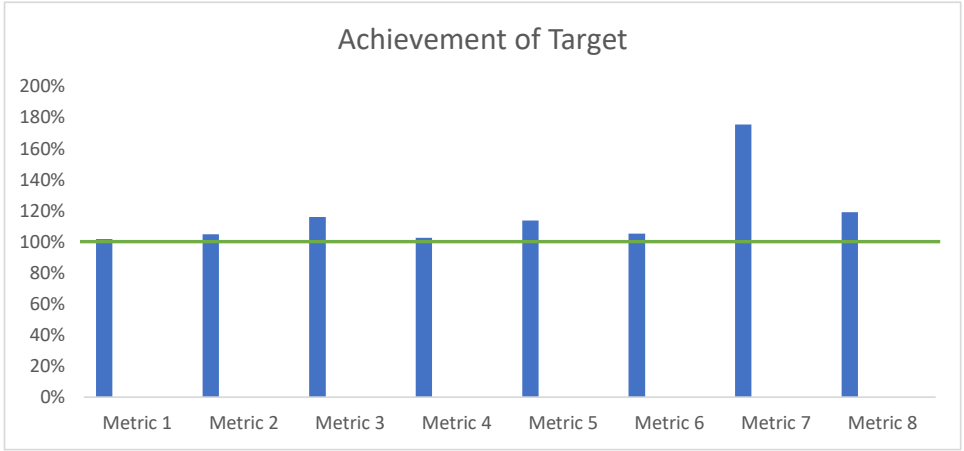
SMA4 Dashboard - Year 1 Reporting

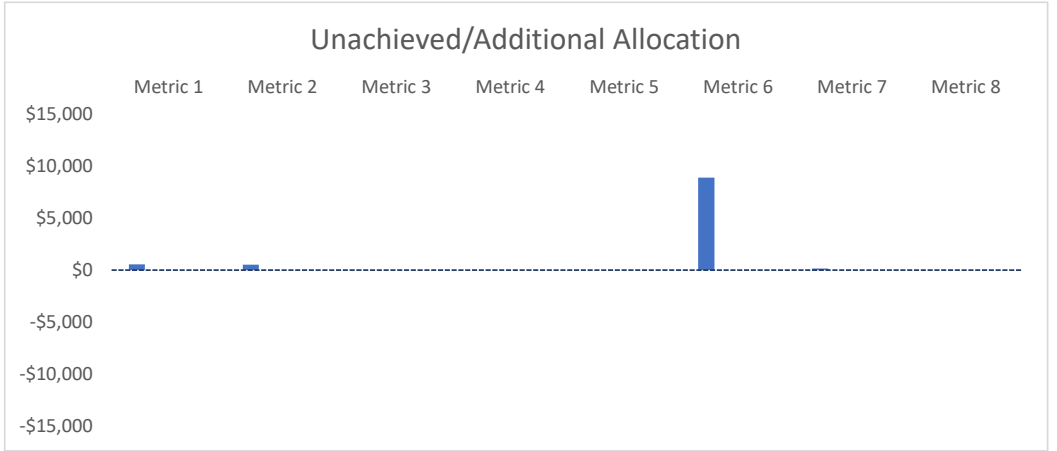
2025-26 2026-27 2027-28 2028-29 2029-30

Metric 1: Graduate Employment Rate in a Related Field
Metric 2: Graduation Rate
Metric 3: Graduate Employment Earnings
Metric 4: Experiential Learning
Metric 5: Community/Local Impact of Student Enrolment
Metric 6: Institutional Strength/Focus
Metric 7: Research Revenue Attracted from Private Sources
Metric 8: Economic Impact (Institution-specific)









Data not appearing indicates full allocation achieved

Ontario Tech University

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SMA4 Dashboard - Metric 1

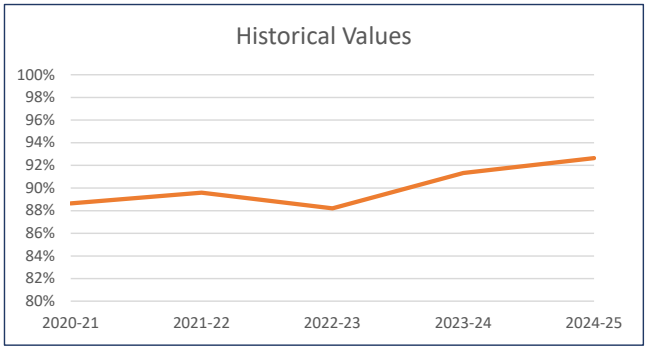
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

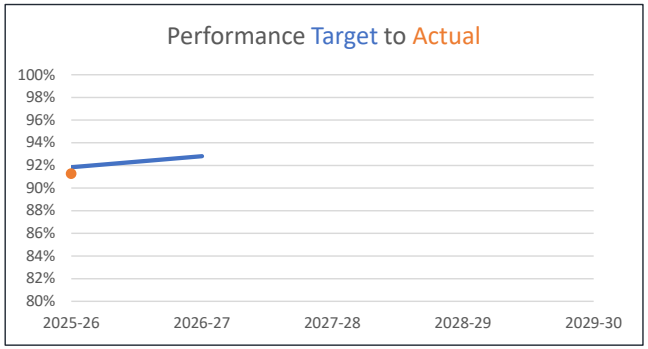
Definition

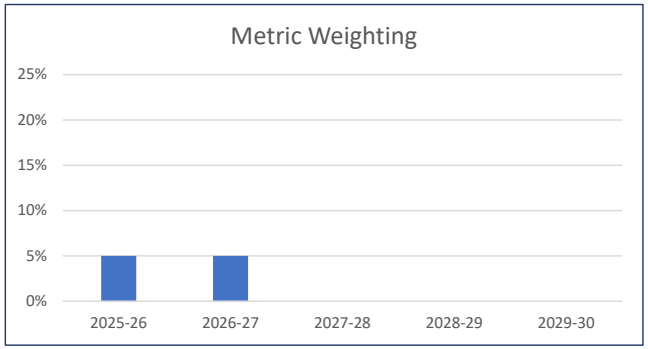
Proportion of domestic graduates from undergratuate (bachelor or first professional degree) programs employed full-time, who consider their jobs either “closely” or “somewhat” related to the skills they acquired in their university program, two years after graduation.

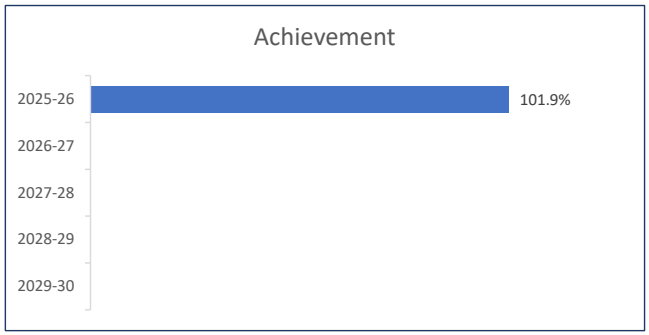
Data Source

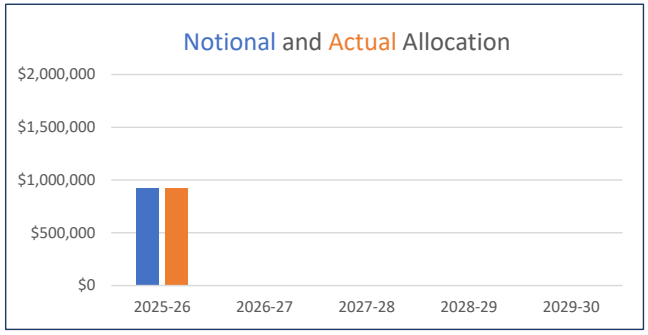
Ontario University Graduate Survey (OUGS)

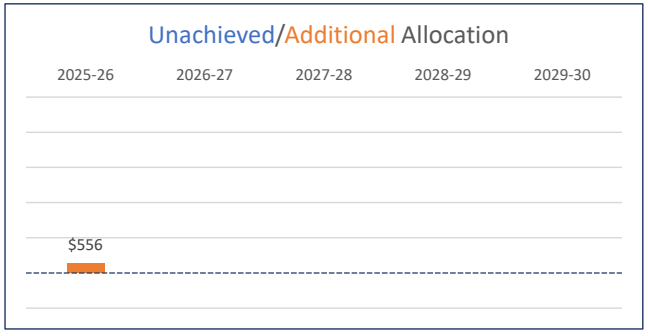












Data not appearing indicates full allocation achieved

Ontario Tech University

Ontario
Ministry of Colleges, Universities, Research Excellence and Security

SMA4 Dashboard - Metric 2

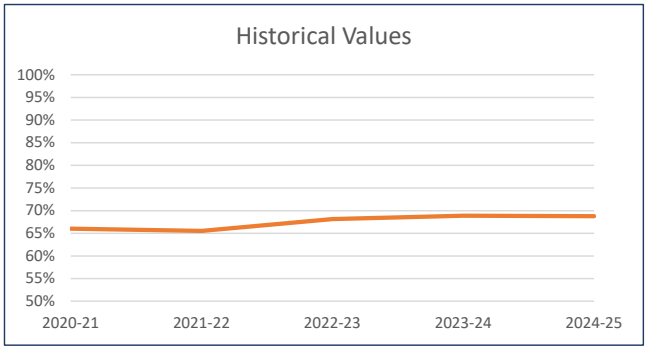
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

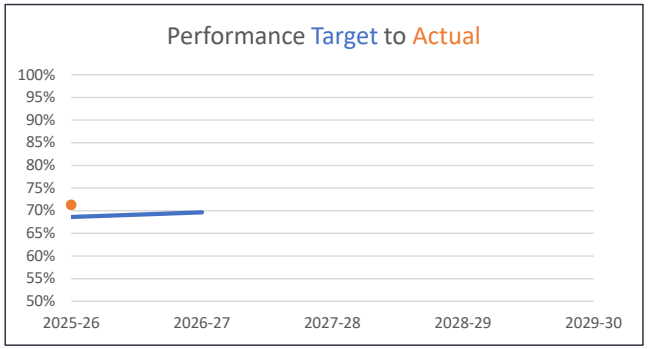
Definition

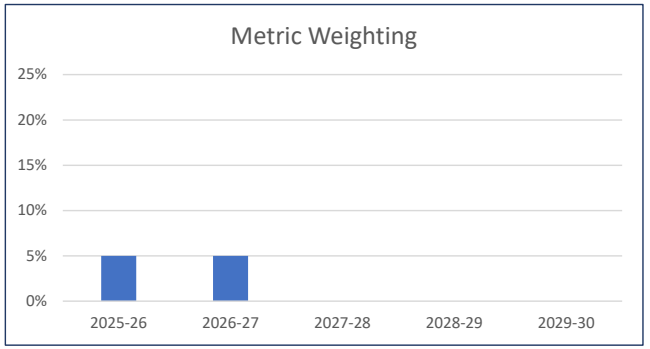
Proportion of all new, full-time, year one university students of undergraduate (bachelor or first professional degree) programs who commenced their study in a given fall term and graduated from the same institution within 7 years.

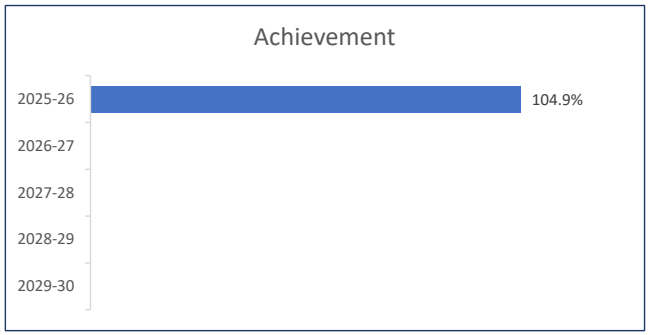
Data Source

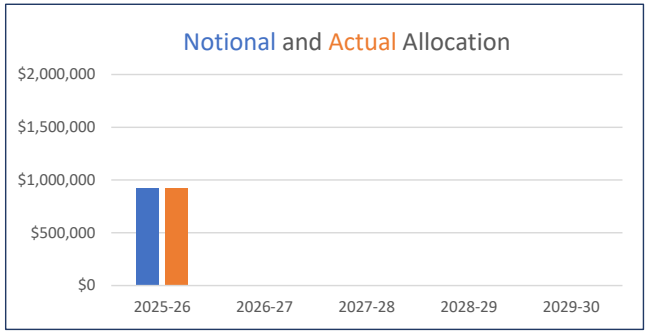
University Statistical and Enrolment Report (USER) - Enrolment and Degrees Awarded data collections

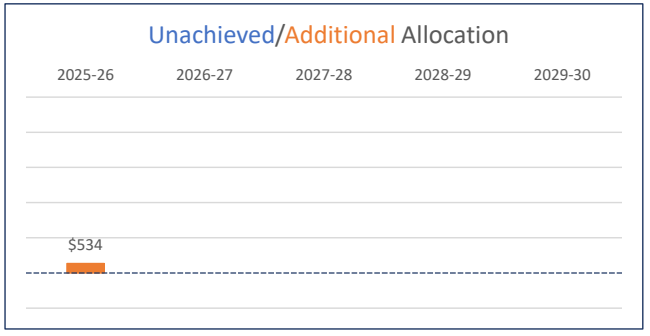












Data not appearing indicates full allocation achieved

Ontario Tech University

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SMA4 Dashboard - Metric 3

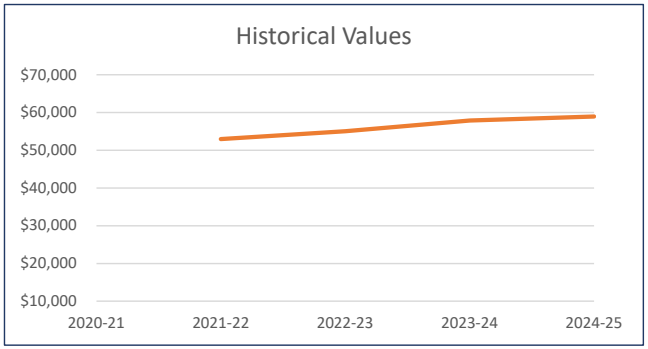
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

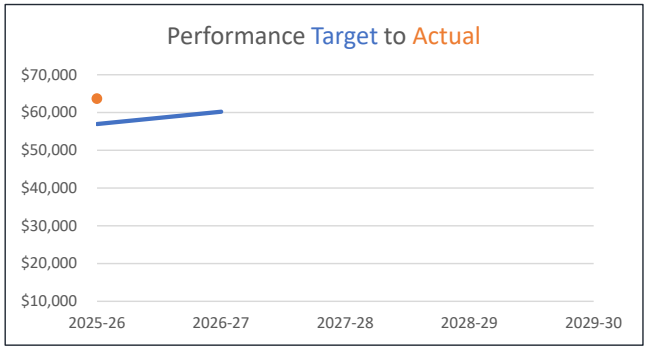
Definition

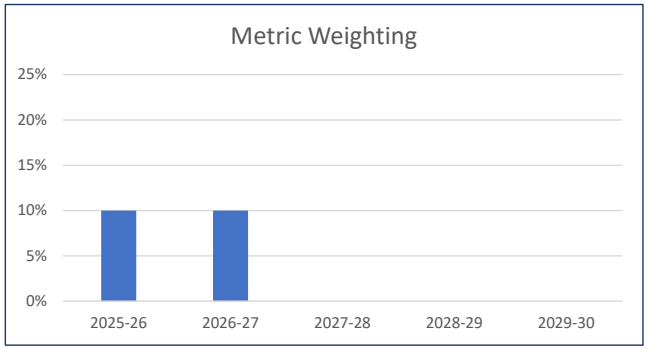
Median graduate employment earnings of domestic graduates using tax file data provided by Statistics Canada, two years after graduation.

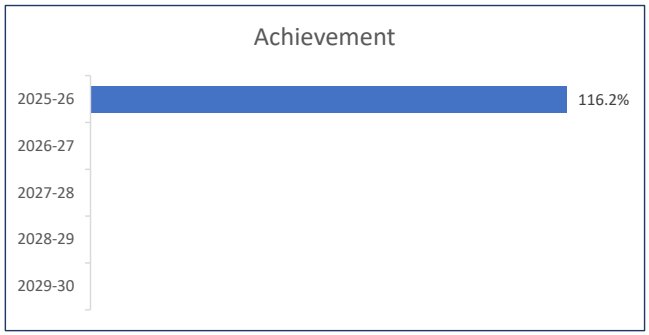
Data Source

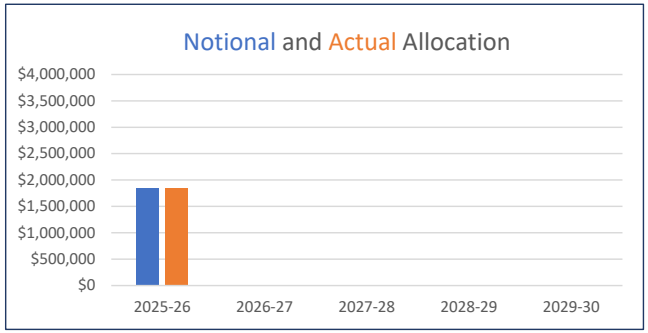
Enrolment and graduation data from the Postsecondary Student Information System (PSIS)

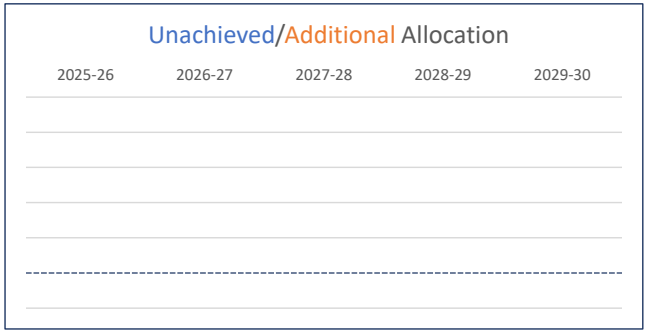












Note: SMA3 (Historical) Metric began in 2021-22

Data not appearing indicates full allocation achieved

Ontario Tech University

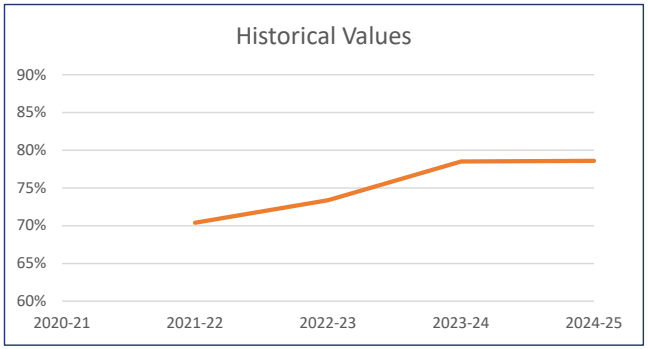
Ontario
Ministry of Colleges, Universities, Research Excellence and Security

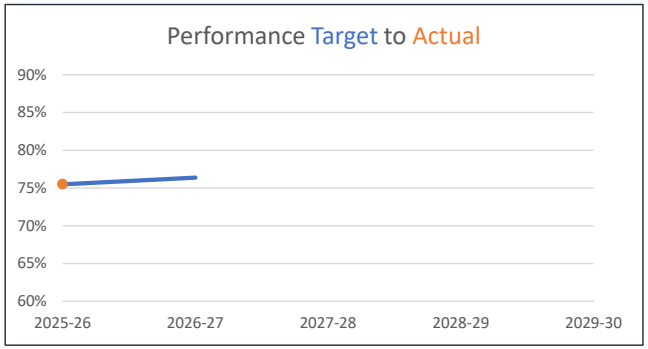
SMA4 Dashboard - Metric 4

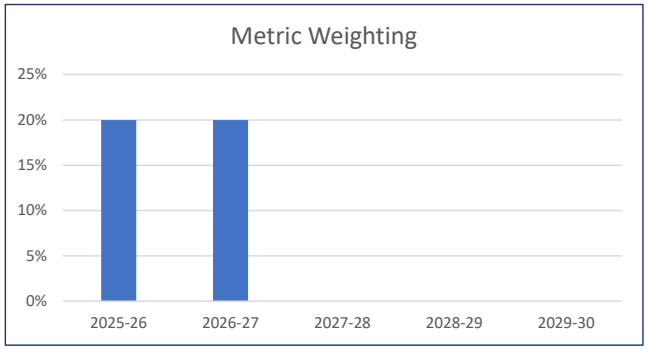
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

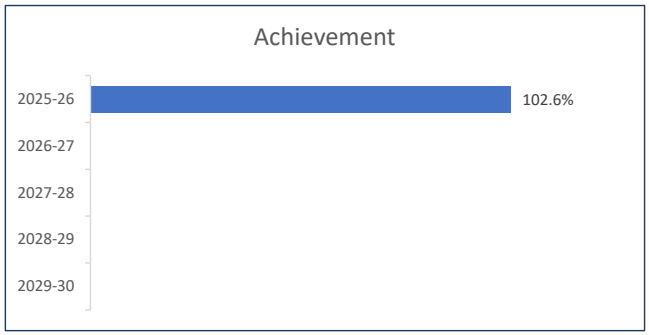
Definition
Proportion of domestic graduates in undergraduate programs, who participated in at least one experiential learning/work-integrated learning opportunity as part of their program of study.

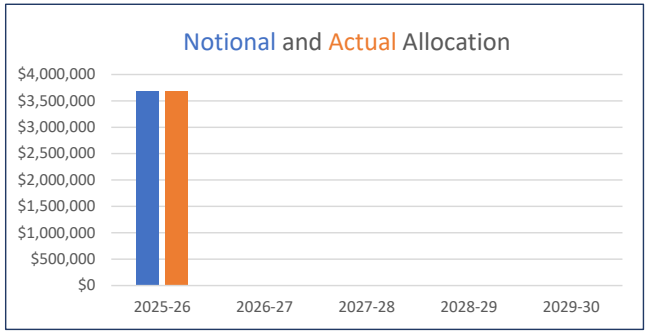
Data Source
Institutional data

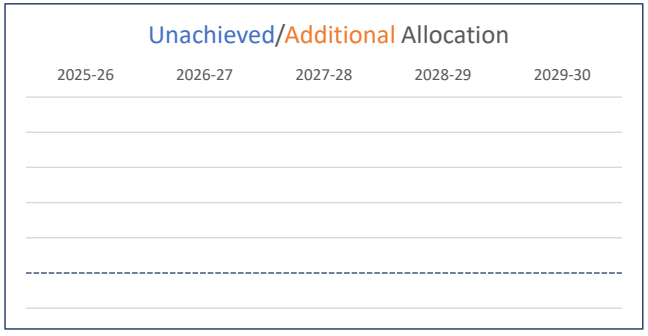












Note: SMA3 (Historical) Metric began in 2021-22

Data not appearing indicates full allocation achieved

Ontario Tech University

Ontario
Ministry of Colleges, Universities, Research Excellence and Security

SMA4 Dashboard - Metric 5

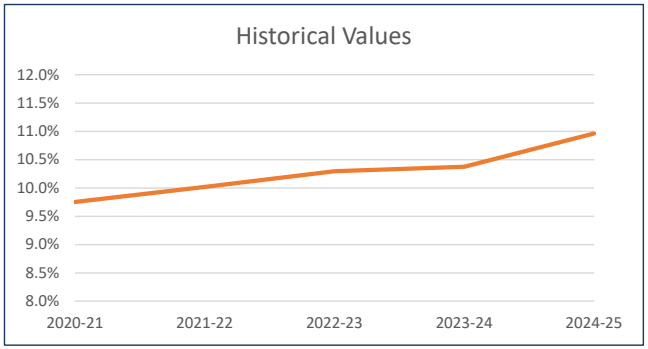
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

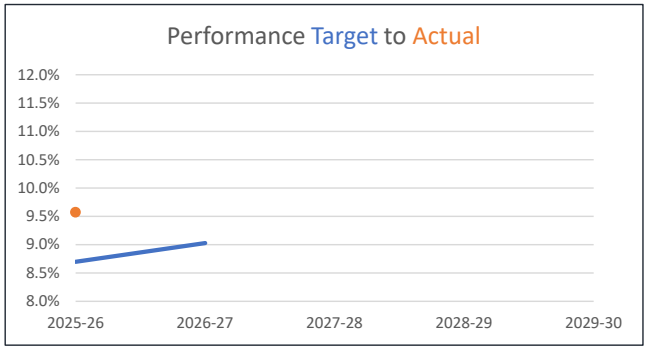
Definition

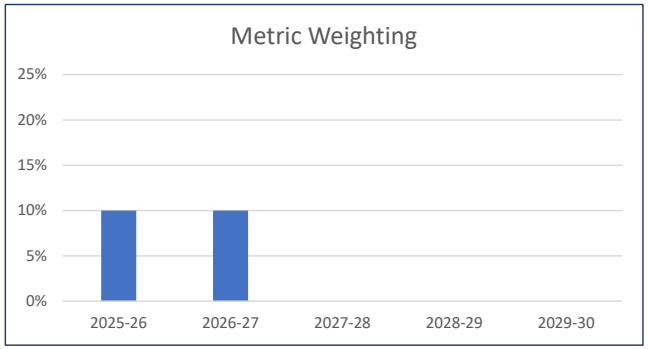
Proportion of domestic enrolment in the city(cities)/town(s) in which campuses of the institution are located divided by the population (age 15 to 64) of that city(cities)/town(s).

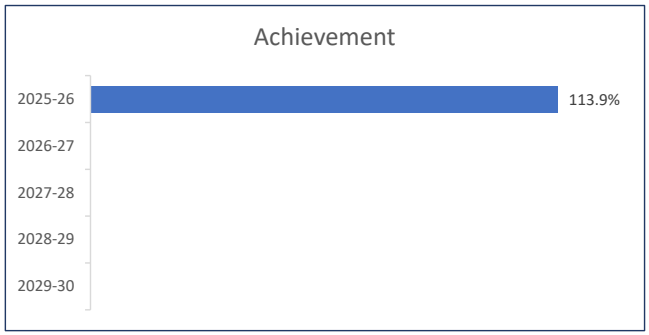
Data Source

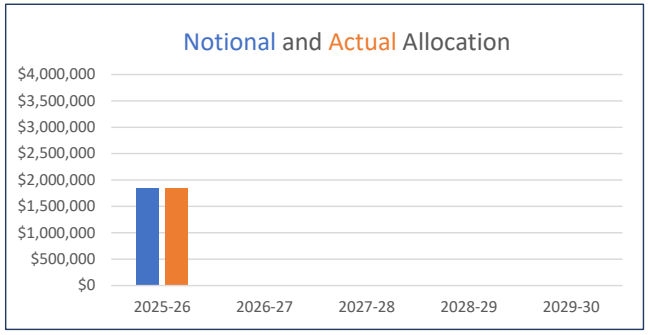
University Statistical Enrolment Report (USER)

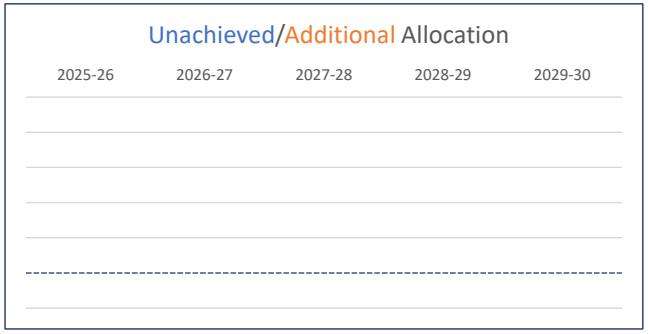












Data not appearing indicates full allocation achieved

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SMA4 Dashboard - Metric 6

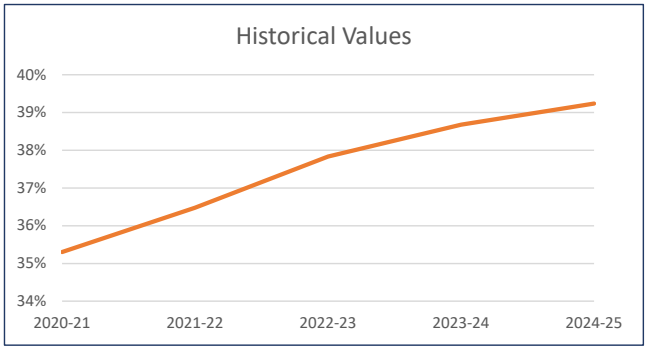
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

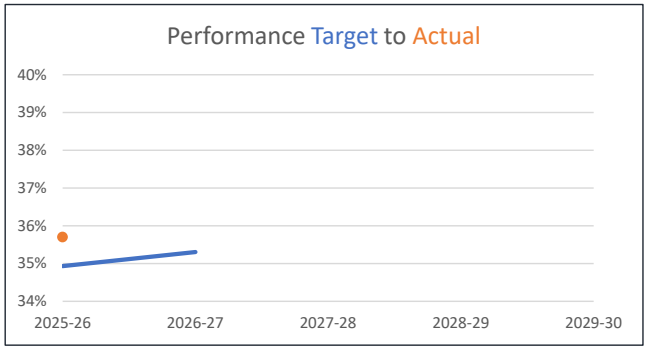
Definition

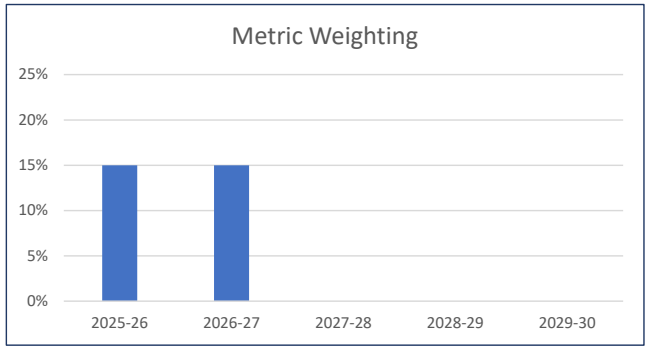
Proportion of domestic enrolment in an institution's program area(s) of strength compared to their total domestic enrolment.

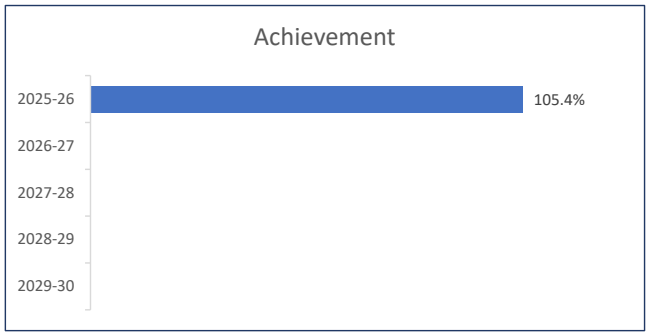
Data Source

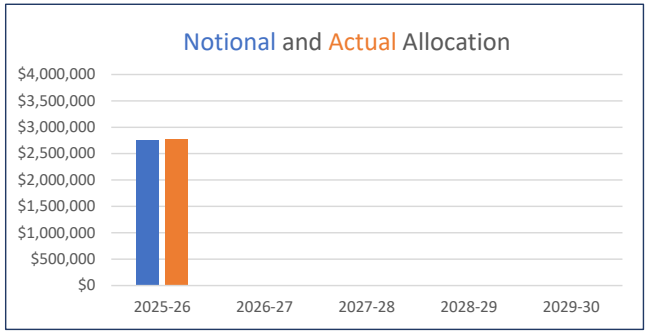
University Statistical and Enrolment Report (USER), Enrolment data collection

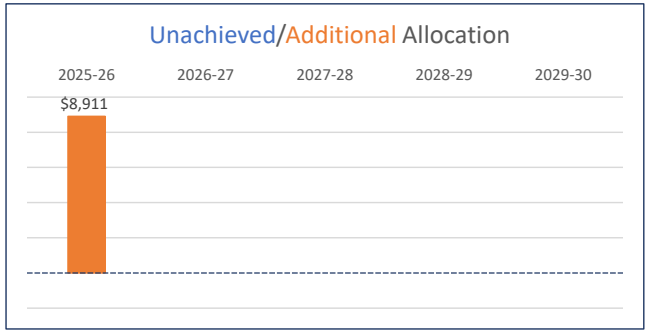












Data not appearing indicates full allocation achieved

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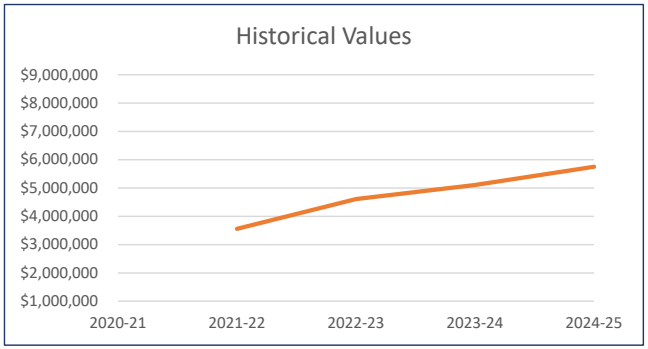
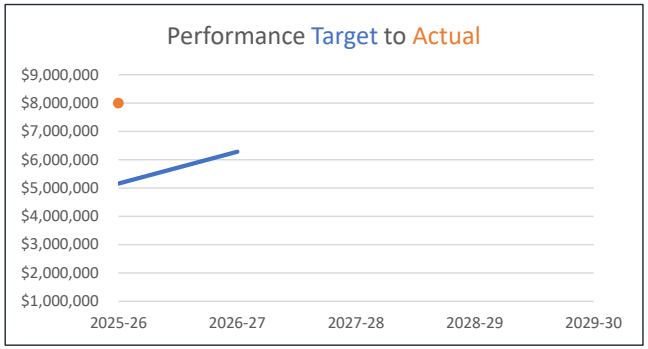
SMA4 Dashboard - Metric 7

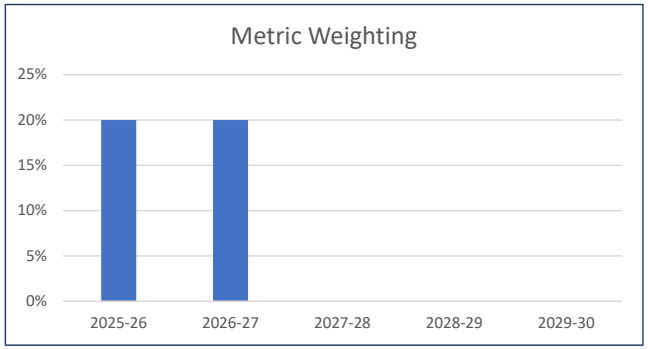
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

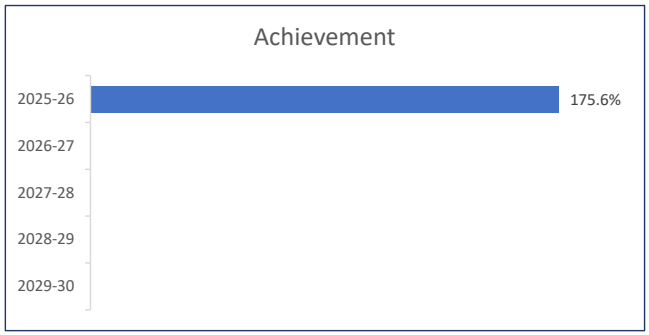
Definition
Total research revenue attracted from private sector and not-for-profit sources

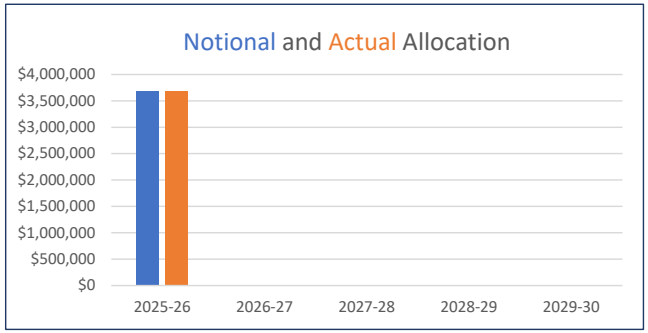
Data Source
Council of Ontario Finance Officers (COFO)

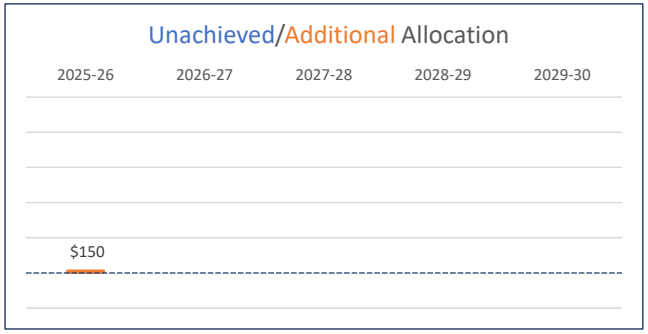












Note: SMA3 (Historical) Metric began in 2021-22

Data not appearing indicates full allocation achieved

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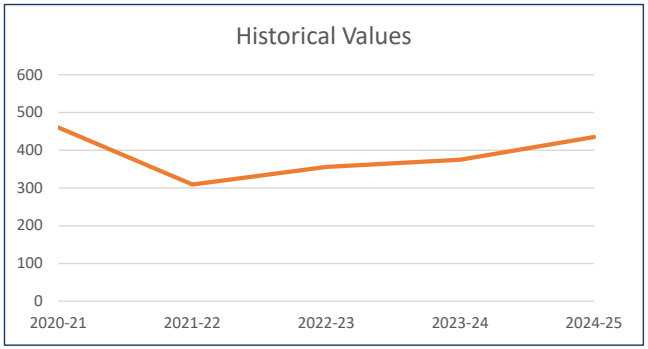
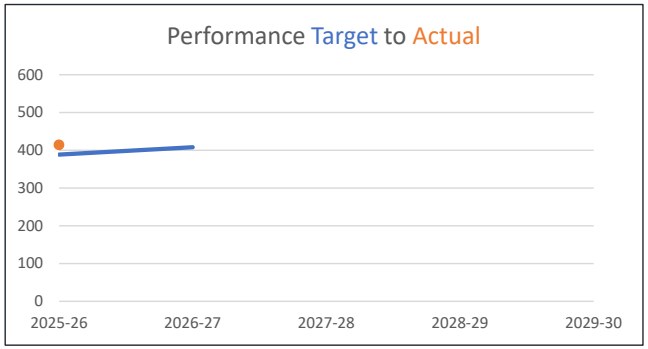
SMA4 Dashboard - Metric 8

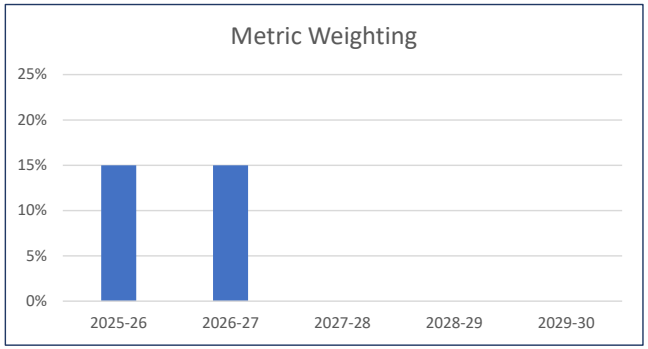
Graduate Employment Rate in a Related Field	Graduation Rate
Graduate Employment Earnings	Experiential Learning
Community/Local Impact of Student Enrolment	Institutional Strength/Focus
Research Revenue Attracted from Private Sources	Economic Impact (Institution-specific)

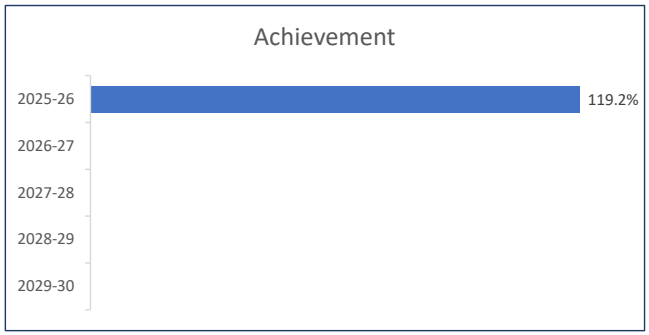
Definition
The number of assessment-based student work-related placements in Durham/Northumberland Region.

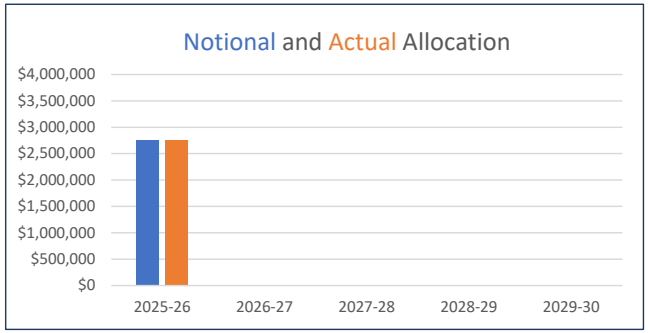
Data Source
Institutional Experiential Learning Database

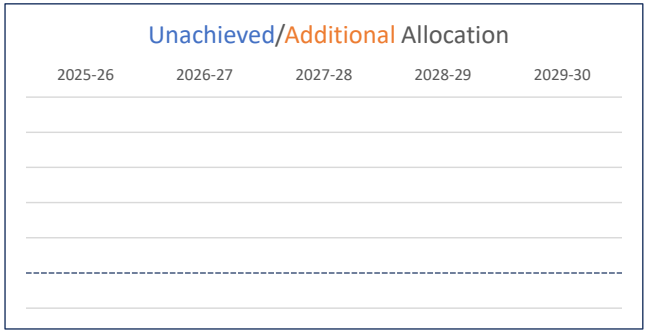






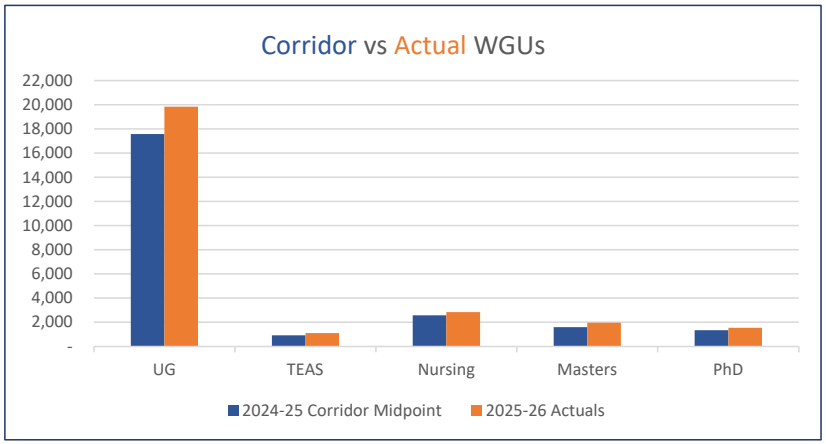


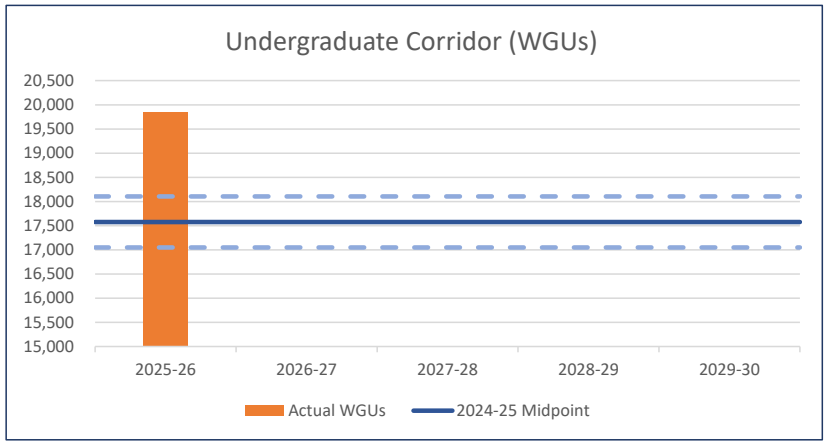


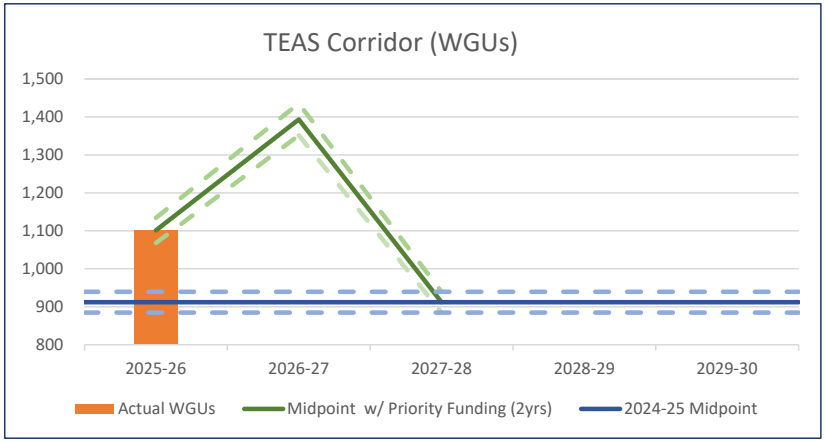


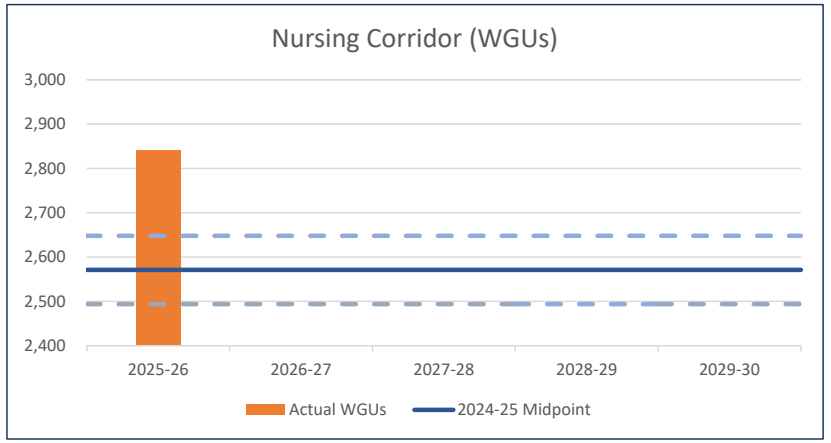
Data not appearing indicates full allocation achieved

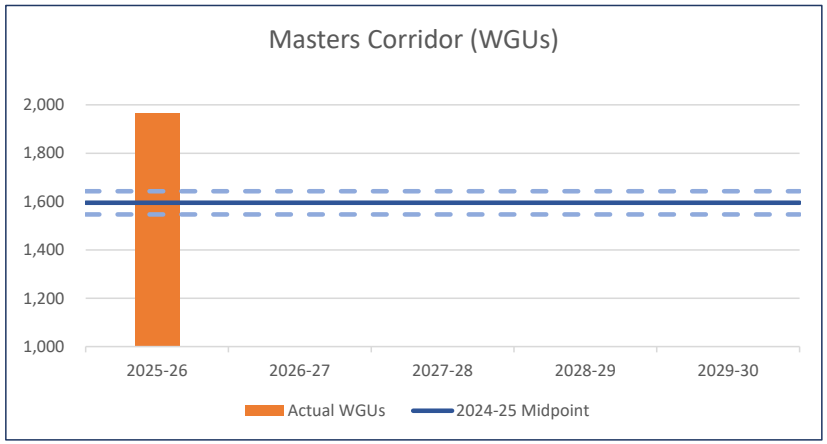
MCURES Enroment Based - Corridor Funding

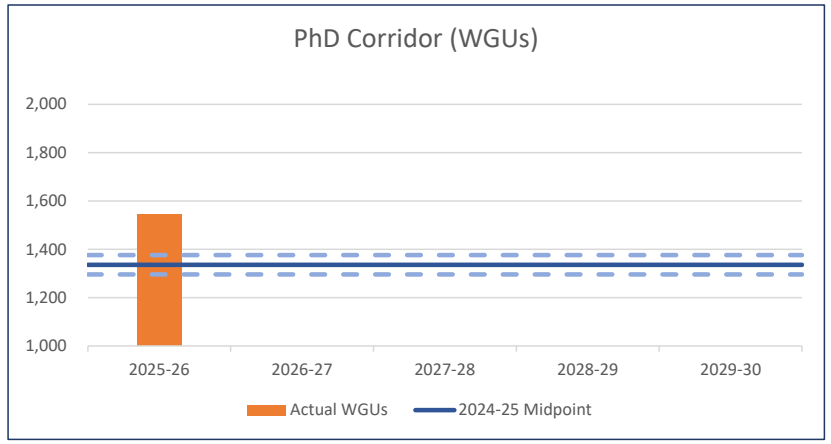












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SMA4 Dashboard - Reporting Accountabilities and Attestations

Reporting Accountabilities (Timely Reporting of Key Data)

Accountability	Reporting Office	SMA4 Year 1 (2025-26) Compliance	SMA4 Year 2 (2026-27) Compliance	SMA4 Year 3 (2027-28) Compliance	SMA4 Year 4 (2028-29) Compliance	SMA4 Year 5 (2029-30) Compliance
Audited Enrollment	OIRA	Met				
Graduate Reports	OIRA	Met				
University Financial Outlook[1]	Finance					
Research Disclosures	VPRI	Met				
STEM Funding Metrics	OIRA	Met				

(1)Reporting on University Financial Outlook will begin in SMA4 Year 2 (2026-27) and will be based on 2024-25 risk rating reporting requirements (low, medium, and high action)

Attestation of Key Activities

SMA4 Year and Attestion Metric		Efficiency Metric:	Skills and Competencies Assessment:	Research Security:	Commercialization Attestation:
SMA4 Year 1 (2025-26)	Signing Authority	Vice-President, Administration	Provost and Vice-President, Academic	Vice-President, Research & Innovation	Vice-President, Research & Innovation
	Annual Activity	Ontario Tech participated in engagement with the ministry on the development of efficiency metrics and benchmarks, including meeting expectations and timelines aligned with Phase I efficiency metric development. The university has complete the TBS Workforce Data Collection Initiative survey and worked with the ministry to resolve any issues with respect to data collection.	Ontario Tech has participated in a sector Working Group or engaged with ministry otherwise to scope and develop an implementation approach for the skills and competencies assessment.	Ontario Tech has attended meetings with the ministry to discuss the development of a research security plan.	Ontario Tech has submitted the 2025-26 Annual Commercialization Plan (ACP), meeting the commercialization metrics data reporting requirement.
	Compliance	Met	Met	Met	Met
SMA4 Year 2 (2026-27)	Anticipated Annual Activity	Attestation language for Year 2 will be confirmed as part of the SMA4 agreements' amendment in summer 2026.	Ontario Tech has submitted to the ministry the Skills and Competencies questionnaire, participated in a sector Working Group as requested or engaged with ministry to scope and develop an implementation approach for the skills and competencies assessment.	Ontario Tech has submitted the approved 2026-27 Annual Research Security Plan (RSP) by December 31, 2026, meeting the research security accountability requirement.	Ontario Tech has submitted the 2026-27 Annual Commercialization Plan (ACP), meeting the commercialization metrics data reporting requirement.

Performance-Based Grant and Accountability Funding At Risk

Funding Envelope	SMA4 Year 1 (2025-26)	SMA4 Year 2 (2026-27)	SMA4 Year 3 (2027-28)	SMA4 Year 4 (2028-29)	SMA4 Year 5 (2029-30)
Performance-Based Grant At Risk[2][3]	$914,282	$914,282	$1,097,138	$1,279,994	$1,462,851
Accountability Funding At Risk[4]	$3,657,127	$3,657,127	$3,657,127	$3,657,127	$3,657,127

(2)(3) Performance-Based Grant has been capped at the system-average annual proportion of 25% in SMA4 Year 1 and Year 2, with potential increase by 5% each year up to 40% in Year 5, pending a broader funding review ahead of Year 3. The total amount of performance-based grant at risk is five per cent of the total performance-based grant due to the Stop-Loss Mechanism, which caps metric losses at five per cent.

(4) Five per cent of an institution's total operating funding would be clawed back if the institution does not meet all accountability requirements.

Future Changes to SMA Reporting

Special Purpose Grants

The Ministry administers multiple Special Purpose Grant programs through annual or multiyear Transfer Payment Agreements (TPAs) in support of targeted government priorities. In order to improve predictability and reduce administrative burden, MCURES will be streamlining most Special Purpose Grants into Strategic Mandate Agreements moving forward. Fixed amounts and/or set formulas, as well as accountability reporting, will be incorporated into Stragetic Mandate Agreements for the duration of SMA4 to eliminate the need for TPAs.

The following grants will be rolled into SMA4:

- Small, Northern and Rural Grant
- Indigenous Student Success Grant
- Access and Inclusion Grant
- Campus Safety Grant
- Credit Transfer Grant
- Municipal Tax Grant

Enrolment-Based Grants

Existing enrolment-based special purpose grants will be streamlined into SMA4. Realized enrolment as of 2024-25 will be added to base operating funding, using updated program weights.

This will include:

- Nursing (including Nursing Expansion, Collaborative Nursing, Post-Collaborative Nursing, Second Entry Nursing and Nurse Practitioner)
- Medical Expansion
- Paramedicine and Allied Health Expansions
- Midwifery
- Veterinary and Agricultural Diplomas
- Physician Assistant
- Initial Teacher Education (ITE) Expansion
- Construction Trades/Planning
- Life Sciences
- Major Capacity Expansion

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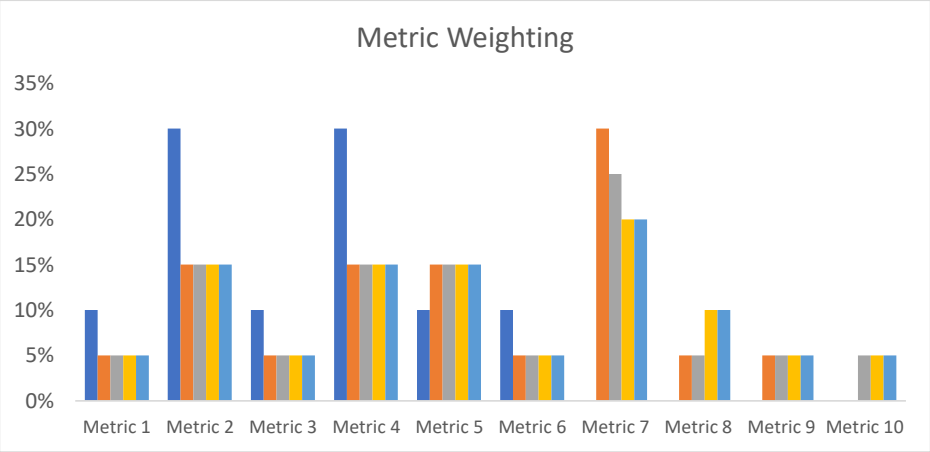
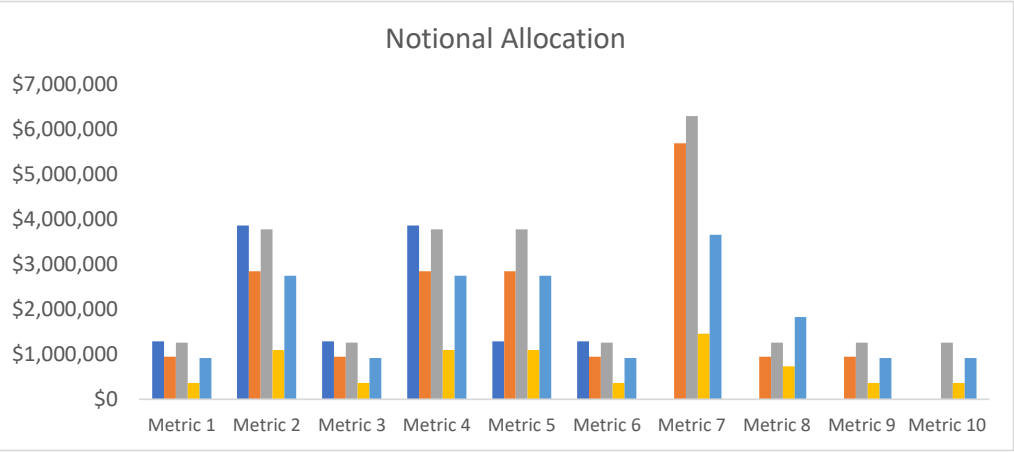
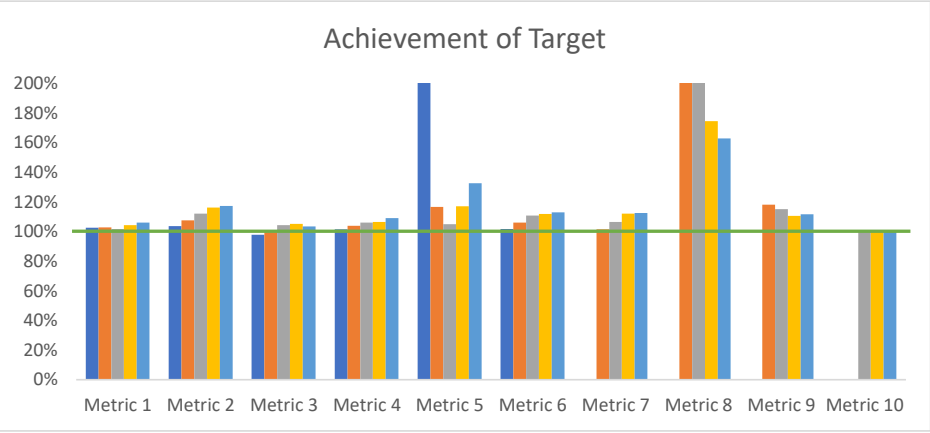
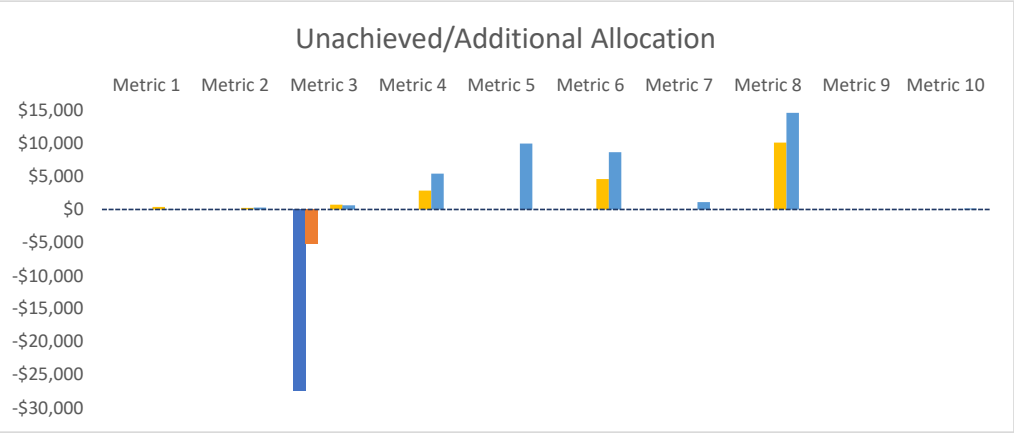
SMA3 Dashboard - Final Report

Metric 1: Graduate Employment Rate in a Related Field
Metric 2: Institutional Strength/Focus
Metric 3: Graduation Rate
Metric 4: Community/Local Impact of Student Enrolment
Metric 5: Economic Impact (Institution-specific)
Metric 6: Research Funding and Capacity: Federal Tri-Agency Funding Secured
Metric 7: Experiential Learning
Metric 8: Research Revenue Attracted from Private Sources
Metric 9: Graduate Employment Earnings
Metric 10: Skills and Competencies









Note: Metrics 1-6 active during Year 1 (2020-21)
Metrics 1-9 active during Year 2 (2021-22)
Metrics 1-10 active during Year 3 (2022-23) and forward

Data not appearing indicates full allocation achieved

Ontario Tech University

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SMA3 Dashboard - Metric 1

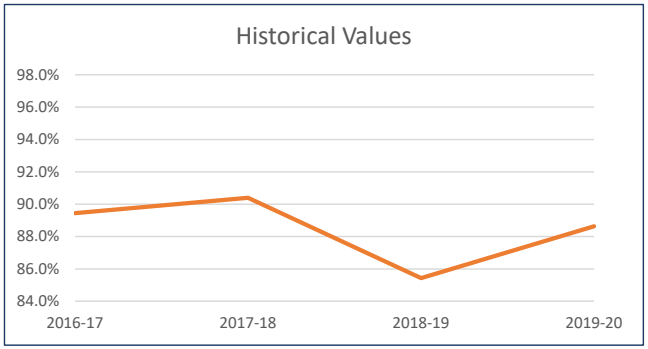
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

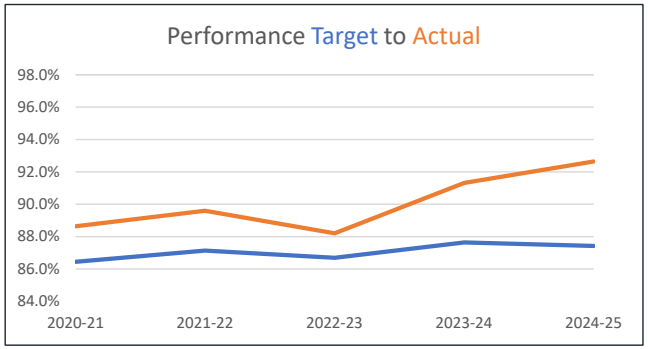
Definition

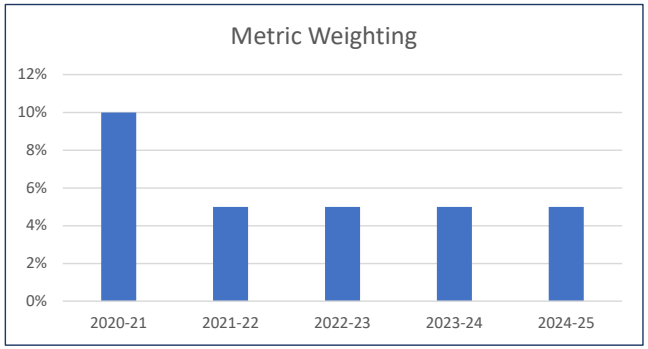
Proportion of graduates of undergraduate (bachelor or first professional degree) programs employed full-time who consider their jobs either "closely" or "somewhat" related to the skills they developed in their university program, two years after graduation.

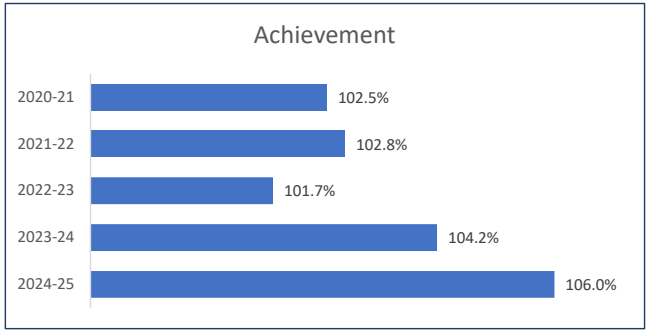
Data Source

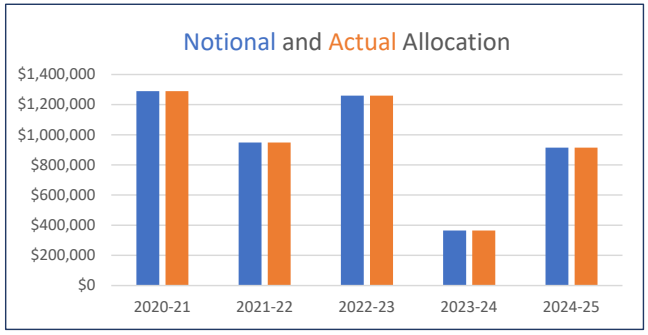
MCU Ontario University Graduate Survey (OUGS)

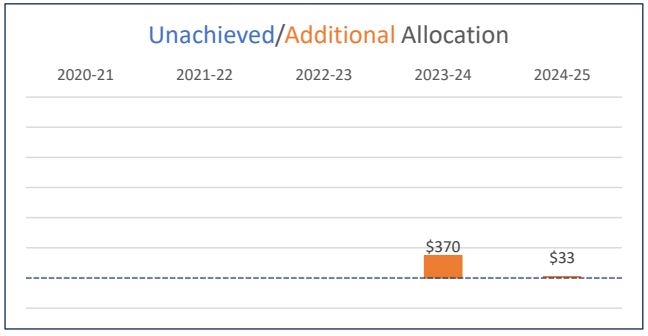












Note: Metrics 1-6 active during Year 1 (2020-21)
Metrics 1-9 active during Year 2 (2021-22)
Metrics 1-10 active during Year 3 (2022-23) and forward

Data not appearing indicates full allocation achieved

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SMA3 Dashboard - Metric 2

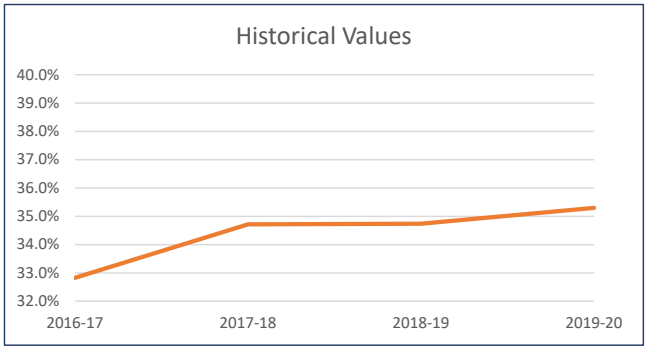
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

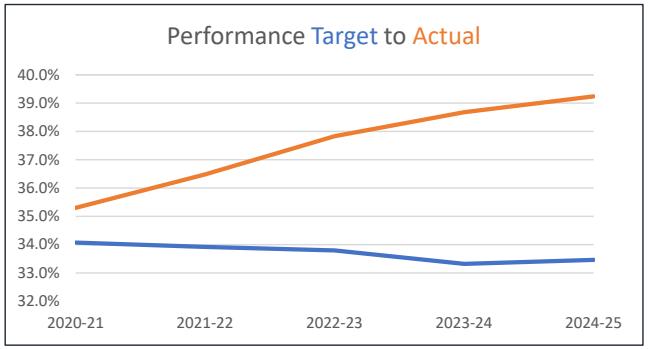
Definition

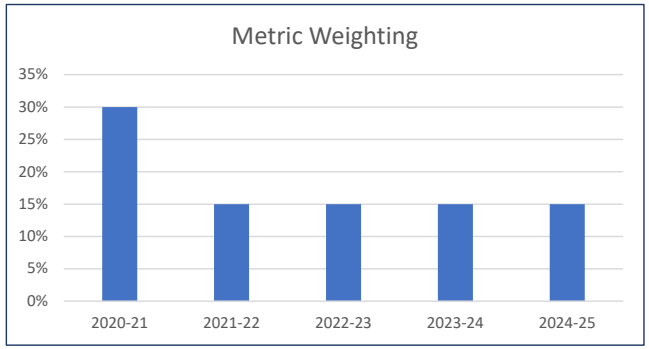
Proportion of enrolment in an institution's program area(s) of strength.

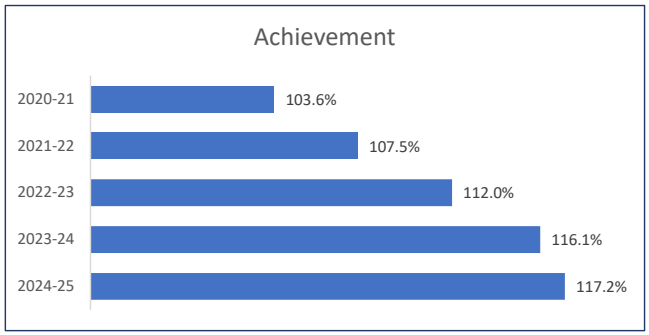
Data Source

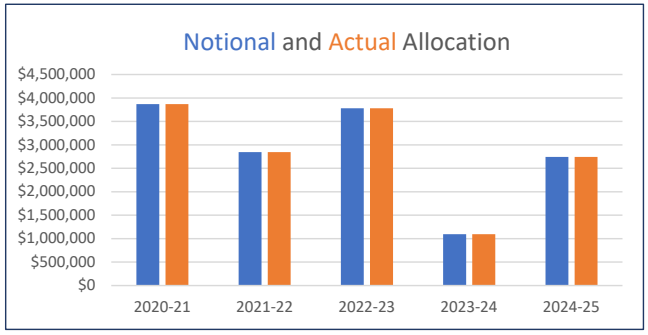
University Statistical and Enrolment Report (USER), Enrolment data collection

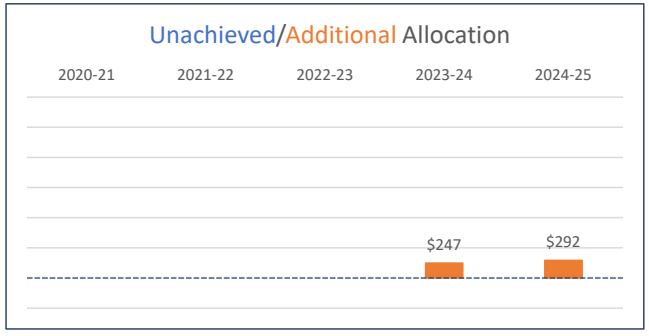












Note: Metrics 1-6 active during Year 1 (2020-21)
Metrics 1-9 active during Year 2 (2021-22)
Metrics 1-10 active during Year 3 (2022-23) and forward

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Ontario Tech University

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SMA3 Dashboard - Metric 3

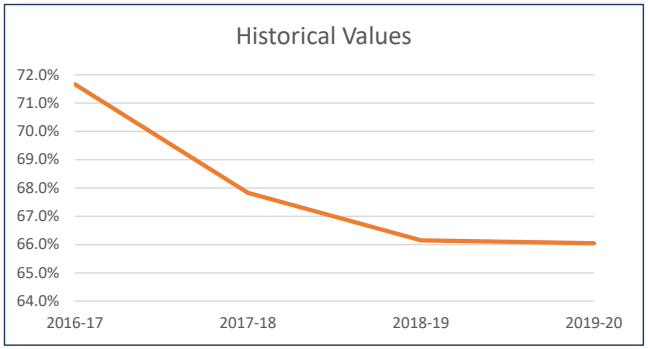
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

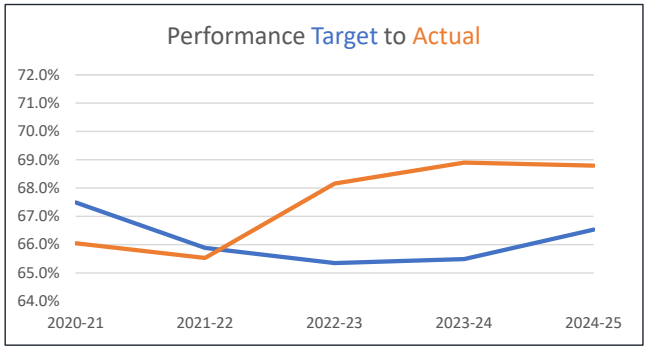
Definition

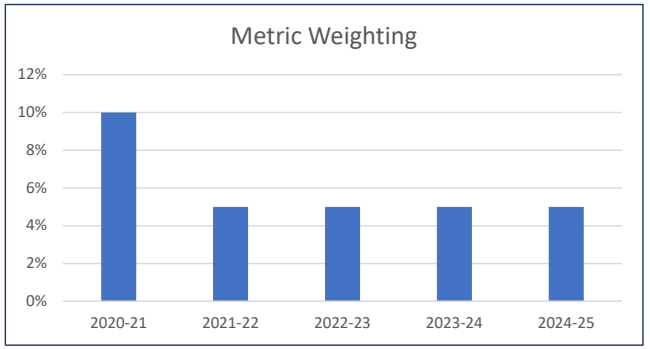
Proportion of all new, full-time, year one university students of undergraduate (bachelor or first professional degree) programs who commenced their study in a given fall term and graduated from the same institution within 7 years.

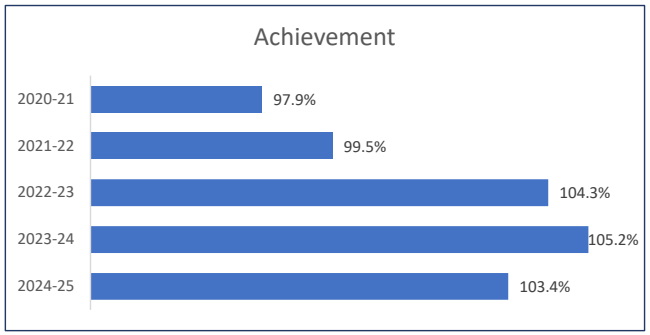
Data Source

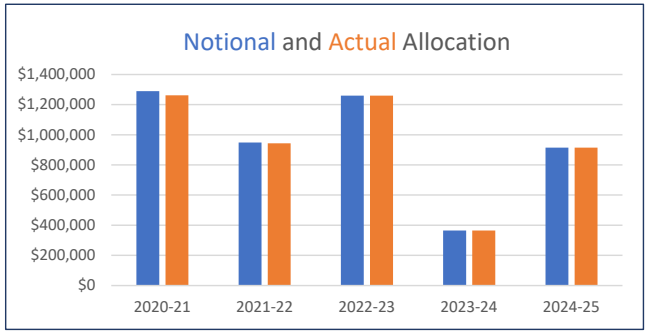
University Statistical and Enrolment Report (USER) - Enrolment and Degrees Awarded data collections

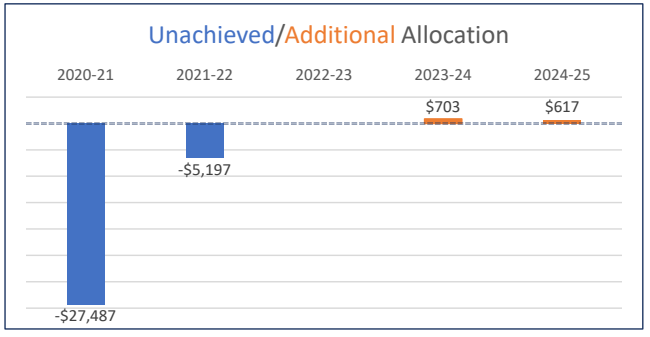












Note: Metrics 1-6 active during Year 1 (2020-21)
Metrics 1-9 active during Year 2 (2021-22)
Metrics 1-10 active during Year 3 (2022-23) and forward

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SMA3 Dashboard - Metric 4

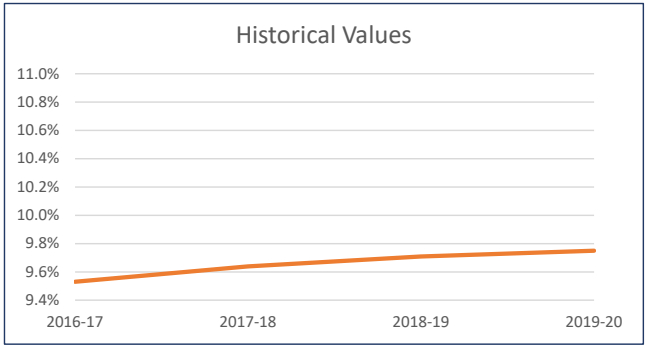
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

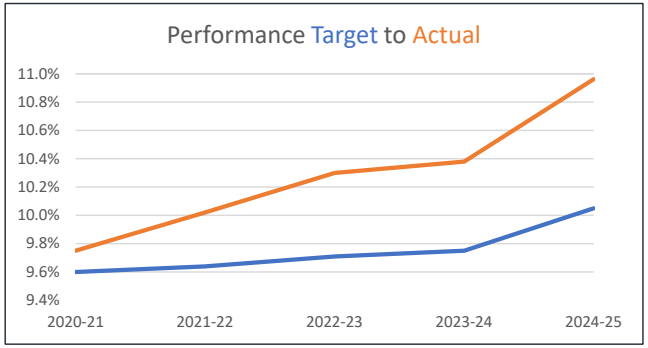
Definition

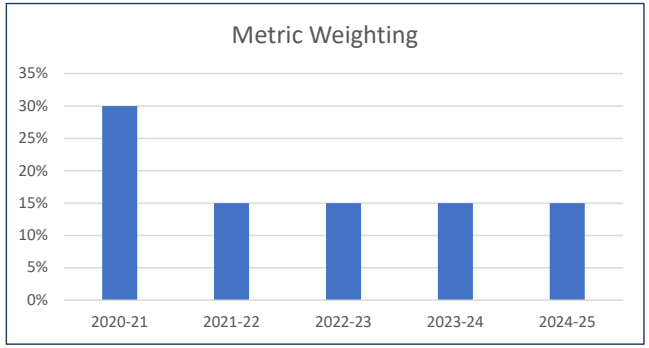
Institutional enrolment share in the population of the city (cities)/town(s) in which the institution is located.

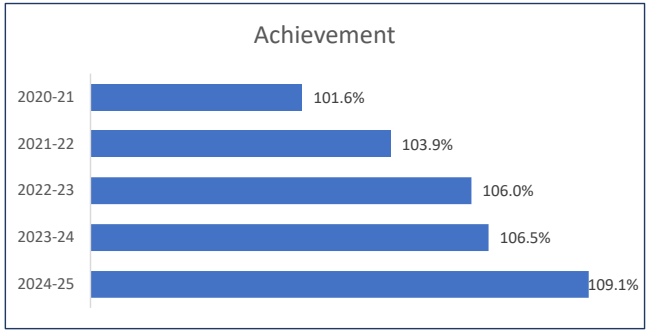
Data Source

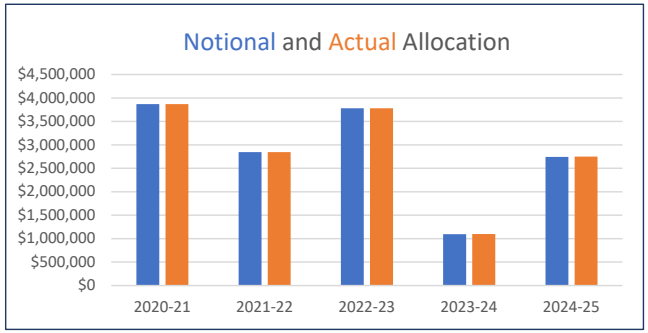
University Statistical Enrolment Report (USER), Enrolment data collection; Census Data (Statistics Canada)

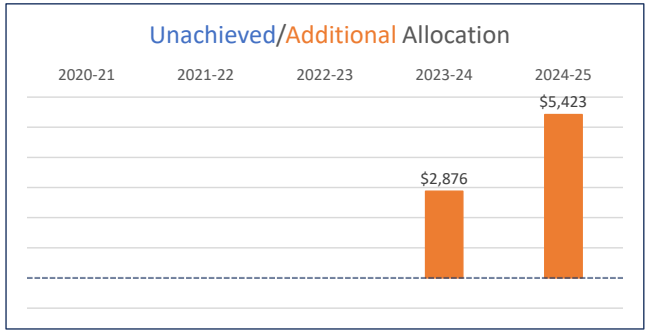












Note: Metrics 1-6 active during Year 1 (2020-21)
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Metrics 1-10 active during Year 3 (2022-23) and forward

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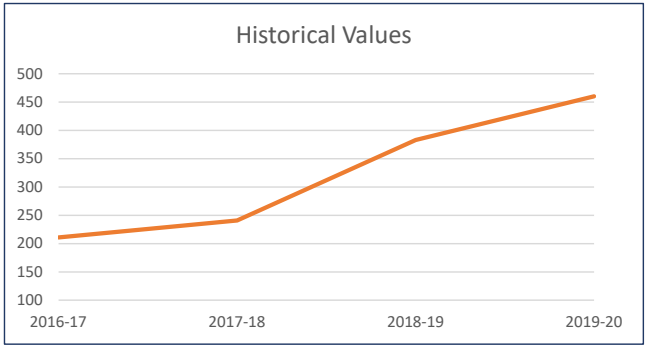
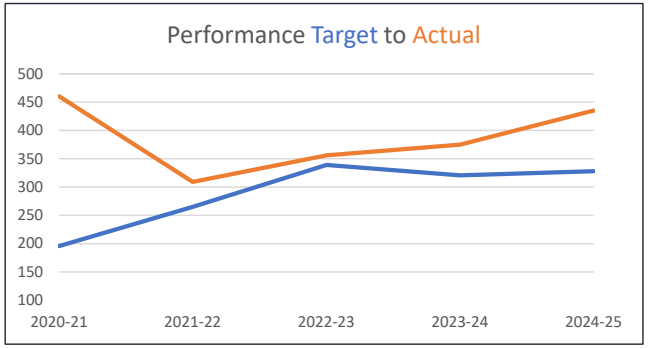
SMA3 Dashboard - Metric 5

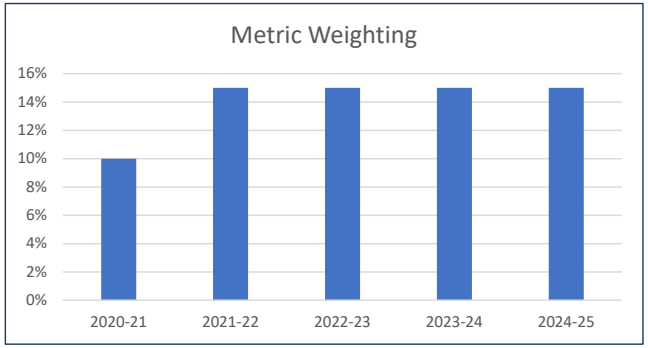
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

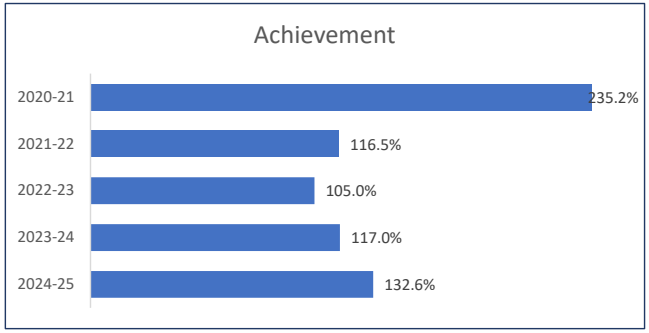
Definition
The number of assessment-based student work-related placements in Durham/Northumberland Region.

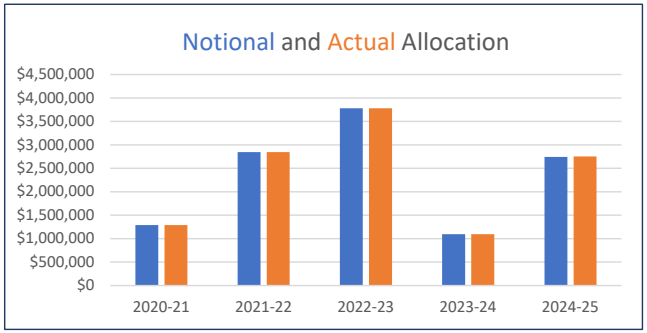
Data Source
Institutional Experiential Learning Database

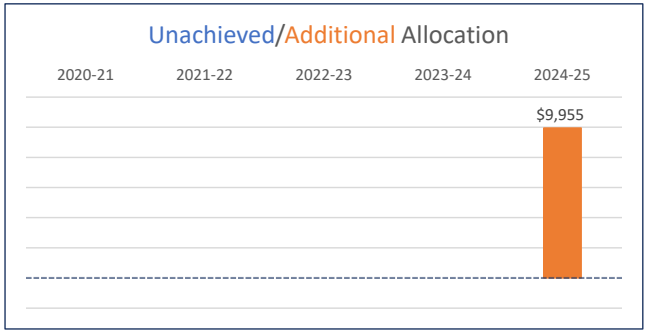












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SMA3 Dashboard - Metric 6

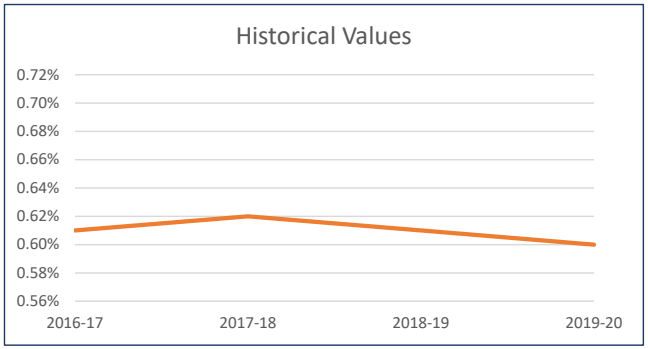
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

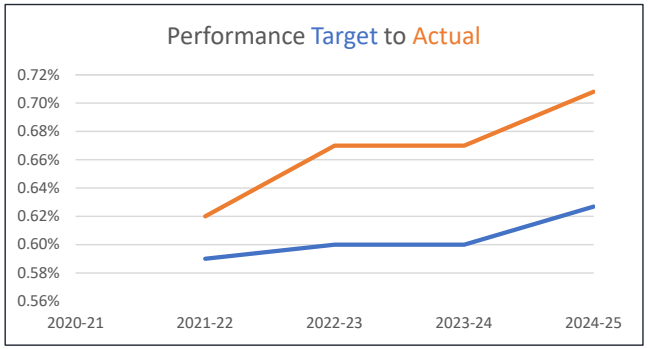
Definition

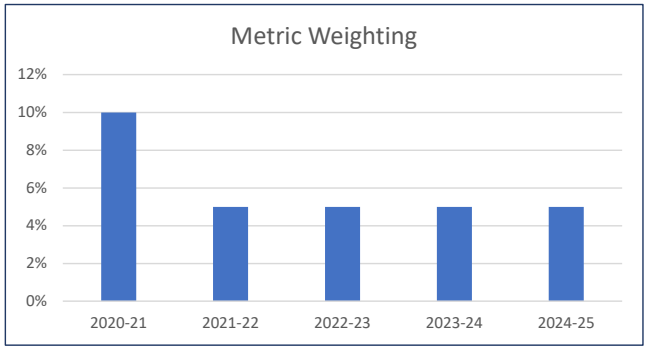
Amount of funding received by university from federal research granting agencies and proportion of total Tri-Agency funding received by Ontario universities.

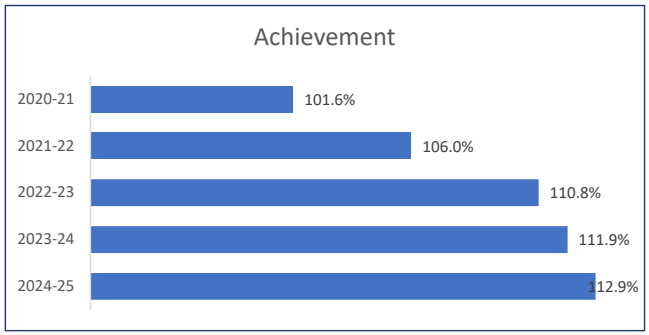
Data Source

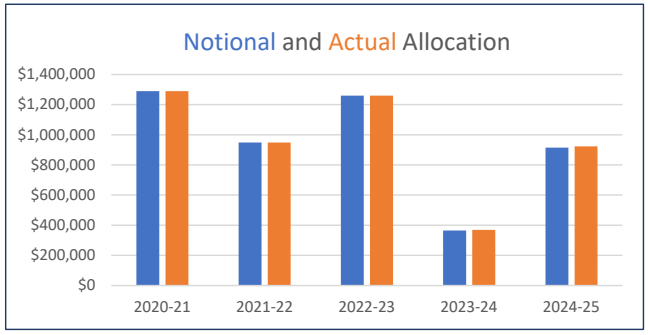
Research Support Program, The Tri-Agency Institutional Programs Secretariat (TIPS)

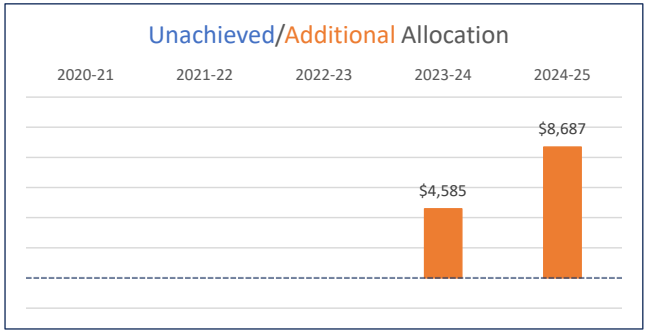












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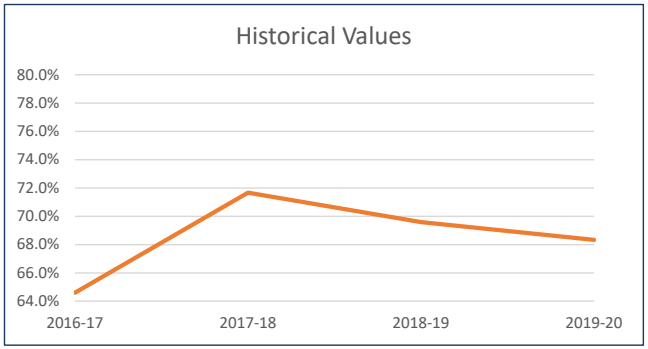
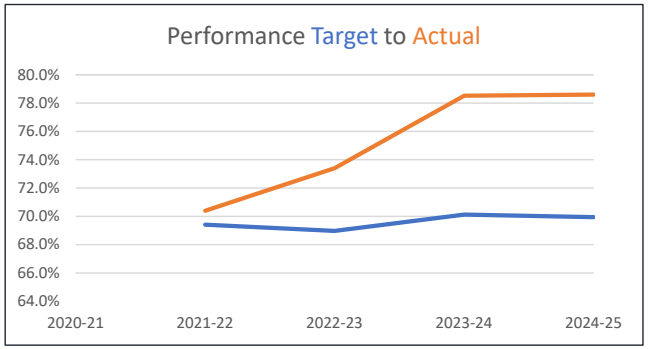
SMA3 Dashboard - Metric 7

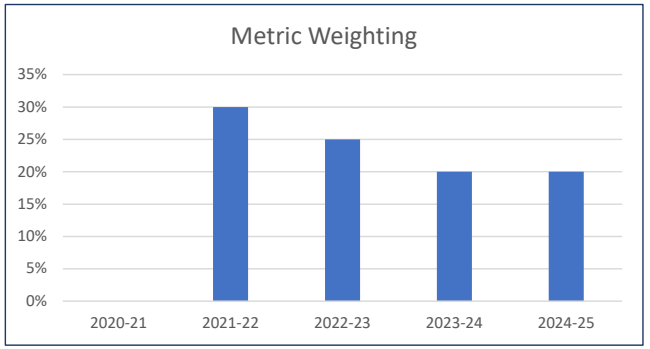
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

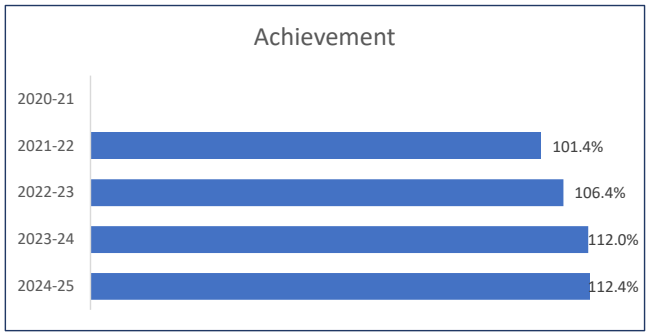
Definition
Number and proportion of graduates in undergraduate programs, who participated in at least one course with required Experiential Learning (EL) component(s).

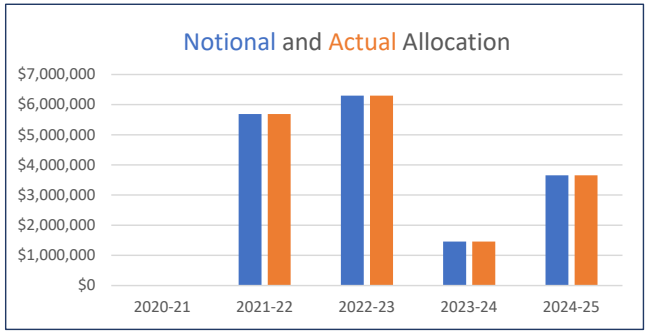
Data Source
Institutional data

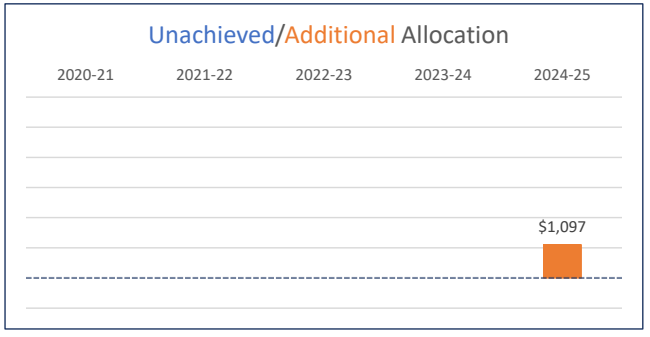












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Ontario Tech University

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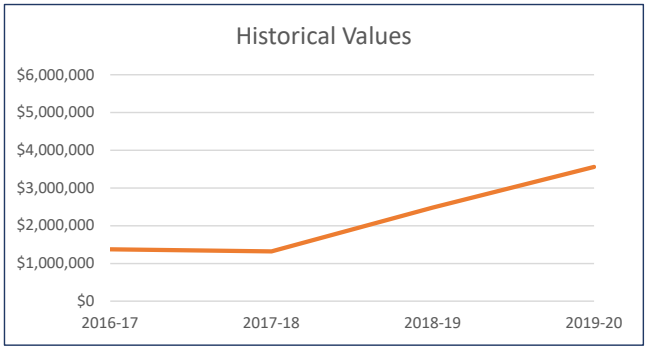
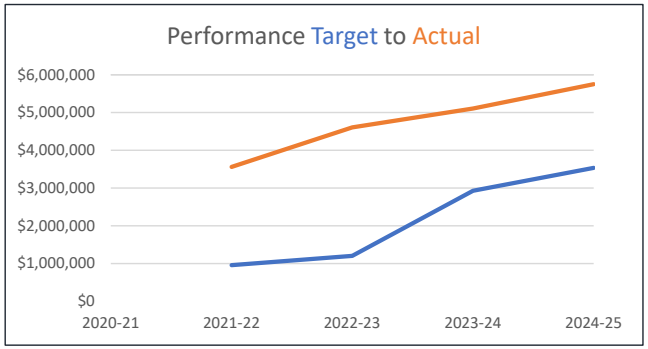
SMA3 Dashboard - Metric 8

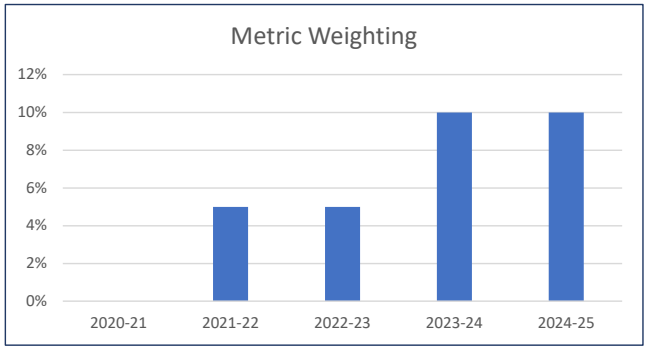
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	**Research Revenue Attracted from Private Sources**
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

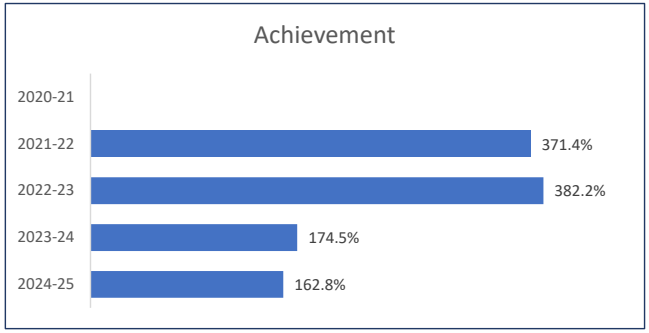
Definition
Total research revenue attracted from private sector and not-for-profit sources

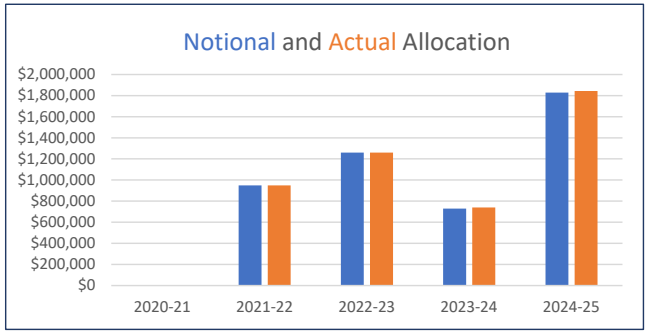
Data Source
Council of Ontario Finance Officers (COFO)

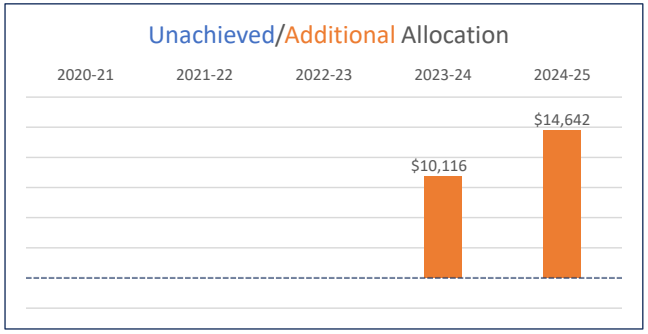












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Ontario Tech University

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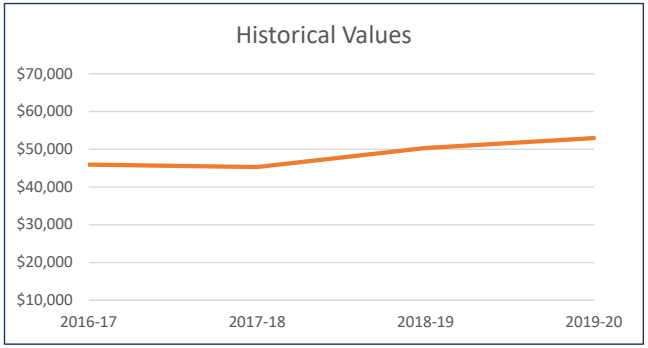
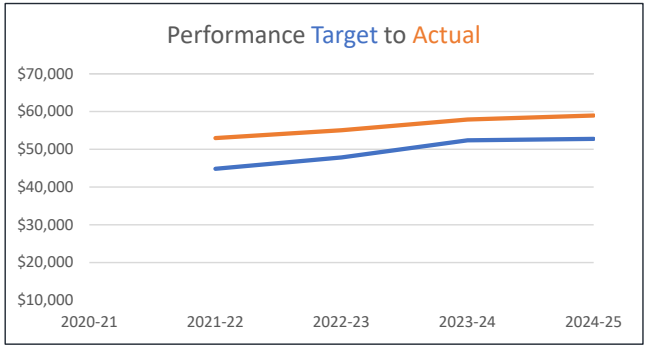
SMA3 Dashboard - Metric 9

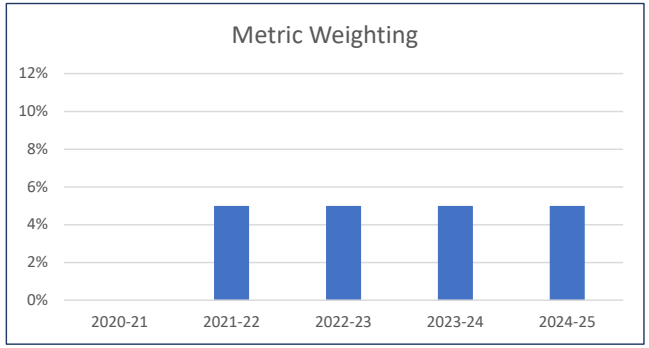
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

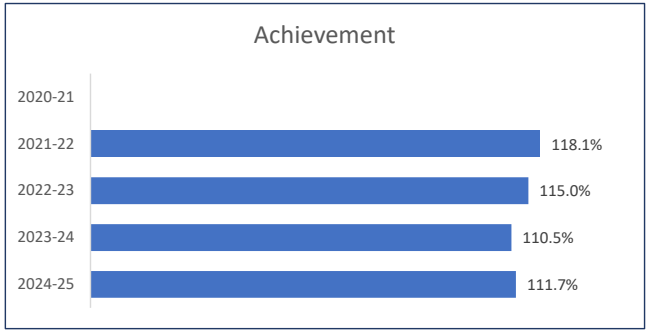
Definition
Median employment earnings of university graduates, two years after graduation.

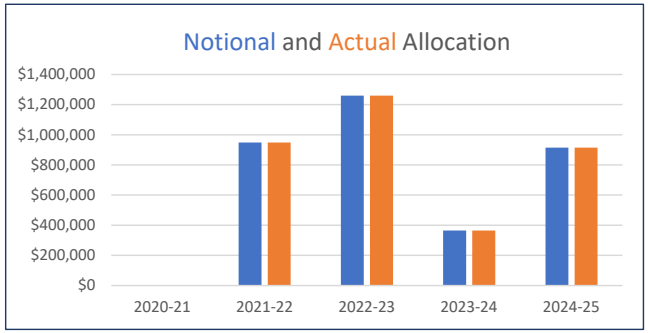
Data Source
Education and Labour Market Longitudinal Platform (ELMLP), Statistics Canada

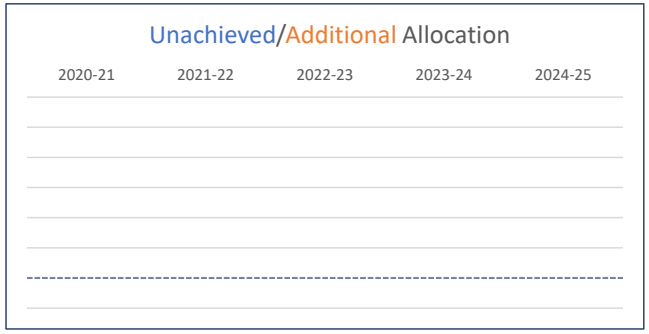












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SMA3 Dashboard - Metric 10

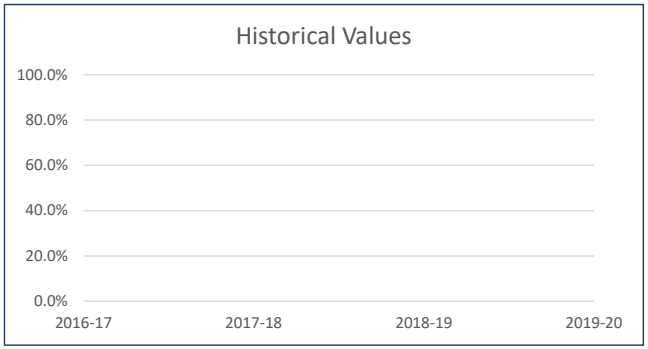
Graduate Employment Rate in a Related Field	Institutional Strength/Focus
Graduation Rate	Community/Local Impact of Student Enrolment
Economic Impact (Institution-specific)	Research Funding and Capacity: Federal Tri-Agency Funding Secured
Experiential Learning	Research Revenue Attracted from Private Sources
Graduate Employment Earnings	Skills & Competencies (Institution-specific)

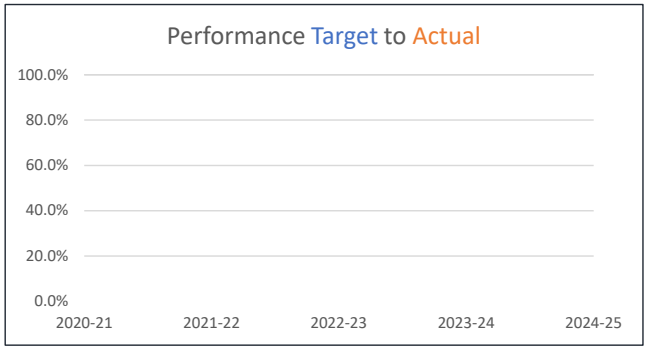
Definition

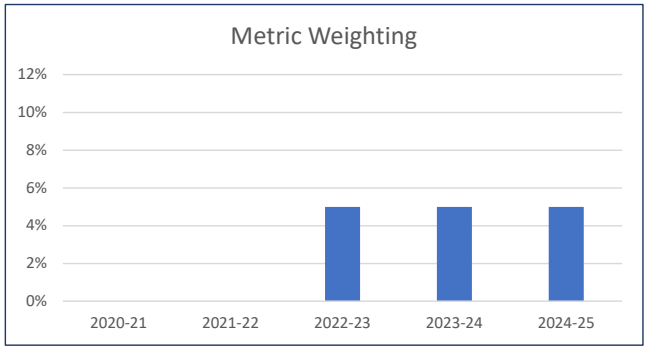
Proportion of graduates of undergraduate (bachelor or first professional degree) programs who consider the skills they developed to be, “Quite a bit” or “Very much” attributed to their university program.

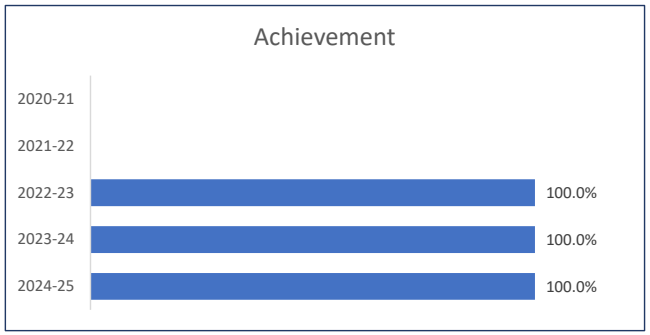
Data Source

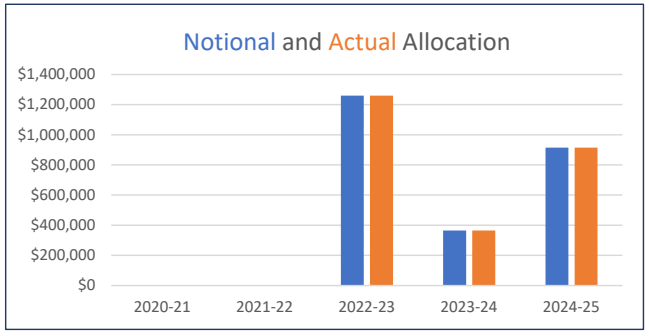
2023 NSSE Q18 (Senior Year Students) for SMA3 Yr4, Internal Graduation Survey Q1 for SMA3 Yr5

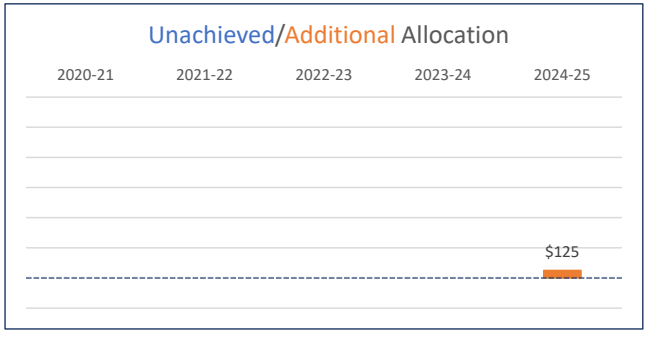








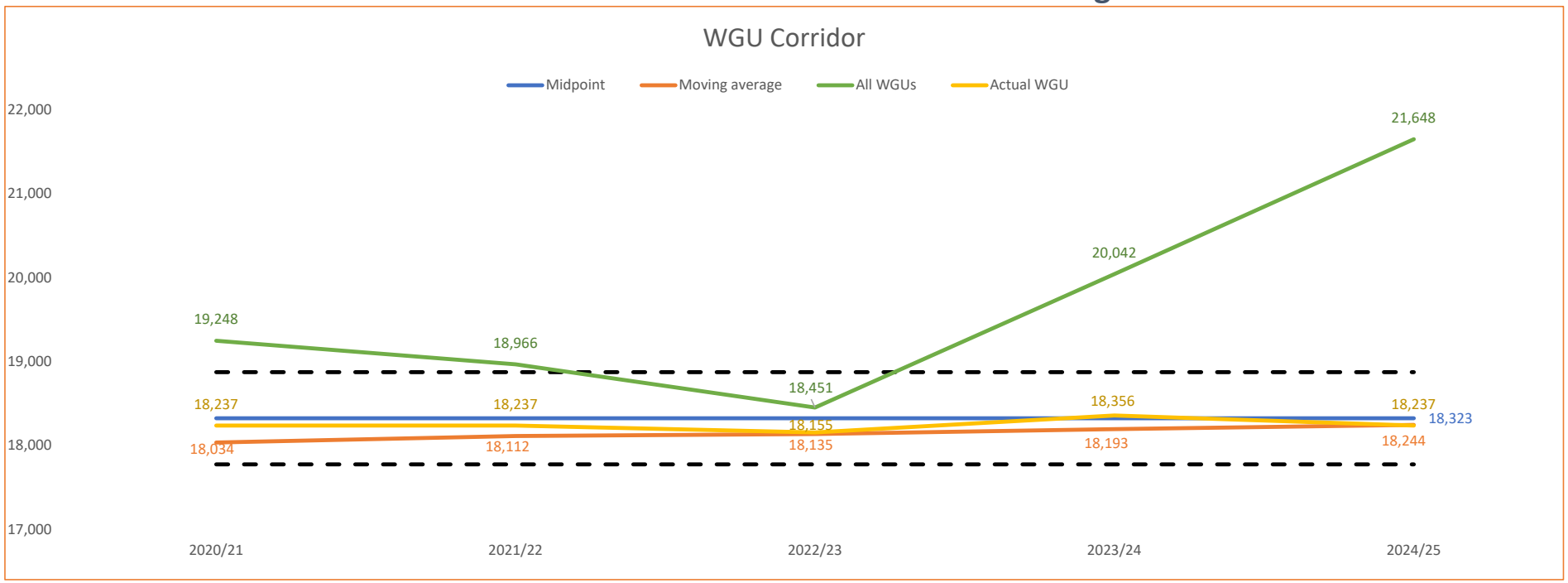


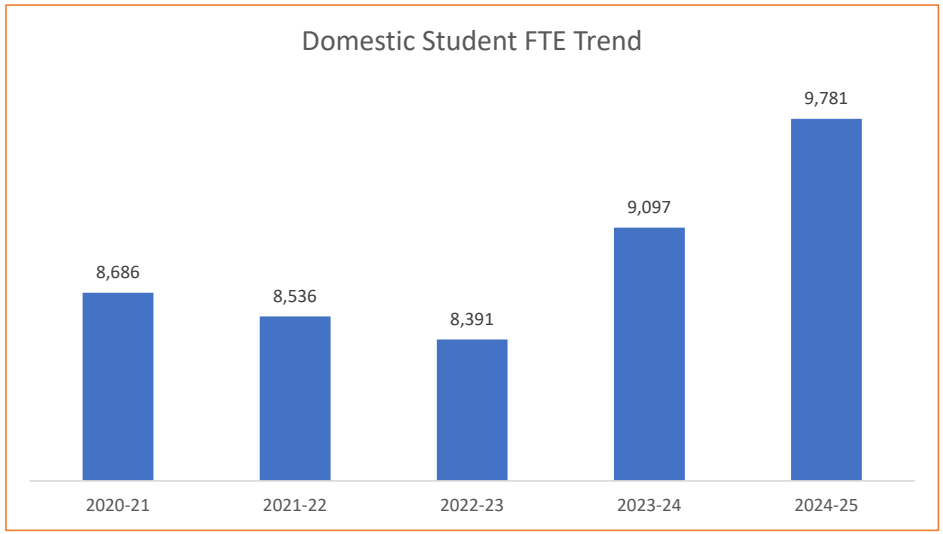


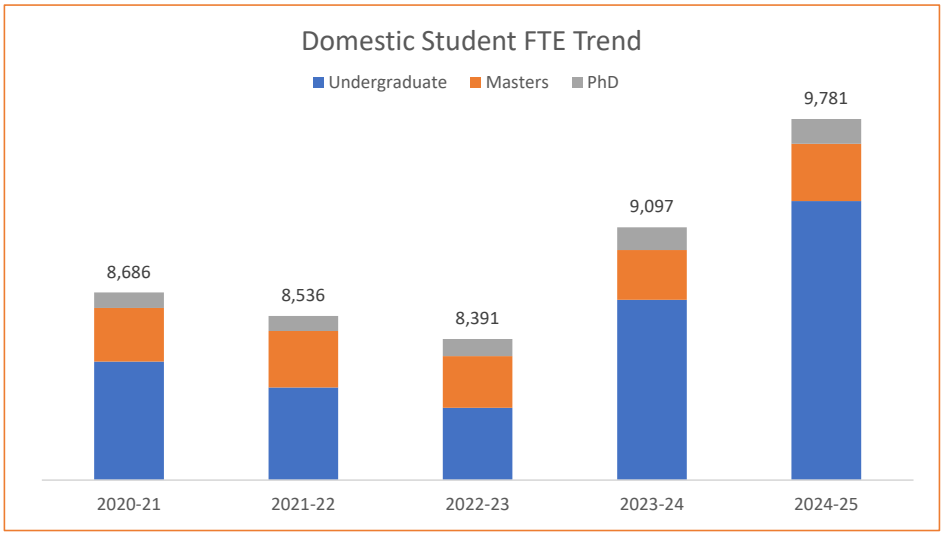
Note: Metrics 1-6 active during Year 1 (2020-21)
Metrics 1-9 active during Year 2 (2021-22)
Metrics 1-10 active during Year 3 (2022-23) and forward
(Metrics 10: Skills & Competencies metric began in Fall 2022, as such there is no data prior to this year to report.)

Data not appearing indicates full allocation achieved

MCURES Enroment Based - Corridor Funding







ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☒
Discussion/Direction	☐
Information	☐

DATE: **23 June 2026**

FROM: **Undergraduate Studies Committee**

SUBJECT: **Major Program Modification – Bachelor of Education (Primary/Junior and Intermediate/Senior)**

COMMITTEE MANDATE:
In accordance with the Undergraduate Studies Committee (USC) Terms of Reference, USC has the responsibility "to examine proposals for new undergraduate degree programs and major changes to existing programs and to recommend their approval, as appropriate, to the Academic Council".

MOTION FOR CONSIDERATION:
That pursuant to the recommendation of the Undergraduate Studies Committee, Academic Council hereby approves the Major Program Modification to the Bachelor of Education programs to revise the program structure from four (4) accelerated semesters to three (3) accelerated semesters in order to align with provincial legislation mandating all Bachelor of Education programs in the province to move from a two-year model to a 12-month format.

BACKGROUND/CONTEXT & RATIONALE:
The Ontario government recently announced that all B.Ed programs within the system are to shift from a two-year model to a condensed, 12-month format program effective for May 2027. This program modification will therefore enable the Faculty to present prospective students with a clearly defined program structure and map to assist in their decision-making process.

The Faculty is proposing the following changes in order to align the program with the new legislation:

- Adjusting the schedule from four accelerated semesters to three accelerated semesters, decreasing overall credit hours for the program from 60 credit hours to 45.
- Adjusting the following five courses plus additional electives from 3 credit hours to 1.5 credit hours: EDUC 2400U - Equity and Diversity, EDUC 2402U Teaching for Inclusion:

Special Needs and Individualized Education, EDUC 2407U Mental Health Issues in Schools, EDUC 2404U - Education Law, Policy and Ethics, EDUC 3217U - Indigenous Knowledge, Environmental & Sustainability Education.

- Relocation of a number of courses within the program maps in order to align within the new three-semester timeframe for program completion.

- **Primary/Junior:**
    - Merging two existing courses (EDUC 1308U – Mathematical Thinking and Doing, EDUC 2408U – P/J Coding and Communication into one: EDUC 1308U.
    - Removal of EDUC 24065U – Reflective Practice/Action Research (with some content to be migrated to Foundations courses – EDUC 1300U, 1305U, EDUC 2405U).
    - Removal of EDUC 2401U - Learning in Digital Contexts, with some content migrated to Digital Literacy Courses (EDUC 1302U, EDUC 1306U).
- **Intermediate/Senior:**
    - Merging two existing courses (EDUC 1310U – I/S Mathematical Thinking and Doing and EDUC 1311U – I/S Coding and Communication) into one: EDUC 1310U – I/S Mathematical Thinking and Doing, Coding and Communication.
    - Removing EDUC 2403U – Independent Inquiry from the program map.

**Note: For all changes to individual courses noted above, appropriate curricular change forms will be submitted in the Fall allowing the Faculty time to consider and fully map all required adjustments to course attributes (i.e. pre-requisites, credit restrictions, course descriptions etc.).*

RESOURCES REQUIRED:

Transition Resources: The Ontario government is providing transitional one-time-only funding to support Faculties of Education with shifting from the 2-year program to the 1-year program.

Program Resources: Intake targets for individual B.Ed programs are established by a fixed, provincially regulated cap. The current faculty complement along with sessional instructors will support the new program format. As part of the new provincial university funding announcement, the WGU weight and rate was also adjusted to better support Education program costs.

TRANSITION AND COMMUNICATION PLAN:

There is no impact to current students, and we will be revising recruitment materials to align with the new program offering.

CONSULTATION AND APPROVAL:

- ✓ Curriculum Committee (MPM): 27 May 2026
- ✓ Faculty Council: 28 May 2026
- ✓ Undergraduate Studies Committee (Recommendation): 16 June 2026
- Academic Council (Approval): 23 June 2026

There has been no formal student consultation as the change has been mandated by the Ontario government, however, the proposed changes do provide clarity for many of the concerns raised by prospective students.

NEXT STEPS:
Pending the approval of Academic Council, this change will be included in the 2027-2028 Academic Calendar.

SUPPORTING REFERENCE MATERIALS:
Bachelor of Education- Primary/Junior
Bachelor of Education – Intermediate/Senior

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☒
Discussion/Direction	☐
Information	☐

DATE: **23 June 2026**

FROM: **Graduate Studies Committee**

SUBJECT: **Major Program Modification – Master of Engineering Management**

COMMITTEE MANDATE:
In accordance with Section III, part c) of the Graduate Studies Committee (GSC) Terms of Reference, GSC has the responsibility to "examine proposals for new graduate degree and diploma programs, major changes to existing programs and to recommend their approval, as appropriate, to Academic Council".

MOTION FOR CONSIDERATION:
That pursuant to the recommendation of the Graduate Studies Committee, Academic Council hereby approves the Major Program Modification to the Master of Engineering Management program to expand mode of delivery for the program to include a hybrid and online options in addition to the existing in-person option.

BACKGROUND/CONTEXT & RATIONALE:
The Master of Engineering Management (MEngM) program is well established within FEAS and this online option aims to increase the reach of the program. Creating the option for students to choose how they will take the courses will allow individuals outside the local area to pursue a master's degree in engineering management. By expanding the reach of the program, the proposed change aligns with the University's Differentiated Growth Strategy.

RESOURCES REQUIRED:
There are no additional academic or non-academic human resources required. The existing courses will be taught in a hybrid format by the current faculty. Over time, should the program generate enough interest to require additional sections, the Dean and Provost will discuss resource needs as applicable.

TRANSITION AND COMMUNICATION PLAN:
The changes are intended for implementation in Fall 2026 with no impact on current students. The availability of the hybrid and online options will be communicated via our website, FEAS Graduate Office, and the Registrar's Office.

CONSULTATION AND APPROVAL:

- ✓ Graduate Curriculum Committee: 15 April 2026
- ✓ Faculty Council: 23 April 2026
- ✓ Graduate Studies Committee (for recommendation): 26 May 2026
- Academic Council (for approval): 23 June 2026

Feedback from current and prospective students at recruitment events and through program inquiries has indicated a keen desire to expand the delivery options for the program.

NEXT STEPS:

Pending the approval of Academic Council, this change will be included in the 2027-2028 Academic Calendar.

SUPPORTING REFERENCE MATERIALS:

Major Program Modification proposal

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☒
Discussion/Direction	☐
Information	☐

DATE: **23 June 2026**

FROM: **Graduate Studies Committee**

SUBJECT: **Major Program Modification – Master of Health Sciences**

COMMITTEE MANDATE:
In accordance with Section III, part c) of the Graduate Studies Committee (GSC) Terms of Reference, GSC has the responsibility to "examine proposals for new graduate degree and diploma programs, major changes to existing programs and to recommend their approval, as appropriate, to Academic Council".

MOTION FOR CONSIDERATION:
That pursuant to the recommendation of the Graduate Studies Committee, Academic Council hereby approves the Major Program Modification to the Master of Health Sciences program to establish a new Field in Medical Laboratory Science and to add new elective offerings to the program.

BACKGROUND/CONTEXT & RATIONALE:
The Faculty is proposing the addition of the new field in Medical Laboratory Science. The proposed change provides targeted opportunities for medical laboratory technologists to obtain graduate-level training that has historically been unavailable. Graduate-level training has been an important goal for medical laboratory science in Canada for many years.

Ontario Tech remains the only degree-level program in medical laboratory science in Ontario, and by building on this program, the university positions itself as a leader in the clinical laboratory science sector. The work of medical laboratory technologists is highly technical and bridges the health workforce with manufacturing processes that are fundamental to delivering high-quality, timely patient results. Providing graduates with the skills to implement contemporary technical and operational skills fundamental to this field is squarely within Ontario Tech's "Tech with a Conscience" framework and further positions the University as a leader in laboratory technology in Canada.

RESOURCES REQUIRED:
Within the proposed program, limited supervision is required by design. The program will instead leverage existing faculty members with diverse clinical and academic experiences to enhance students' learning. The MLS faculty includes tenured and teaching-track faculty with the clinical and

academic qualifications typical of an accredited MLS training program. Full-time faculty will be responsible for program governance, course development, assessment frameworks, and quality assurance processes, and the program will be supported by a program director who will be drawn from the existing MLS faculty pool. All courses will be built around standardized learning outcomes, detailed instructional guides, shared assessment rubrics, and common evaluation criteria. This approach ensures that students experience coherent, aligned instruction regardless of which faculty member is teaching a particular course.

However, given the course-based nature of the program, it will also rely heavily on sessional instruction and seek to provide a diverse occupational experience through this model. Importantly, given the limited number of doctoral-prepared MLS professionals in Canada, the minimum qualifications to teach in the program will be a graduate degree with professional licensure or a doctoral degree with appropriate qualifications for the course content.

This model reflects both the realities of the MLS profession and the pedagogical advantages of drawing on active practitioners to deliver graduate education. MLS is a professional field shaped by continuous technological innovation, regulatory change, and emerging diagnostic methodologies. In addition, a significant current shortage in the clinical realm means many seasoned professionals are employed full-time yet often seek part-time opportunities to share their knowledge and experience. Sessional instructors, therefore, bring current, real-world expertise that ensures the curriculum remains aligned with contemporary professional practice.

The reliance on sessional faculty is also supported by a sustainable recruitment strategy in which the program will draw instructors from an established network of clinical partners. Importantly many of these professionals already contribute to undergraduate teaching within the MLS program as clinical education is a fundamental aspect of delivering accredited training programs. The institution's existing relationships with clinical sites and laboratory leaders further support long term recruitment and retention of sessional faculty.

TRANSITION AND COMMUNICATION PLAN:
The program will be implemented in Fall 2027. As this is a new field, there will be no impact on existing students. No current student communication is required. It is highly unlikely that current students enrolled in the MHSc program will be eligible for transfer into the program by way of the admission standards (e.g., MLS). New electives will be added to the calendar, for which students may enroll as courses are offered.

CONSULTATION AND APPROVAL:
- ✓ Graduate Curriculum Committee; 14 April 2026
- ✓ FHS Faculty Council: 6 May 2026
- ✓ Graduate Studies Committee (for recommendation): 26 May 2026
- Academic Council (for approval): 23 June 2026

Consultations with focus groups including current and prospective students indicated strong support for the establishment of this new program option.

NEXT STEPS:
Pending the approval of Academic Council, this change will be included in the 2027-2028 Academic Calendar.

SUPPORTING REFERENCE MATERIALS:
Major Program Modification proposal

New Course Proposals:
- MLSC 6100G - Advanced Laboratory Operations

- MLSC 6110G - Advanced Healthcare Laboratory Quality Management
- MLSC 6120G - Advanced Microbiology and Toxicology
- MLSC 6130G - Clinical Investigations in Medical Laboratory Science
- MLSC 6140G - Advanced Clinical Pathology and Genetics
- MLSC 6900G - Graduate Seminar in Medical Laboratory Science
- HLSC 6400G - Sustainability in Health Care
- HLSC 6410G - Simulation Education
- HLSC 6420G - Healthcare Infection Prevention and Control Systems
- HLSC 6430G - Advanced Healthcare Human Resources Management

Course Change Proposals:

- HLSC 6129G
- HLSC 5097G

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☒
Discussion/Direction	☐
Information	☐

DATE: **23 June 2026**

FROM: **Graduate Studies Committee**

SUBJECT: **Major Program Modification – Master of Science in Nursing**

COMMITTEE MANDATE:
In accordance with Section III, part c) of the Graduate Studies Committee (GSC) Terms of Reference, GSC has the responsibility to "examine proposals for new graduate degree and diploma programs, major changes to existing programs and to recommend their approval, as appropriate, to Academic Council".

MOTION FOR CONSIDERATION:
That pursuant to the recommendation of the Graduate Studies Committee, Academic Council hereby approves the Major Program Modification to the Master of Science in Nursing program to update program curriculum and requirements prompted by the dissolution of the partnership with Trent University through which the program was previously offered.

BACKGROUND/CONTEXT & RATIONALE:
Previously, the Master of Science in Nursing (MScN) was offered as a joint program between Ontario Tech University and Trent University. As of 2025, a dissolution agreement was reached with Trent University to offer independent programs. As of 2026, Ontario Tech is delivering a standalone program.

The proposed changes will facilitate a standalone MScN program offered solely through Ontario Tech University. To ensure that the program provided to students is rigorous, fulfills the degree expectations, and is offered in a format that is accessible to students and working professionals (Registered Nurses), the following changes to the program have been proposed.

1. Removal of NURS 5120G: Philosophy of Nursing Science
2. Removal of NURS 5021G: Advanced Nursing Through Leadership
3. Creation of new course: Nursing Advanced Practice Theory and Leadership (NURS 5114G)
4. Decrease in total credit hours from 30 credits to 27 credit hours
5. Change in the program mode of delivery from fully asynchronous-online to an online-flexibility delivery mode, which offers increased opportunities for connection in-person and

online. This will facilitate students wishing to live in or near Oshawa with the ability to take classes in-person and/or attend in-person events should they choose.
6. Change of intake term from Spring term to Fall term.
7. Admission to the MScN Thesis Stream would mirror the Master of Health Sciences (MHSc) Thesis Stream admission process and require confirmation of a supervisor at the time of admission.
8. Admission to the MScN Thesis Stream would require a full-time time-status at the time of admission.
9. Removal of the Prior Learning Assessment and Recognition (PLAR) process. Instead, a non-standard admission may be considered (as is already in place for other graduate programs).
10. Application requirements will be updated to include (1) submission of a Curriculum Vitae (CV) and (2) Applicant Profile outlining the applicant's goals for graduate education and area of interest.
11. Increase of intake capacity from 10 students (previous capacity agreement between Ontario Tech and Trent University) to 20 students annually.
12. Adjustment of NURS 5097G: Nursing Advanced/Professional Practice Research Project from a 6 credit hour course spanning two terms to two separate courses, each with 3 credit hours completed in consecutive terms.
13. Additional eligible elective opportunities

Delivering an independent MScN program provides an opportunity to design and deliver the program in a way that best supports the needs of both students and faculty at Ontario Tech University. This includes aligning program components with the structure and objectives of the Faculty of Health Sciences and existing MHSc degree and additional graduate degrees in the faculty to ensure consistency and cohesion. The proposed changes were informed by several key factors: the need to take on course delivery responsibilities previously handled by Trent University, feedback from students regarding course content and delivery, and consultation with Nursing faculty. Additionally, an environmental scan of comparable programs across Ontario was conducted to ensure the revised program remains competitive, relevant, and aligned with current trends in the discipline.

RESOURCES REQUIRED:
The proposed changes are well supported by existing resources in the Faculty of Health Sciences. Most courses will be drawn from the current MHSc and MScN offerings, ensuring efficient use of faculty and resources. The two new proposed new courses, NURS 5114G: Nursing Advanced Practice Theory and Leadership and NURS 5098G: Nursing Advanced/Professional Practice Research Project will require a qualified nursing faculty member for instruction however, two courses are being removed, therefore the overall faculty needs for the program are not impacted.

TRANSITION AND COMMUNICATION PLAN:
Current MScN students will continue on the existing program map (Spring 2026 intake will have all courses taught at Ontario Tech).

Students enrolled in the current MScN program at Ontario Tech University who started (intake term) in Spring 2024, Spring 2025, Spring 2026 may choose to transfer to the new program map.

Current students in the program will be informed of the program changes via email, and the updated handbook. Incoming students will be made aware of these changes via the website and Academic Calendar. The Graduate Academic Advisor and faculty in the program will also be made aware of the changes and will be provided with a summary of the changes in the event that they are speaking with current or prospective students.

CONSULTATION AND APPROVAL:
- ✓ Graduate Curriculum Committee; 14 April 2026
- ✓ FHS Faculty Council: 6 May 2026

- ✓ Graduate Studies Committee (for recommendation): 26 May 2026
- Academic Council (for approval): 23 June 2026

Current students have been invited to provide input about the proposed changes, with an opportunity to provide feedback on current program delivery and suggestions via an online survey and an online meeting.

NEXT STEPS:
Pending the approval of Academic Council, this change will be included in the 2027-2028 Academic Calendar.

SUPPORTING REFERENCE MATERIALS:

Major Program Modification proposal

New Course Proposals:
- NURS 5098G
- NURS 5114G
- HLSC 6400G: Sustainability in Health Care
- HLSC 6410G: Simulation Education
- HLSC 6420G: Healthcare Infection Prevention and Control
- HLSC 6430G: Advanced Human Resource Management
- HLSC 5308G: Integrated Topics in Active Aging

Course Change Proposals:
NURS 5119G

ACADEMIC COUNCIL REPORT

SESSION:		**ACTION REQUESTED:**	
Public	☒	**Decision**	☒
Non-Public	☐	**Discussion/Direction**	☐
		Information	☐

TO: **Academic Council**

DATE: **June 23, 2026**

PRESENTED BY: **Lori Livingston, Provost and Vice-President Academic**

FROM: **Governance & Nominations Committee (GNC)**

SUBJECT: **2026-2027 Academic Council Meeting Schedule**

EXECUTIVE SUMMARY:

- At its June 9, 2026 meeting, the Steering Committee endorsed GNC's consideration of proposed revisions to the Academic Council (AC) and standing committee meeting schedules given GNC's responsibility for advising AC on its structure and processes.
- At its June 16, 2026 meeting, the Governance & Nominations Committee (GNC) recommended for approval by Academic Council revisions to the Academic Council governance meeting schedule effective for the 2026-2027 academic year.
- The revisions are grounded in ensuring the maintenance and enhancement of meaningful and effective collegial governance by broadening opportunities for members to contribute their expertise, engage in meaningful dialogue, and collectively advance the University's academic mission.
- The proposed revisions would maintain AC's decision-making, consultative and oversight responsibilities while strengthening collegial governance through focused formal meetings and introducing dedicated opportunities for governance education, academic discussion, and engagement on matters of broad academic interest.

PROPOSED CHANGES:

- Beginning in 2026-2027, AC would meet six times annually, together with the introduction of four AC "information sessions", including an expanded governance orientation session and topic-focused sessions on matters within AC's mandate for discussion.
- Associated revisions would be made to the meeting schedules of AC's standing committees.
- A structured annual program of AC information sessions will be developed.

RATIONALE/BACKGROUND

- The proposed revisions affect only the scheduling and format of the academic governance schedule. The mandates, responsibilities, and decision-making powers of AC and its standing committees remain unchanged.
- Observations and feedback from 2025-2026 have identified opportunities to better align governance schedules with governance workload and decision-making requirements, whilst also strengthening academic governance.
- While several committee meetings were cancelled due to a lack of business or meetings concluded well before the allotted time during 2025-2026, the proposed changes are intended to enhance – not reduce – collegial governance by focusing academic governance time where it adds the greatest value.
- Regular meetings will remain dedicated to strategic and substantive academic matters requiring deliberation, consultation and decision decision-making, while information sessions will provide dedicated opportunities for academic dialogue, academic governance education, and engagement on matters of broad academic interest.
- Governance calendars, including the Board of Governors, will be reviewed to ensure collective alignment with curriculum and academic approval pathways.
- After one year, there will be a review of the revised scheduling to assess effectiveness, member engagement, and governance outcomes.

MOTION FOR CONSIDERATION:

That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the revisions to the Academic Council governance meeting schedule effective for the 2026-2027 academic year, including:

a) the scheduling of six (6) regular meetings of Academic Council annually;

b) the introduction of four (4) Academic Council information sessions annually, including an orientation session and sessions on matters of broad academic interest within Academic Council's mandate;

c) associated revisions to the meeting schedules of Academic Council's standing committees; and

d) a review of the revised academic governance schedule following the 2026-2027 academic year.

NEXT STEPS:

- The University Secretariat will finalize the 2026-2027 Academic Council governance meeting schedule for distribution.
- Any necessary revisions to Committee Terms of Reference will be identified.

ACADEMIC COUNCIL REPORT

SESSION:		**ACTION REQUESTED:**	
Public	☒	**Decision**	☒
Non-Public	☐	**Discussion/Direction**	☐
		Information	☐

TO: **Academic Council**

DATE: **June 23, 2026**

PRESENTED BY: **Lori Livingston, Provost and Vice-President Academic**

FROM: **Governance & Nominations Committee (GNC)**

SUBJECT: **2026-2027 Academic Council: Expressions of Interest and Appointments**

EXECUTIVE SUMMARY:

- One of GNC's responsibilities is to oversee the recruitment, selection, and election process of new members to Academic Council and its committees, and, recommend appointments for approval by Academic Council.
- To conclude the 2026 Academic Council Election process, appointment recommendations are being presented by the Governance & Nominations Committee (GNC) to Academic Council for approval.

KEY CONSIDERATIONS:

- All committees for 2026-2027 will have the requisite number of members as prescribed by their respective Terms of Reference to meet quorum requirements.

BACKGROUND/CONTEXT:

- At the January 2026 meeting, GNC approved the 2026 Election Timeline/Process, including the call for expressions of interest for Academic Council committees and related Academic Council positions.
- In April, as part of the 2026 Academic Council Election process GNC recommended appointments of Teaching Staff to specific positions and GNC is now recommending appointments of Students to specific positions.

Academic Appeals Committee (AAC) Appointment Term Alignment:

- Academic Council and committee terms now begin September 1 and end August 31.

- To ensure continued representation and operational continuity over the summer ahead of new AAC members' terms starting September 1, a brief term extension to August 31, 2026 is sought for one member, who has agreed to this extension.

Remaining Vacancies

- Should Academic Council approve all candidates as recommended, any vacancies are outlined in the attached Academic Council and Committees Open Positions.
- Any vacancy will not affect quorum or function of the applicable Committee.

MOTIONS FOR CONSIDERATION:

Motion 1:

That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the following Student appointments to Academic Council and its Committees:

a) Student positions on Academic Council for the term of September 1, 2026 to August 31, 2027, renewable for an additional year:
- ❖ *Noah Bagshaw (undergraduate);*
- ❖ *Greatness Okhani (undergraduate);*
- ❖ *Alexis Ramcharan (undergraduate);*
- ❖ *Joshua Zino (undergraduate);*
- ❖ *Fatemeh Hajikhani Roudsari (graduate); and*
- ❖ *Kailey Haskell (graduate)*

AND

b) Student positions on the Academic Appeals Committee for the term of July 1, 2026 to June 30, 2027, renewable for an additional year:
- ❖ *Areeba Azhar (undergraduate);*
- ❖ *Greatness Okhani (undergraduate); and*
- ❖ *Joshua Zino (undergraduate)*

AND

c) Student positions on the Undergraduate Studies Committee for the term of September 1, 2026 to August 31, 2027, renewable for an additional year:
- ❖ *Samantha Ng (undergraduate); and*
- ❖ *Ryelle Quiazon (undergraduate)*

Motion 2:

That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the following appointments to the specified Academic Council Committee and positions for the following terms:

a) Academic Council Student member position on the Governance & Nominations Committee for the term of September 1, 2026 to August 31, 2027, renewable for an additional year:
- ❖ *Kailey Haskell;*

AND

b) Academic Council Teaching Staff member position on the Governance & Nominations Committee for the term of September 1, 2026 to August 31, 2029:
- ❖ *Shannon Vettor, from the Faculty of Social Science and Humanities*

Motion 3:
That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the following appointments to the specified Academic Council Committee and positions for the following terms:

Elected faculty members of Academic Council positions on the Undergraduate Studies Committee:

- *Laura Banks for the term September 1, 2026 to August 31, 2028; and*
- *Ana Duff for the term September 1, 2026 to August 31, 2027*

Motion 4:
That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the following appointments to the specified Academic Council Committee position for the following term:

Academic Appeals Committee Chair for the term of September 1, 2026 to August 31, 2028:

- *Brent MacRae*

Motion 5:
That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the following faculty member appointments to the specified positions for the following terms:

- *Council of Ontario Universities Academic Colleague for the term July 1, 2026 to June 30, 2029 – Pariss Garramone; and*
- *Council of Ontario Universities Alternate Academic Colleague for the term July 1, 2026 to June 30, 2029 – Joelle Rodway*

Motion 6:
That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the following appointments to the specified Academic Council Committee for the following terms:

Elected representatives on Academic Council positions on the Steering Committee:

- *Andrew Hogue Academic Council Teaching Staff appointment for the term September 1, 2026 to August 31, 2029*
- *Denina Simmons, Academic Council Teaching Staff appointment for the term September 1, 2026 to August 31, 2029; and*
- *Noah Bagshaw, Academic Council Student appointment for the term September 1, 2026 to August 31, 2027, renewable*

Motion 7:
That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the following ending of appointment term as outlined below:

- *Josh Lowe, Academic Appeals Committee Teaching Staff Member with a three year term ending August 31, 2026.*

NEXT STEPS:

- The appointment of the following positions will be undertaken in September to align with the applicable Procedures.
    - Academic Council Vice Chair
    - Academic Council Board of Governors Liaison

SUPPORTING REFERENCE MATERIALS:

- Academic Council and Committees Open Positions Update

2026 Academic Council Elections:
Open Positions Update

Open Positions	#	Filled	Vacancies
Academic Council			
Frazer Faculty of Education	1	1	0
Faculty of Health Sciences	1	1	0
Faculty of Science	2	2	0
Faculty of Social Science and Humanities	2	1	1
Faculty at Large	5	5	0
Undergraduate Student	4	4	0
Graduate Student	2	2	0
Academic Council Committees			
Academic Appeals Committee (Undergraduate)			
Teaching Staff	1-3	2	1
Undergraduate Student	3	3	0
Graduate Studies Committee			
Graduate Student (PhD level)	1	0	1
Honorary Degrees Committee			
Student	1	0	1
Undergraduate Studies Committee			
Undergraduate Student	2	2	0
Academic Council Committees - EOI			
Governance & Nominations Committee			
AC elected Teaching Staff (FEd)	1	0	1
AC elected Teaching Staff (FSSH)	1	1	0
AC elected Student	1	1	0
Graduate Studies Committee			
AC elected Teaching Staff (Graduate Faculty)	1	0	1
Research Committee			
AC elected Teaching Staff	2	2	0
Steering Committee (Elected Representatives of Academic Council)			
AC elected Teaching Staff	2	2	0
AC elected Student	1	1	0
Undergraduate Studies Committee			
AC elected Teaching Staff	2	2	0
Academic Council/Committee Positions - EOI			
COU Academic Colleague	1	1	0
COU Academic Colleague Alternate	1	1	0
Academic Appeals Committee Chair (chosen from within Committee - Teaching Faculty)	1	1	0
Academic Appeals Committee Vice-Chair (chosen from within Committee by Committee - Teaching Faculty)	1	Pending AAC Confirmation	0

ACADEMIC COUNCIL REPORT

SESSION:		**ACTION REQUESTED:**	
Public	☒	**Decision**	☒
Non-Public	☐	**Discussion/Direction**	☐
		Information	☐

TO: **Academic Council**

DATE: **June 23, 2026**

PRESENTED BY: **Lori Livingston, Provost and Vice-President Academic**

FROM: **Governance & Nominations Committee (GNC)**

SUBJECT: **2026-2027 Research Committee Appointments**

EXECUTIVE SUMMARY:

- One of GNC's responsibilities is to oversee the recruitment, selection, and election process of new members to Academic Council and its committees, and, recommend appointments for approval by Academic Council.
- Appointment recommendations for the Research Committee are being presented by the Governance & Nominations Committee (GNC) to Academic Council for approval.

MOTIONS FOR CONSIDERATION:

Motion 1:

That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the appointment of the following faculty members to the Research Committee for the term September 1, 2026 until August 31, 2029:

- *Dr. Atef Mohany, Faculty of Engineering and Applied Science; and*
- *Dr. Peter Lewis, Faculty of Business and Information Technology*

Motion 2:

That, pursuant to the recommendation of the Governance & Nominations Committee, Academic Council hereby approves the appointment of the following elected Academic Council Faculty Members to the Research Committee for the following terms:

- *Denina Simmons for the term September 1, 2026 to August 31, 2029; and*
- *Ginny Brunton for the term September 1, 2026 to August 31, 2029*

NEXT STEPS:

- N/A.

SUPPORTING REFERENCE MATERIALS:

- N/A

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☒
Discussion/Direction	☐
Information	☐

DATE: **June 23, 2026**

FROM: **Joe Stokes, University Registrar and AVP, International**

SUBJECT: **Revised Registration and Course Selection Policy**

COMMITTEE MANDATE:

Under the Policy Framework and the University's Act and By-laws, Academic Council is responsible for approving Academic Policy and to make recommendations to the Board on "the establishment and terms of reference of committees to exercise the Academic Council's delegated authority" under By- law no. 2. The Undergraduate and Graduates Studies Committees have a mandate of maintaining the academic standards set by Academic Council and serve as the deliberative bodies for academic policy instruments.

We present the attached amended Registration and Course Selection Policy for approval by Academic Council.

MOTION FOR CONSIDERATION:

That Academic Council hereby approves the amended Registration and Course Selection Policy.

BACKGROUND/CONTEXT & RATIONALE:

Currently, there is no reference to a graduate-level Consideration for Late Withdrawal process codified in any existing academic policy instruments. To this end, the School of Graduate and Postdoctoral Studies (SGPS) has requested that graduate students be included within the scope of existing Consideration for Late Withdrawal procedures to ensure equity across all student populations.

This change in practice requires a substantive change to the Registration and Course Selection Policy; specifically, the addition of 'and Graduate Students' to section 15: Request for Consideration for Late Withdrawal from a Course(s) for Undergraduate Students.

RESOURCES REQUIRED:

No additional resource requirements.

CONSULTATION AND APPROVAL:

- Online Consultation: April 20, 2026 – April 24, 2026
- Undergraduate Studies Committee (Deliberation): May 19, 2026
- Graduate Studies Committee (Deliberation): May 26, 2026
- Academic Council for approval: June 23, 2026

NEXT STEPS:

Pending the approval of Academic Council, this policy amendment will become effective immediately.

If approved, the Graduate Students – Tuition and Late Withdrawal Appeal Request Form would be considered defunct and replaced by the Consideration for Late Withdrawal process.

SUPPORTING REFERENCE MATERIALS:

- ACD 1508 Registration and Course Selection Policy (Tracked Changes)
  ACD 1508_Registration and Course Selection Policy_Clean Copy

Registration and Course Selection Policy

Classification number	ACD 1508
Framework category	Academic
Approving authority	Academic Council
Policy owner	Registrar
Approval date	DRAFT FOR APPROVAL
Review date	TBD
Last updated	~~November 2025~~January 2026
Supersedes	Registration and Course Selection Policy, February 25, 2020; Academic Regulations – Undergraduate Academic Calendar 2016-2017, Academic Regulations, Graduate Academic Calendar 2019-20

Purpose

1. The purpose of this Policy is to outline the University's Registration and Course selection Framework.

Definitions

2. For the purposes of this Policy the following definitions apply:

"Academic Transcript" means the complete report of a student's academic record.

"Academic Year" means the period from September 1 to August 31.

"Credit Hours" means a measure used to reflect the relative weight of a given Course toward the fulfilment of degree requirements. Unless otherwise indicated, a Course normally has a Credit Hour value of three.

"Corequisite" means a Course that must be taken concurrently with the Course for which it is required.

"Course" means a unit of work in a particular subject normally extending through one Semester or Session, the completion of which carries credit toward the requirements of a degree or diploma.

"Examination" means a form of testing intended to assess the level of students' knowledge, ability, skills, comprehension, application, analysis, and/or synthesis of the subject matter in a Course of study. This includes, but is not limited to in-person, online, take-home, practical, and laboratory Examinations. This does not include doctoral candidacy, master's or doctoral thesis examinations.

"Fee-Per-Credit Program" refers to a graduate program in which students are charged tuition based on the number of credits in which they are registered in a given term.

"Flat-Fee Program" refers to a graduate program in which all students in the same program are charged the same tuition fee for course loads at or above a certain threshold of the normal course load.

"Grade Point Average (GPA)" means the weighted average of the grade points awarded on the basis of academic performance during a single Semester.

"Prerequisite" means a Course that must be successfully completed prior to commencing a second Course for which it is required.

"Program" means a complete set and sequence of Courses, combination of Courses, and/or other units of study, research and practice, the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma), provided all other academic and financial requirements are met.

"Semester" means sixty days of lectures and a final Examination period.

"Session" means a period of approximately six consecutive weeks in the summer Semester consisting of 30 days of lectures and a final Examination period. The first half of summer Semester is designated as spring Session; the second half is designated as summer Session.

"Time-Status" means the declared registration status of a graduate student. Graduate students can be registered full-time or part-time regardless of the number of courses in which they are registered. Time-status means full or part-time status for an Undergraduate student,

which is defined by the student's registered course load.

Scope and authority

3. This Policy applies to all Course selections for undergraduate and graduate students.

4. The Registrar, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of this Policy.

5. The Dean of Graduate and Postdoctoral Studies is responsible for overseeing the implementation, administration and interpretation of this Policy as they pertain to graduate students.

Policy

The following outlines the requirements regarding registration and Course selection for undergraduate and graduate students.

6. Course Selection

6.1 Requirements for Programs of study are listed in the faculty or Program sections of the academic calendar. Students should become familiar with the Program and/or degree requirements and plan their Programs accordingly.

6.2 Academic advice is available to undergraduate students who experience difficulty when selecting Courses.

6.3 All candidates pursuing a graduate degree or diploma shall enrol in an advanced course of study.

6.4 Graduate students must consult with their graduate program director, faculty advisor or research supervisor as part of the planning process.

6.5 All Courses in the student's Program must be approved by the graduate program director.

6.6 Graduate students may take graduate Courses outside their Program with permission from the student's supervisor (if applicable), graduate program director for the Program and the graduate program director for the Course. Graduate students may be charged fees in addition to their regular Program fee for such Courses.

6.7 Graduate students cannot take Courses for credit in addition to the Course requirements for their graduate Program.

6.8 Not all Courses are offered in any one Semester, Session, or Academic Year. Elective offerings may vary from Semester to Semester.

7. Prerequisites and Corequisites

7.1 Some Courses have Prerequisites or Corequisites.

7.2 An undergraduate student may have Prerequisites and Corequisites waived with the permission of the faculty.

7.3 A graduate student may have Prerequisites or Corequisites waived with the permission of the graduate program director.

7.4 Any student who requests such a waiver is responsible to ensure that they are adequately prepared to proceed with the level of study required in the Course.

7.5 Inadequate preparation is not a basis for appeal of a final grade in a Course

for which a student requested a waiver of Prerequisite or Corequisite.

8. Repeating Courses

8.1 Undergraduate students

a. Undergraduate students are not allowed to repeat the same Course, or its equivalent, more than two times.

b. All instances of a Course will appear on the Academic Transcript. Only the grade achieved on the most recent attempt will be included in the calculation of the student's Grade Point Average.

c. Students who have failed a third attempt of a Program required Course will be dismissed from the Program.

8.2 Graduate students

a) Graduate students who fail a course are required to repeat the Course or an approved alternate within three active semesters after receiving the final grade.

b) Students who do not successfully complete the Course within three active semesters or fail a second Course will be eligible for dismissal from the University.

c) All instances of a Course appear on the Academic Transcript. Only the grade achieved on the most recent attempt, or an approved alternative Course, is used to calculate the student's GPA.

d) Repeating Courses impacts graduate student academic standing. This is outlined in “Graduate Student Grading System, Research Progress and Academic Standing Policy”.

9. Auditing Courses

9.1 Undergraduate and graduate students may audit a Course(s) in accordance with the Policy on Auditing an Undergraduate and Graduate Course

9.2 Audited Courses will not appear on a student’s Academic Transcript.

10. Curriculum Substitution

10.1 Undergraduate students wishing to substitute one Course for another in a set of Program requirements may request permission to do so from the dean of the faculty or designate. Requests are referred to the appropriate Faculty Council for decision.

10.2 Any changes to a graduate student's Program must be approved by the graduate program director.

11. Letters of Permission for Undergraduate Students

11.1 Students wishing to take a Course at another institution must apply for and receive a letter of permission from the University in advance of their application to the visiting institution.

11.2 A letter of permission ensures that the Courses to be taken at the host institution will be recognized for credit at the University and are applicable to the student's Program of

study.

11.3 For application instructions, eligibility requirements, and restrictions, students should visit ontariotechu.ca/lop.

12. Graduate Student Course and Research Exchanges

12.1 Graduate students may apply to take Courses at other universities within and outside Canada and may request for credits earned to be transferred to their graduate Program at the University.

12.2 Graduate students from other universities within and outside Canada may apply to take Courses at the University that can be applied to their graduate work at the institution at which they are registered.

12.3 For application instructions, eligibility requirements, and restrictions, students should review the relevant section of the Graduate Academic Calendar or policy.

13. Registration Changes

13.1 Course Changes

The academic schedule for each Academic Year will outline predetermined dates for the following for each Semester and/or Session:

a. Last day to add Courses.

b. Last day to drop Courses and receive a 100 per cent refund of tuition fees.

c. Last day to drop Courses and receive a 50 per cent refund of tuition fees. Dropping Courses on or prior to this date can be done without academic consequences.

- Dropping Courses after this date, and up to the last day to drop Courses, will result in a W being placed on the student's record indicating withdrawal.
- The W will not affect the Grade Point Average (GPA). However, a large number of W grades may affect the way an Academic Transcript is viewed by graduate schools or potential employers.

d. Last day to drop Courses.

- Withdrawal deadlines are not the same as the refund deadlines. Students should consult the University's academic schedule and Fees and Charges policies when considering withdrawal.

13.2 Graduate Student Registration Change Requests

The academic schedule for each Academic Year will outline predetermined dates for graduate students to submit:

a. Request for Program change;

b. Request to change Time-Status; or

c. Requests for Leave of Absence

14. Voluntary Withdrawal

14.1 Withdrawal from a Course can have implications for a student's academic Program, student aid and awards eligibility and full-time status.

14.2 A dropped Course does not count toward degree requirements and cannot be used to satisfy Prerequisites for further Courses. In addition, the Course that is dropped may not be available in the next Semester or Session. Students are advised to consider all Course changes carefully or consult an advisor or graduate program director.

14.3 Students are reminded that non-attendance in a Course is not equivalent to withdrawal. Students who cease to attend a Course but do not formally withdraw will be academically and financially responsible for that Course.

15. Request for Consideration for Late Withdrawal from a Course(s) for Undergraduate and Graduate Students

15.1 Students may submit a request to the Registrar's office to consider a late withdrawal from a Course(s) due to extenuating circumstances beyond their control (such as medical reasons, death in the family, etc.).

15.2 All relevant supporting documentation must accompany the request.

15.3 Such requests must be submitted in writing no later than 10 working days after the commencement of the subsequent Semester (including fall, winter or summer Semester) in which the student is enrolled.

16. Continuous Registration for Graduate Students

16.1 Students enrolled in flat-fee programs must be registered in each Semester (including fall, winter and summer Semester) commencing with the Semester specified in their letter of offer and continuing until graduation. Students enrolled in fee-per-credit programs must consult with their program office or graduate program director regarding the expectations for continuous registration in their program.

16.2 Students enrolled in flat-fee programs are automatically registered in a graduate continuance Course until graduation, withdrawal or Program termination. Students must actively register for all other Program Courses. Students who do not formally register in a course cannot attend classes, access Course materials on the learning management system, submit assignments for evaluation or be assigned a grade in that Course.

16.3 If a student enrolled in a flat-fee program fails to maintain continuous registration in a Program or to register after the expiry of an approved leave of absence, the student's status is changed to inactive for up to one year.

16.4 Students who wish to re-register within the one year period may apply for reinstatement. If reinstatement is approved, students are required to pay all fees owing as well as any reinstatement fees that are in effect at the time of reinstatement.

16.5 If the student fails to register for three consecutive Semesters, their file is closed and the student is withdrawn from the Program.

16.6 Should a student who has been withdrawn wish to continue their graduate studies, the student must apply for readmission. Readmission to the University and/or the student's

original Program is not guaranteed.

17. Concurrent Registration

17.1 Undergraduate students may not be enrolled concurrently in more than one Program at any institution unless the Programs are formally structured and approved for concurrent registration.

17.2 Graduate students may not be enrolled concurrently in two Programs unless the Programs are formally structured and approved for concurrent registration.

18. Absences from Studies for Graduate Students

18.1 Graduate students are expected to be uninterruptedly registered in their designated Program of study in order to support the timely completion of their degree. However, the University recognizes that under certain circumstances students may need to absent themselves from regular study while maintaining their relationship with the University.

18.2 Such circumstances must have sufficient cause and an official leave of absence must be requested through the School of Graduate and Postdoctoral Studies and approved by the Dean of Graduate and Postdoctoral Studies.

18.3 Acceptable circumstances include the following:

a. Exceptional circumstances, including medical, extraordinary demands of employment and compassionate circumstances.

b. Maternity leave, which is available to students during or following a pregnancy.

c. Parental leave, which is available to students who face extraordinary demands in parental responsibilities or whose duties require that they be absent from their studies for a period of time.

18.4 A leave normally begins on the first day of the Semester for a period of one, two or three academic Semesters. Normally, retroactive leaves of absences will not be granted.

18.5 During the period of leave, the following conditions apply:

a. Students are not registered or required to pay fees.

b. Students may not undertake any academic or research work, or use any of the University's facilities.

c. Students are not eligible to receive scholarships or assistantships from the University. In the case of other graduate student awards, the regulations of the particular granting agency apply.

d. Except for parental leave or in exceptional circumstances, it is not expected that a student will be granted more than one leave under the terms of this policy. The time limits for completing the degree Program will be extended by the duration of the leave taken (i.e., one, two or three Semesters, as appropriate).

e. Leave of absence forms will not be processed for students who have outstanding fees. Students must inform the University immediately upon return.

19. Time Status for Undergraduate Students

19.1 Each Program has associated with it a number of Credit Hours that constitute a full Course load. In many Programs, this number is 15 per Semester or 30 per Academic Year.

19.2 Students will be considered full-time if they are registered in a Course load of nine Credit Hours or more.

a. Full-time status may have an impact on such things as student aid and awards eligibility, fees, income tax credits, athletic eligibility and other areas.

19.3 Students are considered part-time status if they are registered in a Course load of less than nine Credit Hours.

20. Time-Status for Graduate Students

20.1 Students are required to register as full-time or part-time students at the time of admission and registration.

20.2 With permission from the graduate program director, students may change their status from full-time to part-time, or vice versa, by completing a Change in Full-time or Part-time Status form and submitting it to the School of Graduate and Postdoctoral Studies for approval by the Dean of Graduate and Postdoctoral Studies.

20.3 A change in status may have an impact on student aid and awards eligibility, fees, income tax credits and other areas.

20.4 Full-time status

Graduate students are considered full-time if they meet the following criteria:

a. Pursue their studies as a full-time occupation.

b. Formally identify themselves as full-time students on all documentation.

c. Maintain regular contact with their faculty advisor or research supervisor, if applicable, and be geographically available and visit the campus regularly.

20.5 Part-time status

Graduate students who do not meet the above criteria are deemed part-time students. Part-time students may have Course load restrictions. Students should consult the individual faculty with regard to the availability of part-time studies within their Program.

Monitoring and review

21. This Policy will be reviewed as necessary and at least every three years. The Registrar, or successor thereof, is responsible to monitor and review this Policy.

Relevant legislation

22. This section intentionally left blank

Related policies, procedures & documents

23. Undergraduate Fees and Charges Policy

Graduate Fees and Charges Policy

Graduate Academic Calendar

Undergraduate Academic Calendar

Registration and Course Selection Policy

Classification number	ACD 1508
Framework category	Academic
Approving authority	Academic Council
Policy owner	Registrar
Approval date	DRAFT FOR APPROVAL
Review date	TBD
Last updated	January 2026
Supersedes	Registration and Course Selection Policy, February 25, 2020; Academic Regulations – Undergraduate Academic Calendar 2016-2017, Academic Regulations, Graduate Academic Calendar 2019-20

Purpose

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6.2 Academic advice is available to undergraduate students who experience difficulty when selecting Courses.

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6.4 Graduate students must consult with their graduate program director, faculty advisor or research supervisor as part of the planning process.

6.5 All Courses in the student's Program must be approved by the graduate program director.

6.6 Graduate students may take graduate Courses outside their Program with permission from the student's supervisor (if applicable), graduate program director for the Program and the graduate program director for the Course. Graduate students may be charged fees in addition to their regular Program fee for such Courses.

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13.1 Course Changes

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- The W will not affect the Grade Point Average (GPA). However, a large number of W grades may affect the way an Academic Transcript is viewed by graduate schools or potential employers.

d. Last day to drop Courses.

- Withdrawal deadlines are not the same as the refund deadlines. Students should consult the University's academic schedule and Fees and Charges policies when considering withdrawal.

13.2 Graduate Student Registration Change Requests

The academic schedule for each Academic Year will outline predetermined dates for graduate students to submit:

a. Request for Program change;

b. Request to change Time-Status; or

c. Requests for Leave of Absence

14. Voluntary Withdrawal

14.1 Withdrawal from a Course can have implications for a student's academic Program, student aid and awards eligibility and full-time status.

14.2 A dropped Course does not count toward degree requirements and cannot be used to satisfy Prerequisites for further Courses. In addition, the Course that is dropped may not be available in the next Semester or Session. Students are advised to consider all Course changes carefully or consult an advisor or graduate program director.

14.3 Students are reminded that non-attendance in a Course is not equivalent to withdrawal. Students who cease to attend a Course but do not formally withdraw will be academically and financially responsible for that Course.

15. Request for Consideration for Late Withdrawal from a Course(s) for Undergraduate and Graduate Students

15.1 Students may submit a request to the Registrar's office to consider a late withdrawal from a Course(s) due to extenuating circumstances beyond their control (such as medical reasons, death in the family, etc.).

15.2 All relevant supporting documentation must accompany the request.

15.3 Such requests must be submitted in writing no later than 10 working days after the commencement of the subsequent Semester (including fall, winter or summer Semester) in which the student is enrolled.

16. Continuous Registration for Graduate Students

16.1 Students enrolled in flat-fee programs must be registered in each Semester (including fall, winter and summer Semester) commencing with the Semester specified in their letter of offer and continuing until graduation. Students enrolled in fee-per-credit programs must consult with their program office or graduate program director regarding the expectations for continuous registration in their program.

16.2 Students enrolled in flat-fee programs are automatically registered in a graduate continuance Course until graduation, withdrawal or Program termination. Students must actively register for all other Program Courses. Students who do not formally register in a course cannot attend classes, access Course materials on the learning management system, submit assignments for evaluation or be assigned a grade in that Course.

16.3 If a student enrolled in a flat-fee program fails to maintain continuous registration in a Program or to register after the expiry of an approved leave of absence, the student's status is changed to inactive for up to one year.

16.4 Students who wish to re-register within the one year period may apply for reinstatement. If reinstatement is approved, students are required to pay all fees owing as well as any reinstatement fees that are in effect at the time of reinstatement.

16.5 If the student fails to register for three consecutive Semesters, their file is closed and the student is withdrawn from the Program.

16.6 Should a student who has been withdrawn wish to continue their graduate studies, the student must apply for readmission. Readmission to the University and/or the student's

original Program is not guaranteed.

17. Concurrent Registration

17.1 Undergraduate students may not be enrolled concurrently in more than one Program at any institution unless the Programs are formally structured and approved for concurrent registration.

17.2 Graduate students may not be enrolled concurrently in two Programs unless the Programs are formally structured and approved for concurrent registration.

18. Absences from Studies for Graduate Students

18.1 Graduate students are expected to be uninterruptedly registered in their designated Program of study in order to support the timely completion of their degree. However, the University recognizes that under certain circumstances students may need to absent themselves from regular study while maintaining their relationship with the University.

18.2 Such circumstances must have sufficient cause and an official leave of absence must be requested through the School of Graduate and Postdoctoral Studies and approved by the Dean of Graduate and Postdoctoral Studies.

18.3 Acceptable circumstances include the following:

a. Exceptional circumstances, including medical, extraordinary demands of employment and compassionate circumstances.

b. Maternity leave, which is available to students during or following a pregnancy.

c. Parental leave, which is available to students who face extraordinary demands in parental responsibilities or whose duties require that they be absent from their studies for a period of time.

18.4 A leave normally begins on the first day of the Semester for a period of one, two or three academic Semesters. Normally, retroactive leaves of absences will not be granted.

18.5 During the period of leave, the following conditions apply:

a. Students are not registered or required to pay fees.

b. Students may not undertake any academic or research work, or use any of the University's facilities.

c. Students are not eligible to receive scholarships or assistantships from the University. In the case of other graduate student awards, the regulations of the particular granting agency apply.

d. Except for parental leave or in exceptional circumstances, it is not expected that a student will be granted more than one leave under the terms of this policy. The time limits for completing the degree Program will be extended by the duration of the leave taken (i.e., one, two or three Semesters, as appropriate).

e. Leave of absence forms will not be processed for students who have outstanding fees. Students must inform the University immediately upon return.

19. Time Status for Undergraduate Students

19.1 Each Program has associated with it a number of Credit Hours that constitute a full Course load. In many Programs, this number is 15 per Semester or 30 per Academic Year.

19.2 Students will be considered full-time if they are registered in a Course load of nine Credit Hours or more.

a. Full-time status may have an impact on such things as student aid and awards eligibility, fees, income tax credits, athletic eligibility and other areas.

19.3 Students are considered part-time status if they are registered in a Course load of less than nine Credit Hours.

20. Time-Status for Graduate Students

20.1 Students are required to register as full-time or part-time students at the time of admission and registration.

20.2 With permission from the graduate program director, students may change their status from full-time to part-time, or vice versa, by completing a Change in Full-time or Part-time Status form and submitting it to the School of Graduate and Postdoctoral Studies for approval by the Dean of Graduate and Postdoctoral Studies.

20.3 A change in status may have an impact on student aid and awards eligibility, fees, income tax credits and other areas.

20.4 Full-time status

Graduate students are considered full-time if they meet the following criteria:

a. Pursue their studies as a full-time occupation.

b. Formally identify themselves as full-time students on all documentation.

c. Maintain regular contact with their faculty advisor or research supervisor, if applicable, and be geographically available and visit the campus regularly.

20.5 Part-time status

Graduate students who do not meet the above criteria are deemed part-time students. Part-time students may have Course load restrictions. Students should consult the individual faculty with regard to the availability of part-time studies within their Program.

Monitoring and review

21. This Policy will be reviewed as necessary and at least every three years. The Registrar, or successor thereof, is responsible to monitor and review this Policy.

Relevant legislation

22. This section intentionally left blank

Related policies, procedures & documents

23. Undergraduate Fees and Charges Policy

Graduate Fees and Charges Policy

Graduate Academic Calendar

Undergraduate Academic Calendar

ACADEMIC COUNCIL REPORT

SESSION:		**ACTION REQUESTED:**	
Public	☒	**Decision**	☒
Non-Public	☐	**Discussion/Direction**	☐
		Information	☒
Financial Impact	☐ **Yes** ☒ **No**	**Included in Budget**	☐ **Yes** ☒ **No**

TO: **Academic Council**

DATE: **June 23, 2026**

FROM: **Graduate Studies Committee (GSC)**

PRESENTED BY: **Pejman Mirza-Babaei, GSC Chair & SGPS Dean**

SUBJECT: **Cotutelle Policy and Procedures Amendments**

COMMITTEE MANDATE:
Under the Policy Framework, Academic Council is responsible for approving academic policies following a consultation period and submission to the deliberative body. As an Academic Council committee, Graduate Studies Committee (GSC) is the deliberative body on academic policy instruments related to graduate studies.

In accordance with the GSC Terms of Reference, GSC is responsible to "establish, oversee, and periodically review the graduate academic, admissions, and scholarship procedures, guidelines, and directives; and revise when appropriate; and provide regular updates to Academic Council."

The amendments to the Cotutelle Policy and Procedures are thus presented to Academic Council for approval and information respectively. Please note that the inclusion of this item at Academic Council is contingent on its approval by GSC on June 23, 2026.

MOTION FOR CONSIDERATION:
That pursuant to the recommendation of the Graduate Studies Committee, Academic Council hereby approves the updated Cotutelle Policy.

BACKGROUND/CONTEXT & RATIONALE:
The School of Graduate and Postdoctoral Studies (SGPS) is responsible for administering graduate studies across the University. As part of its mandate, SGPS conducts a cyclical review of graduate academic policies owned by the SGPS Dean, including the Cotutelle Policy.

A Cotutelle is a co-enrolment and exchange agreement between two universities. This enables graduate students, most commonly doctoral candidates, to gain diverse research experience while earning degrees from both institutions simultaneously.

The Cotutelle Policy and Procedures have not had a substantive update since their inception in 2016. In the intervening period, interest in Cotutelles has increased. The University's involvement in such arrangements has highlighted several opportunities to more effectively formalize and clarify the Cotutelle process. As graduate enrollment continues to grow, SGPS is receiving a larger volume of inquiries regarding Cotutelle arrangements, including questions about their applicability for research-based Master's students. This has further informed and emphasized the need for substantial revisions to the relevant policy items.

Changes have been made to expand the applicability of Cotutelle arrangements to research-based Master's students, establish a framework for multi-student institutional agreements, and better align operationalization with other relevant policies and processes. Further editorial changes have been made to improve organization, clarity, and consistency in terminology.

SUMMARY OF CHANGES:

Substantive Changes

- ❖ Cotutelle Policy
- ❖ Cotutelle Procedures
- Extend eligibility for Cotutelle arrangements to include research-based Master's programs
- Introduce a framework for institutional-level Cotutelle agreements covering multiple students (in addition to existing procedures for individual agreements)
- Refine requirements and procedural details to improve alignment with other policies (e.g., thesis-related policies) and operational needs

Editorial Changes

- ❖ Cotutelle Policy
- ❖ Cotutelle Procedures
- Improve clarity and consistency in the definition and use of terms for Home, Host, and Partner Institutions
- Minor structural adjustments to improve organization
- Wording adjustments to improve flow
- Ensure use of gender-neutral language throughout
- General proofreading edits
- Updates to web links regarding UHIP and ancillary fees

CONSULTATION AND APPROVAL PATH:

- ✓ Colleagues' Exchange consultation: February 2026
- ✓ Online consultation: May 8–22, 2026
- Policy:
  - ✓ Graduate Studies Committee (deliberation): June 23, 2026
  - ➢ Academic Council (approval): June 23, 2026
- Procedures:
  - ✓ Graduate Studies Committee (approval): June 23, 2026
  - ➢ Academic Council (information): June 23, 2026

NEXT STEPS:
Pending approval, these amendments will become effective as of the date they are approved.

SUPPORTING REFERENCE MATERIALS:

- ACD 1505 Cotutelle Policy (changes tracked)
- ACD 1505 Cotutelle Policy (clean copy)
- ACD 1505.01 Cotutelle Procedures (changes tracked)
- ACD 1505.01 Cotutelle Procedures (clean copy)

Cotutelle Policy

Classification number	ACD 1505
Framework category	Academic
Approving authority	Academic Council
Policy owner	Dean, School of Graduate and Postdoctoral Studies
Approval date	April 19, 2016
Review date	April 2019
Last updated	TBD
Supersedes	~~Editorial Amendments, February 18, 2020~~ Editorial Amendment, October 14, 2025

Purpose

1. ~~The purpose of the Cotutelle Policy is to enrich the research experience of doctoral candidates and encourage increased international research collaboration, thus enhancing the University's international profile and reputation.~~The purpose of this Policy is to establish a framework governing Cotutelle agreements between Ontario Tech University and Partner Institutions. Cotutelle agreements often support international research collaborations and enrich graduate students' research experience by enabling joint supervision and research training at two institutions. Such arrangements also enhance the University's international profile and reputation.

Definitions

2. For the purposes of this Policy the following definitions apply:

   "Cotutelle" means a bilateral ~~doctoral~~ graduate enrolment/co-enrolment and exchange agreement between two universities ~~(Home Institution and Partnership Institution)~~, normally in different countries (the Home Institution and the Host Institution). Cotutelle arrangements are predominantly offered at the doctoral level; regardless of degree level, the value of the arrangement to a student's research and/or other relevant academic or professional development must be justified.

   "Home Institution" means the university in which the graduate student is enrolled ~~in~~.

   "~~Partnership~~ Host Institution" means the university ~~in~~ which the graduate student will work with~~,~~ to gain ~~international~~ external research experience.

"Individual Cotutelle Agreement" means an agreement establishing the academic, administrative, and financial terms under which an individual student may participate in a Cotutelle between the University and a Partner Institution.

"Institutional Cotutelle Framework Agreement" means an agreement establishing the general academic, administrative, and financial terms under which multiple eligible students may participate in a Cotutelle between the University and a Partner Institution.

"Partner Institution" means the university that Ontario Tech is working with for any given Cotutelle agreement.

"Research-based Master's" means a Master's-level graduate program in which students must write and defend a research thesis as part of the degree requirements.

Scope and authority

3. This Policy applies to ~~doctoral~~ doctoral and Research-based Master's students enrolled at the University or a Partner Institution, and Faculties or programs ~~who are~~ interested in participating.

4. The Dean~~, School~~ of Graduate and ~~Post Doctoral~~Postdoctoral Studies, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of this Policy.

Policy

~~A~~ Cotutelle is ~~a~~ derived from a French word ~~that means~~ meaning "joint supervision". ~~-~~The term ~~now~~ refers to a ~~bilateral doctoral~~ graduate enrolment~~/co-enrolment~~ and exchange agreement between two universities ~~(the home university and the partner university)~~, normally in different countries.

5. Eligibility and Establishment

5.1. Any ~~full time~~full-time student registered in a ~~Ph.D.~~doctoral or Research-based Master's program at ~~the University is eligible for a Cotutelle agreement.~~either institution is eligible for a Cotutelle agreement given sufficient evidence of its value to their research and/or other relevant academic or professional development. Such arrangements are subject to the approvals listed in section 5.5 of this Policy.

5.2. A Cotutelle agreement may be established at the University under the following circumstances:

a. An existing collaboration between faculty members at both institutions as evidenced by joint publications, previous co-supervision/exchange of students, co-organization of scholarly conferences, etc.;

b. ~~An interest of~~Interest from a currently enrolled doctoral or Research-based Master's ~~Ph.D.~~ student ~~to conduct research abroad at an institution with expertise in his/her research field;~~, normally in the first year of their program;

~~b.~~c. Interest from appropriate academic and administrative representatives at both institutions to establish an Institutional Cotutelle Framework Agreement, given evidence of appropriate academic value and student interest.

~~c. A doctoral student normally within the first year of the PhD program.~~

5.3. When Ontario Tech is the Home Institution, an Individual Cotutelle Agreement~~A Cotutelle agreement~~ should be initiated jointly by an individual Ontario Tech ~~University~~ student and supervising Ontario Tech ~~University~~ faculty member(s). Both must consult with the appropriate Graduate Program Director and Dean of the Faculty to be involved in the Cotutelle. A ~~proposal~~ draft of the Cotutelle file must be submitted ~~to the Ontario Tech University School of Graduate and Postdoctoral Studies~~for approval according to the Cotutelle Procedures.

5.4. When Ontario Tech is the Host Institution, it is expected that the Home (Partner) Institution will initiate any Individual Cotutelle Agreement and will have a similar policy or framework governing such arrangements under which the agreement will be considered.~~Cotutelle agreements initiated by a Partner Institution will be considered under the guidelines established by the home university.~~ In such cases, the Home Institution must submit a draft of the Cotutelle file for Ontario Tech approval according to the Cotutelle Procedures.~~a proposal must be submitted to Ontario Tech University School of Graduate and Postdoctoral Studies. It is expected that Partner Institutions will have similar Cotutelle policies to Ontario Tech University's, leading to the same Cotutelle Agreement Form. In some cases, an alternate Cotutelle Agreement Form may be employed upon approval of the Ontario Tech University School of Graduate and Postdoctoral Studies and of the Partner Institution.~~

5.5. All Individual Cotutelle Agreements must be approved by the student and the following parties or their equivalents from both institutions: thesis supervisors, Graduate Program Directors (if applicable), Faculty Deans (if applicable), Deans of Graduate and Postdoctoral Studies, and any additional authorities required by the Partner Institution.

5.6. The Ontario Tech Dean of Graduate and Postdoctoral Studies, Faculty Dean(s), and Graduate Program Director(s) for involved program(s) (if applicable), together with their counterparts at a Partner Institution, may approve an Institutional Cotutelle Framework Agreement between the University and the Partner Institution. Such a framework will establish the general academic, administrative, and financial terms permitting multiple students to participate in Cotutelle arrangements without requiring full individual approval for each case.

5.7. When an Institutional Cotutelle Framework Agreement exists, student participation may proceed under the approved framework and process established in the Cotutelle Procedures.

6. Language of Instruction

6.1. Instruction shall normally be in English. The student must be able to meet the language proficiency requirements of both institutions.~~both Ontario Tech University's English language proficiency requirements and the language proficiency requirement of the Partner Institution~~

7. Fulfilling Program Requirements

7.1. Students participating in a Cotutelle must fulfill the ~~Ph.D. program requirements~~graduate program requirements at both institutions. This will occur through a transfer of credit~~, where appropriate, where courses taken at~~ between the Home Institution ~~can be applied to the host institution~~and Host Institution ~~and~~ (or vice-versa) in a manner where the requirements of both institutions can be met within the standard program length.~~regular period of study.~~

8. Conferral of Degree

8.1. Upon completion of all degree requirements, the student~~s~~ will receive ~~a diploma~~the appropriate graduate degree from each ~~university~~institution, with each parchment carrying a notation to the effect that the degree was obtained through a Cotutelle agreement. In addition, a notation will be made on the student's~~'~~ transcript that indicates they have participated in a Cotutelle agreement between the two institutions. The names of both participating institutions will be indicated on each ~~diploma~~ graduate degree and on the transcript.

9. Fee Structure and Funding Arrangement

9.1. A goal in seeking Cotutelle agreements with universities abroad is to ensure good reciprocity in the exchange of students. To this end, ~~doctoral~~ graduate students participating in a Cotutelle agreement will be required to pay all tuition fees to ~~his/her home university~~their Home Institution. ~~-~~While at the ~~partnership university~~Host Institution, students will pay the ~~partnership university's~~Host Institution's ancillary and supplementary fees. They will not normally be required to make tuition payments to the ~~Partner~~ Host Institution. ~~Participating students are responsible for paying any immigration fees associated with a Cotutelle mode of study.~~

9.2. ~~It is anticipated that Ontario Tech University students who qualify for a Cotutelle agreement will be of superior academic quality.~~ Travel, accommodation, health ~~-~~care, and other living expenses will be the responsibility of the student. The student is also responsible for paying any applicable immigration fees. The Home Institution is ~~nonetheless~~ responsible for ensuring that students ~~do have sufficient funds to~~are aware of all potential expenses in advance of the approval of any agreement.~~ pursue studies abroad.~~

~~9.2.~~9.3. Any additional or alternative financial commitments or arrangements must arise from the mutual agreement of both institutions and be clearly indicated in the Cotutelle agreement.

~~9.3. External funding programs that support student mobility, such as those provided by government agencies, will be taken advantage of where possible for the benefit of the student.~~

9.4. ~~Students for whom~~When Ontario Tech University is the Home Institution

a. Students will retain all scholarships and endowed awards administered by ~~Ontario Tech~~the University, subject to the conditions of such awards.

b. Students holding external awards are subject to the conditions set out by the governing agency of the award and ~~will~~ need to be aware of these conditions prior to engaging in a Cotutelle agreement.

c. Since a purpose of a Cotutelle agreement is to further joint research, it is expected that ~~Ontario Tech University~~ faculty members will honor graduate research assistantship stipends while students are at the Partner (Host) Institution.

9.5. ~~Students for whom~~When Ontario Tech University is ~~not the Home Institution~~the Host Institution

a. In the spirit of reciprocity with the above, it is expected that the Home Institution will normally continue existing financial support for students hosted at Ontario Tech University.~~Since Ontario Tech University intends to maintain its level of financial support for students who travel to a Partner Institution under a Cotutelle agreement, it is anticipated that the Partner Institution will reciprocate in maintaining a similar level of financial support for its own students while they are at Ontario Tech University. Students coming to Ontario Tech University from a Partner Institution will be eligible to receive a graduate research assistantship from the Ontario Tech University supervisor if the faculty member is so disposed.~~

b. ~~Partner Institution s~~Students will not normally be offered any graduate research assistantships, teaching assistantships or external funding while they are at Ontario Tech University. Any offers of funding support will be at the discretion of the Ontario Tech ~~University~~ supervisor.

c. Partner Institution students are responsible for paying ancillary fees and the University Health Insurance Plan (UHIP) fees. These costs will be updated annually and can be found on the Office of the Registrar website under “Fees and payment”.~~the following fees:University Health Insurance Plan (UHIP)~~

- ~~University Health Insurance Plan (UHIP)~~
- ~~Athletic Centre Levy~~
- ~~Student Organization fee~~
- ~~UPASS (bus transportation)~~

~~These costs will be updated annually and can be found on the gradstudies.ontariotechu.ca website.~~

10. Health Insurance Coverage

10.1. When Ontario Tech is the Home Institution, students travelling abroad will be required to obtain adequate health insurance coverage as required by the Host Institution.

~~10.1.~~10.2. ~~Students coming to Ontario Tech University will be required to enroll, within 30 days of arrival, in the University Health Insurance Plan (UHIP) at their own expense to ensure adequate healthcare insurance while in Canada. Information can be obtained through the UHIP web site at www.uhip.ca or by contacting the International Office. Likewise, Ontario Tech University students travelling abroad will be required to obtain adequate health insurance coverage as required by the host institution.~~When Ontario Tech University is the Host Institution, students will be enrolled in the University Health Insurance Plan (UHIP) and are responsible for the associated fees to ensure adequate healthcare coverage while in Canada. Information can be obtained through the UHIP website or by contacting the International Office.

11. Thesis Evaluation

11.1. Participating Cotutelle students will be required to write a single thesis which will lead to a single oral defence at the Home Institution. The language of the thesis will be in English. ~~The board of examiners will be composed of examiners appointed equally by both institutions and will include at least two professors from each institution and an external examiner who is independent of both institutions.~~ A written evaluation of the thesis must be submitted by ~~all board members~~the examiner(s) prior to the oral defence. All regulations and procedures ~~that will govern~~governing the oral defence will be specific to the Home Institution, unless stated otherwise in the Cotutelle agreement ~~where the defence is conducted~~.

11.2. Normally, the examining committee will be composed of examiners appointed by both institutions. For doctoral students, the external examiner(s) will be independent of both institutions. The size of the examining committee should be kept to the minimum needed to achieve policy compliance.

~~11.2. In the case of~~When Ontario Tech University ~~as~~ is the Home Institution, the ~~Dean of Graduate Studies will appoint the~~examining committee shall be appointed in accordance with the Thesis Oral Examination for Master's and Doctoral Candidates Policy. ~~defence examination board to comprise as a minimum:~~

~~a. One member from outside either university who is a recognized scholar or authority in the subject of the thesis (external examiner);~~

~~b. Thesis supervisor from the Home Institution;~~

~~c. Thesis supervisor from the host institution;~~

d. Faculty member from the Home Institution in the program where the research is conducted;

e. Faculty member from the host institution in the program where the research is conducted;

f.a. One member who is from a separate program at Ontario Tech University and who has been at arm's length from the thesis research (University Examiner).

11.3. In the case where Ontario Tech University is the Partner InstitutionWhen Ontario Tech University is the Host Institution, the defence examination boardexamining committee will consist of similar examiners as mentioned abovehave a similar composition.However, flexibility will be required to meet the needs of the Home Institution. Regardless, the committee will ensure balance from both institutions. Exact committee membership will be decided by mutual agreement between both institutions and is to be specified in the Cotutelle agreement.

11.4. Where possibleNormally, participation in thesis defences will occur by telephone, video conferencing or similar mediaremotely. Where this is not possible or desirable, and costs are incurred in faculty travel and accommodation, payment of such costs will be subject to negotiations conducted by the two supervisors. with the The resulting agreement is to be recorded in a dedicated document drafted specifically for this purpose and signed by the responsible officers at the two universitiesboth institutions (at Ontario Tech University, the Dean of Graduate and Postdoctoral Studies),

12. Academic IntegrityConduct and Policy Compliance

12.1. All students participating in Cotutelle agreements must follow the rules and regulations, including those relating to research ethics, academic integrity, and intellectual property, of both participating universitiesinstitutions. Ontario Tech University is committed to ensuring that all students conduct themselves in a manner consistent with the university's University's academic integrity policies. Recognizing that regulations and practices relating to academic integrity and intellectual property, as well as the culture related to theirof enforcement, can vary substantially from place to place, all graduate students are required to review, comprehend, and adhere to Ontario Tech University's policies upon commencing a Cotutelle agreement and upon submitting Ph.D. theses.

12.2. In the event of contradictory regulations between the home and Partner InstitutionHome Institution and the Host Institution, the Home Institution's regulations shall prevail. Should conflicts arise, the Deans of Graduate and Postdoctoral Studies (or equivalents) shall determine a collective solution.

Monitoring and review

13. This Policy will be reviewed as necessary and at least every three years. The Dean, School of Graduate and Post DoctoralPostdoctoral Studies, or successor thereof, is responsible to monitor and review this Policy.

Relevant legislation

14. This section intentionally left blank.

Related policies, procedures & documents

15. Cotutelle Procedures

    Cotutelle Agreement Template

    Thesis Oral Examination for Master's and Doctoral Candidates Policy

    Intellectual Property Policy

    Responsible Conduct of Research and Scholarship Policy

Cotutelle Policy

Classification number	ACD 1505
Framework category	Academic
Approving authority	Academic Council
Policy owner	Dean, School of Graduate and Postdoctoral Studies
Approval date	April 19, 2016
Review date	April 2019
Last updated	TBD
Supersedes	Editorial Amendment, October 14, 2025

Purpose

1. The purpose of this Policy is to establish a framework governing Cotutelle agreements between Ontario Tech University and Partner Institutions. Cotutelle agreements often support international research collaborations and enrich graduate students' research experience by enabling joint supervision and research training at two institutions. Such arrangements also enhance the University's international profile and reputation.

Definitions

2. For the purposes of this Policy the following definitions apply:

   "Cotutelle" means a bilateral graduate enrolment/co-enrolment and exchange agreement between two universities, normally in different countries (the Home Institution and the Host Institution). Cotutelle arrangements are predominantly offered at the doctoral level; regardless of degree level, the value of the arrangement to a student's research and/or other relevant academic or professional development must be justified.

   "Home Institution" means the university in which the graduate student is enrolled.

   "Host Institution" means the university which the graduate student will work with to gain external research experience.

   "Individual Cotutelle Agreement" means an agreement establishing the academic, administrative, and financial terms under which an individual student may participate in a Cotutelle between the University and a Partner Institution.

"Institutional Cotutelle Framework Agreement" means an agreement establishing the general academic, administrative, and financial terms under which multiple eligible students may participate in a Cotutelle between the University and a Partner Institution.

"Partner Institution" means the university that Ontario Tech is working with for any given Cotutelle agreement.

"Research-based Master's" means a Master's-level graduate program in which students must write and defend a research thesis as part of the degree requirements.

Scope and authority

3. This Policy applies to doctoral and Research-based Master's students enrolled at the University or a Partner Institution, and Faculties or programs interested in participating.

4. The Dean of Graduate and Postdoctoral Studies, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of this Policy.

Policy

Cotutelle is derived from a French word meaning "joint supervision". The term refers to a graduate enrolment and exchange agreement between two universities, normally in different countries.

5. Eligibility and Establishment

5.1. Any full-time student registered in a doctoral or Research-based Master's program at either institution is eligible for a Cotutelle agreement given sufficient evidence of its value to their research and/or other relevant academic or professional development. Such arrangements are subject to the approvals listed in section 5.5 of this Policy.

5.2. A Cotutelle agreement may be established at the University under the following circumstances:

a. An existing collaboration between faculty members at both institutions as evidenced by joint publications, previous co-supervision/exchange of students, co-organization of scholarly conferences, etc.;

b. Interest from a currently enrolled doctoral or Research-based Master's student, normally in the first year of their program;

c. Interest from appropriate academic and administrative representatives at both institutions to establish an Institutional Cotutelle Framework Agreement, given evidence of appropriate academic value and student interest.

5.3. When Ontario Tech is the Home Institution, an Individual Cotutelle Agreement should be initiated jointly by an individual Ontario Tech student and supervising Ontario Tech faculty member(s). Both must consult with the appropriate Graduate Program Director

and Dean of the Faculty to be involved in the Cotutelle. A draft of the Cotutelle file must be submitted for approval according to the Cotutelle Procedures.

5.4. When Ontario Tech is the Host Institution, it is expected that the Home (Partner) Institution will initiate any Individual Cotutelle Agreement and will have a similar policy or framework governing such arrangements under which the agreement will be considered. In such cases, the Home Institution must submit a draft of the Cotutelle file for Ontario Tech approval according to the Cotutelle Procedures.

5.5. All Individual Cotutelle Agreements must be approved by the student and the following parties or their equivalents from both institutions: thesis supervisors, Graduate Program Directors (if applicable), Faculty Deans (if applicable), Deans of Graduate and Postdoctoral Studies, and any additional authorities required by the Partner Institution.

5.6. The Ontario Tech Dean of Graduate and Postdoctoral Studies, Faculty Dean(s), and Graduate Program Director(s) for involved program(s) (if applicable), together with their counterparts at a Partner Institution, may approve an Institutional Cotutelle Framework Agreement between the University and the Partner Institution. Such a framework will establish the general academic, administrative, and financial terms permitting multiple students to participate in Cotutelle arrangements without requiring full individual approval for each case.

5.7. When an Institutional Cotutelle Framework Agreement exists, student participation may proceed under the approved framework and process established in the Cotutelle Procedures.

6. Language of Instruction

6.1. Instruction shall normally be in English. The student must be able to meet the language proficiency requirements of both institutions.

7. Fulfilling Program Requirements

7.1. Students participating in a Cotutelle must fulfill the graduate program requirements at both institutions. This will occur through a transfer of credit between the Home Institution and Host Institution (or vice-versa) in a manner where the requirements of both institutions can be met within the standard program length.

8. Conferral of Degree

8.1. Upon completion of all degree requirements, the student will receive the appropriate graduate degree from each institution, with each parchment carrying a notation to the effect that the degree was obtained through a Cotutelle agreement. In addition, a notation will be made on the student's transcript that indicates they have participated in a Cotutelle agreement between the two institutions. The names of both participating institutions will be indicated on each graduate degree and on the transcript.

9. Fee Structure and Funding Arrangement

9.1. A goal in seeking Cotutelle agreements with universities abroad is to ensure good reciprocity in the exchange of students. To this end, graduate students participating in a Cotutelle agreement will be required to pay all tuition fees to their Home Institution. While at the Host Institution, students will pay the Host Institution's ancillary and supplementary fees. They will not normally be required to make tuition payments to the Host Institution.

9.2. Travel, accommodation, healthcare, and other living expenses will be the responsibility of the student. The student is also responsible for paying any applicable immigration fees. The Home Institution is responsible for ensuring that students are aware of all potential expenses in advance of the approval of any agreement.

9.3. Any additional or alternative financial commitments or arrangements must arise from the mutual agreement of both institutions and be clearly indicated in the Cotutelle agreement.

9.4. When Ontario Tech University is the Home Institution

a. Students will retain all scholarships and endowed awards administered by the University, subject to the conditions of such awards.

b. Students holding external awards are subject to the conditions set out by the governing agency of the award and need to be aware of these conditions prior to engaging in a Cotutelle agreement.

c. Since a purpose of a Cotutelle agreement is to further joint research, it is expected that faculty members will honor graduate research assistantship stipends while students are at the Partner (Host) Institution.

9.5. When Ontario Tech University is the Host Institution

a. In the spirit of reciprocity with the above, it is expected that the Home Institution will normally continue existing financial support for students hosted at Ontario Tech University.

b. Students will not normally be offered any graduate research assistantships, teaching assistantships or external funding while they are at Ontario Tech University. Any offers of funding support will be at the discretion of the Ontario Tech supervisor.

c. Partner Institution students are responsible for paying ancillary fees and the University Health Insurance Plan (UHIP) fees. These costs will be updated annually and can be found on the Office of the Registrar website under "Fees and payment".

10. Health Insurance Coverage

10.1. When Ontario Tech is the Home Institution, students travelling abroad will be required to obtain adequate health insurance coverage as required by the Host Institution.

10.2. When Ontario Tech University is the Host Institution, students will be enrolled in the University Health Insurance Plan (UHIP) and are responsible for the associated fees to ensure adequate healthcare coverage while in Canada. Information can be obtained through the UHIP website or by contacting the International Office.

11. Thesis Evaluation

11.1. Participating Cotutelle students will be required to write a single thesis which will lead to a single oral defence at the Home Institution. The language of the thesis will be in English. A written evaluation of the thesis must be submitted by the examiner(s) prior to the oral defence. All regulations and procedures governing the oral defence will be specific to the Home Institution, unless stated otherwise in the Cotutelle agreement.

11.2. Normally, the examining committee will be composed of examiners appointed by both institutions. For doctoral students, the external examiner(s) will be independent of both institutions. The size of the examining committee should be kept to the minimum needed to achieve policy compliance.

11.3. When Ontario Tech University is the Home Institution, the examining committee shall be appointed in accordance with the Thesis Oral Examination for Master's and Doctoral Candidates Policy.

11.4. When Ontario Tech University is the Host Institution, the examining committee will have a similar composition. Exact committee membership will be decided by mutual agreement between both institutions and is to be specified in the Cotutelle agreement.

11.5. Normally, participation in thesis defences will occur remotely. Where this is not possible or desirable, and costs are incurred in faculty travel and accommodation, payment of such costs will be subject to negotiations conducted by the two supervisors. The resulting agreement is to be recorded in a dedicated document signed by the responsible officers at both institutions (at Ontario Tech University, the Dean of Graduate and Postdoctoral Studies),

12. Academic Conduct and Policy Compliance

12.1. All students participating in Cotutelle agreements must follow the rules and regulations, including those relating to research ethics, academic integrity, and intellectual property, of both participating institutions. Ontario Tech University is committed to ensuring that all students conduct themselves in a manner consistent with the University’s academic integrity policies. Recognizing that regulations and practices, as well as the culture of enforcement, can vary substantially from place to place, all students are required to review, comprehend, and adhere to Ontario Tech University's policies.

12.2. In the event of contradictory regulations between the Home Institution and the Host Institution, the Home Institution's regulations shall prevail. Should conflicts arise, the Deans of Graduate and Postdoctoral Studies (or equivalents) shall determine a collective solution.

Monitoring and review

13. This Policy will be reviewed as necessary and at least every three years. The Dean of Graduate and Postdoctoral Studies, or successor thereof, is responsible to monitor and review this Policy.

Relevant legislation

14. This section intentionally left blank.

Related policies, procedures & documents

15. Cotutelle Procedures

    Cotutelle Agreement Template

    Thesis Oral Examination for Master's and Doctoral Candidates Policy

    Intellectual Property Policy

    Responsible Conduct of Research and Scholarship Policy

Cotutelle Procedures

Classification number	ACD 1505.01
Parent policy	Cotutelle Policy
Framework category	Academic
Approving authority	Academic Council
Policy owner	Dean, School of Graduate and Postdoctoral Studies
Approval date	April 19, 2016
Review date	April 2019
Last updated	TBD
Supersedes	~~Editorial Amendments, February 18, 2020~~ Editorial Amendment, October 14, 2025

Purpose

1. The purpose of these Procedures is to outline the process for developing and administering Cotutelle agreements under the Cotutelle Policy.~~operational details in relation to the Cotutelle Policy.~~

Definitions

2. For the purposes of these Procedures the following definitions apply:

   "Cotutelle" means a bilateral ~~doctoral~~ graduate enrolment/co-enrolment and exchange agreement between two universities ~~(home institution and partnership institution)~~, normally in different countries (the Home Institution and the Host Institution). Cotutelle arrangements are predominantly offered at the doctoral level; regardless of degree level, the value of the arrangement to a student's research and/or other relevant academic or professional development must be justified.

   "Home Institution" means the university in which the graduate student is enrolled ~~in~~.

   "~~Partnership~~ Host Institution" means the university ~~in~~ which the graduate student will work with to gain ~~international~~ external research experience.

   "Individual Cotutelle Agreement" means an agreement establishing the academic, administrative, and financial terms under which an individual student may participate in a Cotutelle between the University and a Partner Institution.

"Institutional Cotutelle Framework Agreement" means an agreement establishing the general academic, administrative, and financial terms under which multiple eligible students may participate in a Cotutelle between the University and a Partner Institution.

"Partner Institution" means the university that Ontario Tech is working with for any given Cotutelle agreement.

"Research-based Master's" means a Master's-level graduate program in which students must write and defend a research thesis as part of the degree requirements.

Scope and authority

3. These Procedures apply to ~~Home and Partnership doctoral students, staff and Faculties.~~ doctoral and Research-based Master's students enrolled at the University or a Partner Institution, and Faculties or programs interested in participating.

4. The Dean of Graduate and ~~Post Doctoral~~Postdoctoral Studies, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of these Procedures.

Procedures

5. ~~Academic Path~~Administration of a Cotutelle Program

5.1. Students participating in a Cotutelle program are admitted and registered as ~~full timestudents~~full-time students in both participating institutions simultaneously.

5.2. ~~However~~Normally, the student will only pay tuition fees to ~~his/her~~the Home Institution.~~, as defined above.~~

~~5.1.~~5.3. Any additional financial commitments or fees must arise from the mutual agreement of both institutions and be clearly indicated in the Cotutelle agreement.

~~5.2.~~5.4. The students' ~~doctoral~~ graduate studies will meet the program requirements of both institutions and are subject to the rules and regulations at both institutions. ~~These students~~Students will carry out their research work under the joint supervision of one or more thesis supervisors from each institution. ~~and the~~ The thesis is defended at the Home Institution.

5.5. Before entering into a Cotutelle agreement, the student and ~~his/her~~their supervisors from ~~the two~~both institutions will determine a detailed study schedule and academic path. This will include the timeline of study periods at both institutions, ~~when study periods will take place at both the home and Partner Institutions and include~~ the time and location of learning activities, and all required courses.

5.6. ~~In every case, the minimum duration of residency at Ontario Tech University is three full time terms for students coming from abroad. For students for whom Ontario Tech~~

~~University is the Home Institution, the total duration of residency at Ontario Tech University is six full-time terms.~~When Ontario Tech University is the Home Institution, the minimum duration of residency at Ontario Tech for doctoral students is six full-time terms. When Ontario Tech University is the Host Institution, the minimum duration of residency at Ontario Tech for doctoral students is three full-time terms.

~~5.3.~~5.7. When Ontario Tech University is the Home Institution, the minimum duration of residency at Ontario Tech for Research-based Master's students is the equivalent of half the standard full-time program length. When Ontario Tech University is the Host Institution, the minimum duration of residency at Ontario Tech for Research-based Master's students is normally two full-time terms.

5.8. ~~Students~~ Normally, students will have ~~normally~~ completed their coursework at the~~ir~~ Home Institution prior to engaging in a Cotutelle agreement. ~~Any additional course~~All required courses, including already completed courses, ~~requirements which need to be met at the Partner Institution~~ must be laid out in the academic path of the Cotutelle agreement.

5.9. ~~For Ontario Tech University students, when~~ For doctoral students, when Ontario Tech University is the Home Institution and the candidacy exam is not completed in advance of engaging in a Cotutelle agreement, it will be administered ~~at the Partner Institution~~ according to the ~~rules of the School of Graduate and Post Doctoral Studies~~Ontario Tech Doctoral Candidacy Examination Policy.

~~5.4.~~5.10. Thesis-based work will occur at both institutions as defined in the Cotutelle agreement.

6. Action to Engage in an Individual Cotutelle Agreement~~a Cotutelle for Students Currently Registered at Ontario Tech University~~

6.1. The student must already be registered in the graduate program at the Home Institution.

6.2. The student ~~registers in the Ph.D. program at Ontario Tech University and~~ approaches ~~his/her~~their thesis supervisor(s) for initial approval ~~of establishing~~to establish a Cotutelle agreement. It is anticipated that an expression of interest between the supervisors at each institution has already taken place. The supervisor or Graduate Program Director (or equivalent) must send a note declaring their intent to the Ontario Tech School of Graduate and Postdoctoral Studies. If approved in principle, the student and supervisor(s) develop a draft of the Cotutelle file ~~as follows~~.

~~6.1.~~6.3. When Ontario Tech University is the Home Institution, the Cotutelle file shall include:

a. ~~The~~ A completed copy of the Cotutelle Agreement ~~Form~~Template;

b. A written summary of the student's research project ~~which must be~~ signed by the thesis supervisors at both institutions;

c. The anticipated academic path for the full program duration, including the sequence of study periods ~~in participating~~ at both institutions and any required courses;

d. A letter from supervisors from both institutions indicating their agreement to supervise the ~~doctoral candidate~~student under the Cotutelle and the value added to the ~~doctoral program~~student's research and/or other relevant academic or professional development;

e. Details on how the student will fund ~~his/her~~their studies at the ~~international institution~~Host Institution;

~~e.~~f. Any additional financial requirements or other administrative considerations;

~~f.~~g. Approval from the Graduate Program Director;

h. Approval from the Faculty Dean;~~.~~

~~g.~~i. Approval from the Dean of Graduate and Postdoctoral Studies.

6.4. When Ontario Tech University is the Host Institution, it is recognized that the Partner (Home) Institution may have a specific process for establishing a Cotutelle agreement. Nonetheless, it is expected that the Cotutelle file will contain items a) through f) listed above in addition to any appropriate approvals from the Partner (Home) Institution.

6.5. ~~The thesis supervisor(s) at Ontario Tech University will forward the Cotutelle file to the Dean of Graduate and Post Doctoral Studies where agreement in principle will be given.~~ Once completed, the Cotutelle file is shared with the appropriate authorities at the Host Institution for review. When Ontario Tech University is the Host Institution, the Cotutelle file is to be reviewed by all Ontario Tech signatories listed in section 6.7 of these Procedures to obtain their agreement in principle.

~~6.2.~~6.6. ~~The student then submits an application through the normal admission process at the Partner Institution and receives an official offer of admission for the chosen Ph.D. program at the Partner Institution. Once admitted, the entire Cotutelle file is considered finalized.~~After the Cotutelle file has been reviewed by the Host Institution, the student applies for admission to the Host Institution.

~~6.3.~~6.7. Once the student is admitted to the Host Institution, the Cotutelle file is considered finalized and the Cotutelle agreement is signed. ~~Official signing of the Cotutelle agreement is then performed.~~ The following signatures must be included:

a. ~~Dean of Graduate and Post Doctoral Studies and Dean of home Faculty;~~Ontario Tech Faculty Dean (and normally their counterpart at the Partner Institution);

b. ~~Appropriate counterparts at the participating institution;~~Dean of Graduate and Postdoctoral Studies or equivalent at both institutions;

c. Ontario Tech Graduate Program Director (and normally their counterpart at the Partner Institution);~~of both doctoral programs;~~

d. Thesis supervisors from both institutions;

e. Student;~~ and~~

f. Any additional signatures as required by the Partner Institution.

~~7. Action to Engage in a Cotutelle for Students Currently Registered at Another University~~

~~7.1. The student registers in the doctoral program at his/her Home Institution and approaches his/her thesis supervisor(s) for initial approval of establishing a Cotutelle agreement. It is anticipated that prior to these actions, an expression of interest between the supervisors at each university has already taken place. If approved, the student develops a draft of the Cotutelle file in consultation with his/her thesis supervisor(s). It is recognized that the Home Institution may have a specific process for establishing a Cotutelle agreement. Regardless, the following should be included in the Cotutelle file for approval from Ontario Tech University:~~

~~a. The Cotutelle Agreement Form (attached) or equivalent;~~

~~b. A written summary of the student's research project which must be signed by thesis supervisors at both institutions;~~

~~c. The anticipated academic path, including sequence of periods in participating institutions;~~

~~d. A letter from supervisors from both institutions indicating their agreement to supervise the doctoral candidate under the Cotutelle and the value added to the doctoral program;~~

~~e. Details on how the student will fund his/her studies at the international institution;~~

~~f. Appropriate approvals from the Home Institution.~~

~~7.2. The thesis supervisor(s) at Ontario Tech University will receive approval of the Cotutelle file from the Graduate Program Director and the Faculty Dean. Once obtained they will forward the Cotutelle file to the Dean of Graduate and Post Doctoral Studies where agreement in principle will be given. The student then submits an application through the normal admission process at Ontario Tech University and receives an official offer of admission for the chosen Ph.D. program at Ontario Tech University. Once admitted, the entire Cotutelle file is considered finalized.~~

~~7.3. Official signing of the Cotutelle agreement is then performed. The following signatures must be included:~~

~~a. Dean of Graduate and Post Doctoral Studies and Dean of home Faculty;~~

~~b. Appropriate counterparts at the participating institution;~~

~~c. Graduate Program Director of both doctoral programs;~~

~~d. Thesis supervisors from both institutions;~~

~~e. Student; and~~

~~f. Any additional signatures as required by the Partner Institution.~~

7. Creation of an Institutional Cotutelle Framework Agreement

7.1. The request to create an Institutional Cotutelle Framework Agreement may be initiated by a Dean or Graduate Program Director (or equivalent) at Ontario Tech University or a Partner Institution.

7.2. It is acknowledged that the exact composition of the agreement will depend on the requirements of both institutions and the relevant program(s). However, at minimum, the agreement should provide for the following:

a. When the agreement is specific to (a) particular graduate program(s), the anticipated academic path for participating students, including course requirements and the sequence of study periods at both institutions;

b. Any required fees or financial obligations;

c. Details regarding the administrative documents and approvals required to engage individual students under the framework agreement (e.g., short-form student participation record);

d. Any additional administrative considerations.

7.3. Further information and details may be requested to justify the existence and structure of the proposed agreement, such as evidence of recurrent student interest.

7.4. Any further consultation with relevant authorities at both institutions (e.g., legal or international units) is to be conducted in advance of finalizing the agreement.

7.5. To finalize the agreement, the following signatures must be included:

a. Dean of Graduate and Postdoctoral Studies or equivalent at both institutions;

b. Ontario Tech Faculty Dean(s) (and normally their counterparts at the Partner Institution) if the agreement is limited to one or more specific Faculties;

c. Ontario Tech Graduate Program Director(s) (and normally their counterparts at the Partner Institution) if the agreement is limited to one or more specific programs;

d. Any additional signatures required by the Partner Institution.

8. Cotutelle Arrangements for Students Covered by an Institutional Cotutelle Framework Agreement

8.1. Eligible students may participate under the framework established in the existing agreement without requiring a full Individual Cotutelle Agreement.

8.2. In such cases, the following is required at minimum:

a. Confirmation of supervision at both institutions;

b. An attestation signed by the Ontario Tech Graduate Program Director confirming the student is and will continue to be in compliance with the conditions of the framework agreement;

c. Details on how the student will fund their studies at the Host Institution;

d. Any documentation and approvals required by the framework agreement.

8.3. A record of all participating students will be shared with the School of Graduate and Postdoctoral Studies.

9. ~~In both cases the officially signed Cotutelle Agreement Form represents the~~Any signed Cotutelle agreement represents a binding contract between all parties involved (student, supervisors, and ~~university~~ administrators) to ensure successful completion of the student's ~~Ph.D.~~ graduate program.

~~8.~~10. It is expected that regular information-sharing takes place with regard to all current Cotutelle agreements (individual and framework agreements). The School of Graduate and Postdoctoral Studies will monitor student numbers, operations, research output, and financial implications. Consequently, changes to agreements or to the number of students allowed under an Institutional Cotutelle Framework Agreement may be implemented accordingly.

Monitoring and review

~~9.~~11. These ~~procedures~~ Procedures will be reviewed as necessary and at least every three years. The Dean of Graduate and ~~Post Doctoral~~Postdoctoral Studies, or successor thereof, is responsible to monitor and review these ~~procedures~~Procedures.

Relevant legislation

~~10.~~12. This section intentionally left blank.

Related policies, procedures & documents

~~11.~~13. Cotutelle Policy

Cotutelle Agreement Template

Intellectual Property Policy

Responsible Conduct of Research and Scholarship Policy

Doctoral Candidacy Examination Policy

Cotutelle Procedures

Classification number	ACD 1505.01
Parent policy	Cotutelle Policy
Framework category	Academic
Approving authority	Academic Council
Policy owner	Dean, School of Graduate and Postdoctoral Studies
Approval date	April 19, 2016
Review date	April 2019
Last updated	TBD
Supersedes	Editorial Amendment, October 14, 2025

Purpose

1. The purpose of these Procedures is to outline the process for developing and administering Cotutelle agreements under the Cotutelle Policy.

Definitions

2. For the purposes of these Procedures the following definitions apply:

"Cotutelle" means a bilateral graduate enrolment/co-enrolment and exchange agreement between two universities, normally in different countries (the Home Institution and the Host Institution). Cotutelle arrangements are predominantly offered at the doctoral level; regardless of degree level, the value of the arrangement to a student's research and/or other relevant academic or professional development must be justified.

"Home Institution" means the university in which the graduate student is enrolled.

"Host Institution" means the university which the graduate student will work with to gain external research experience.

"Individual Cotutelle Agreement" means an agreement establishing the academic, administrative, and financial terms under which an individual student may participate in a Cotutelle between the University and a Partner Institution.

"Institutional Cotutelle Framework Agreement" means an agreement establishing the general academic, administrative, and financial terms under which multiple eligible students may participate in a Cotutelle between the University and a Partner Institution.

"Partner Institution" means the university that Ontario Tech is working with for any given Cotutelle agreement.

"Research-based Master's" means a Master's-level graduate program in which students must write and defend a research thesis as part of the degree requirements.

Scope and authority

3. These Procedures apply to doctoral and Research-based Master's students enrolled at the University or a Partner Institution, and Faculties or programs interested in participating.

4. The Dean of Graduate and Postdoctoral Studies, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of these Procedures.

Procedures

5. Administration of a Cotutelle Program

5.1. Students participating in a Cotutelle program are admitted and registered as full-time students in both participating institutions simultaneously.

5.2. Normally, the student will only pay tuition fees to the Home Institution.

5.3. Any additional financial commitments or fees must arise from the mutual agreement of both institutions and be clearly indicated in the Cotutelle agreement.

5.4. The students' graduate studies will meet the program requirements of both institutions and are subject to the rules and regulations at both institutions. Students will carry out their research work under the joint supervision of one or more thesis supervisors from each institution. The thesis is defended at the Home Institution.

5.5. Before entering into a Cotutelle agreement, the student and their supervisors from both institutions will determine a detailed study schedule and academic path. This will include the timeline of study periods at both institutions, the time and location of learning activities, and all required courses.

5.6. When Ontario Tech University is the Home Institution, the minimum duration of residency at Ontario Tech for doctoral students is six full-time terms. When Ontario Tech University is the Host Institution, the minimum duration of residency at Ontario Tech for doctoral students is three full-time terms.

5.7. When Ontario Tech University is the Home Institution, the minimum duration of residency at Ontario Tech for Research-based Master's students is the equivalent of half the standard full-time program length. When Ontario Tech University is the Host Institution, the minimum duration of residency at Ontario Tech for Research-based Master's students is normally two full-time terms.

5.8. Normally, students will have completed their coursework at the Home Institution prior to engaging in a Cotutelle agreement. All required courses, including already completed courses, must be laid out in the academic path of the Cotutelle agreement.

5.9. For doctoral students, when Ontario Tech University is the Home Institution and the candidacy exam is not completed in advance of engaging in a Cotutelle agreement, it will be administered according to the Ontario Tech Doctoral Candidacy Examination Policy.

5.10. Thesis-based work will occur at both institutions as defined in the Cotutelle agreement.

6. Action to Engage in an Individual Cotutelle Agreement

6.1. The student must already be registered in the graduate program at the Home Institution.

6.2. The student approaches their thesis supervisor(s) for initial approval to establish a Cotutelle agreement. It is anticipated that an expression of interest between the supervisors at each institution has already taken place. The supervisor or Graduate Program Director (or equivalent) must send a note declaring their intent to the Ontario Tech School of Graduate and Postdoctoral Studies. If approved in principle, the student and supervisor(s) develop a draft of the Cotutelle file.

6.3. When Ontario Tech University is the Home Institution, the Cotutelle file shall include:

a. A completed copy of the Cotutelle Agreement Template;

b. A written summary of the student's research project signed by the thesis supervisors at both institutions;

c. The anticipated academic path for the full program duration, including the sequence of study periods at both institutions and any required courses;

d. A letter from supervisors from both institutions indicating their agreement to supervise the student under the Cotutelle and the value added to the student's research and/or other relevant academic or professional development;

e. Details on how the student will fund their studies at the Host Institution;

f. Any additional financial requirements or other administrative considerations;

g. Approval from the Graduate Program Director;

h. Approval from the Faculty Dean;

i. Approval from the Dean of Graduate and Postdoctoral Studies.

6.4. When Ontario Tech University is the Host Institution, it is recognized that the Partner (Home) Institution may have a specific process for establishing a Cotutelle agreement.

Nonetheless, it is expected that the Cotutelle file will contain items a) through f) listed above in addition to any appropriate approvals from the Partner (Home) Institution.

6.5. Once completed, the Cotutelle file is shared with the appropriate authorities at the Host Institution for review. When Ontario Tech University is the Host Institution, the Cotutelle file is to be reviewed by all Ontario Tech signatories listed in section 6.7 of these Procedures to obtain their agreement in principle.

6.6. After the Cotutelle file has been reviewed by the Host Institution, the student applies for admission to the Host Institution.

6.7. Once the student is admitted to the Host Institution, the Cotutelle file is considered finalized and the Cotutelle agreement is signed. The following signatures must be included:

a. Ontario Tech Faculty Dean (and normally their counterpart at the Partner Institution);

b. Dean of Graduate and Postdoctoral Studies or equivalent at both institutions;

c. Ontario Tech Graduate Program Director (and normally their counterpart at the Partner Institution);

d. Thesis supervisors from both institutions;

e. Student;

f. Any additional signatures as required by the Partner Institution.

7. Creation of an Institutional Cotutelle Framework Agreement

7.1. The request to create an Institutional Cotutelle Framework Agreement may be initiated by a Dean or Graduate Program Director (or equivalent) at Ontario Tech University or a Partner Institution.

7.2. It is acknowledged that the exact composition of the agreement will depend on the requirements of both institutions and the relevant program(s). However, at minimum, the agreement should provide for the following:

a. When the agreement is specific to (a) particular graduate program(s), the anticipated academic path for participating students, including course requirements and the sequence of study periods at both institutions;

b. Any required fees or financial obligations;

c. Details regarding the administrative documents and approvals required to engage individual students under the framework agreement (e.g., short-form student participation record);

d. Any additional administrative considerations.

7.3. Further information and details may be requested to justify the existence and structure of the proposed agreement, such as evidence of recurrent student interest.

7.4. Any further consultation with relevant authorities at both institutions (e.g., legal or international units) is to be conducted in advance of finalizing the agreement.

7.5. To finalize the agreement, the following signatures must be included:

a. Dean of Graduate and Postdoctoral Studies or equivalent at both institutions;

b. Ontario Tech Faculty Dean(s) (and normally their counterparts at the Partner Institution) if the agreement is limited to one or more specific Faculties;

c. Ontario Tech Graduate Program Director(s) (and normally their counterparts at the Partner Institution) if the agreement is limited to one or more specific programs;

d. Any additional signatures required by the Partner Institution.

8. Cotutelle Arrangements for Students Covered by an Institutional Cotutelle Framework Agreement

8.1. Eligible students may participate under the framework established in the existing agreement without requiring a full Individual Cotutelle Agreement.

8.2. In such cases, the following is required at minimum:

a. Confirmation of supervision at both institutions;

b. An attestation signed by the Ontario Tech Graduate Program Director confirming the student is and will continue to be in compliance with the conditions of the framework agreement;

c. Details on how the student will fund their studies at the Host Institution;

d. Any documentation and approvals required by the framework agreement.

8.3. A record of all participating students will be shared with the School of Graduate and Postdoctoral Studies.

9. Any signed Cotutelle agreement represents a binding contract between all parties involved (student, supervisors, and administrators) to ensure successful completion of the student's graduate program.

10. It is expected that regular information-sharing takes place with regard to all current Cotutelle agreements (individual and framework agreements). The School of Graduate and Postdoctoral Studies will monitor student numbers, operations, research output, and financial implications. Consequently, changes to agreements or to the number of students allowed under an Institutional Cotutelle Framework Agreement may be implemented accordingly.

Monitoring and review

11. These Procedures will be reviewed as necessary and at least every three years. The Dean of Graduate and Postdoctoral Studies, or successor thereof, is responsible to monitor and review these Procedures.

Relevant legislation

12. This section intentionally left blank.

Related policies, procedures & documents

13. Cotutelle Policy

    Cotutelle Agreement Template

    Intellectual Property Policy

    Responsible Conduct of Research and Scholarship Policy

    Doctoral Candidacy Examination Policy

ACADEMIC COUNCIL REPORT

SESSION:	**ACTION REQUESTED:**
Public ☒	**Decision** ☒
Non-Public ☐	**Discussion/Direction** ☐
	Information ☐
Financial Impact ☐ Yes ☒ No	**Included in Budget** ☐ Yes ☒ No
To	**Academic Council**
DATE:	**June 23, 2026**
FROM:	**Graduate Studies Committee (GSC)**
PRESENTED BY:	**Pejman Mirza-Babaei, GSC Chair & SGPS Dean**
SUBJECT:	**Graduate Experiential Learning Policy**

COMMITTEE MANDATE:
Under the Policy Framework, Academic Council is responsible for approving academic policies following a consultation period and submission to the deliberative body. As an Academic Council committee, Graduate Studies Committee (GSC) is the deliberative body on academic policy instruments related to graduate studies.

In accordance with the GSC Terms of Reference, GSC is responsible to "establish, oversee, and periodically review the graduate academic, admissions, and scholarship procedures, guidelines, and directives; and revise when appropriate; and provide regular updates to Academic Council."

The following policy draft is thus presented to Academic Council for approval. Please note that the inclusion of this item at Academic Council is contingent on its approval by GSC on June 23, 2026.

MOTION FOR CONSIDERATION:
That pursuant to the recommendation of the Graduate Studies Committee, Academic Council hereby approves the Graduate Experiential Learning Policy.

BACKGROUND/CONTEXT & RATIONALE:
As part of its role in overseeing graduate education across the University, SGPS is responsible for developing graduate academic policies.

Experiential learning refers to structured activities integrated within an academic program involving the application of disciplinary knowledge and skills in a workplace, research, community, or professional setting. Such activities allow students to apply their learning outside the academic environment, carrying immense value for their course of study and career development.

Recent growth in graduate enrolment, expanded program offerings and diversification, and increased engagement with industry, government, and community partners has increased opportunities for graduate level experiential learning across the institution. However, we currently lack a dedicated policy instrument to guide experiential learning at the graduate level.

Currently, the University has Directives for Co-Operative Education, Internship and Practicum Development (ACD 1599.06). These directives are not specific, nor applicable, to graduate programs, and do not include other forms of experiential learning such as entrepreneurial activities, industry research projects, and community-engaged learning. The proposed Graduate Experiential Learning Policy will supersede the current directives and provide details on a graduate-specific framework that supports a range of experiential learning models while allowing programs to determine the approaches more appropriate to their disciplinary context. The policy outlines the structure, design, and delivery of experiential learning activities, associated unit responsibilities, and fee structure.

SUMMARY OF PROPOSED POLICY:

- Defines different forms of experiential learning at the graduate level, including community-engaged learning, co-operative education, entrepreneurial activities, industry research projects, internships, practica, and other structured activities.
- Establishes overall academic and structural expectations for graduate experiential learning, such as defined learning outcomes, compliance with related policy instruments, and required agreements.
- Outlines responsibilities in the development of experiential learning activities, including required consultations.
- Outlines the delivery of graduate experiential learning, including considerations for supervision, student responsibilities, and conditions for continued participation.
- Outlines the fee structure associated with graduate experiential learning.

CONSULTATION AND APPROVAL PATH:

- ✓ Dean's Council consultation: May 2026
- ✓ Online consultation: June 1–15, 2026
- ✓ Graduate Studies Committee (deliberation): June 23, 2026
- ➢ Academic Council (approval): June 23, 2026

NEXT STEPS:

Pending approval, this policy will become effective as of the date it is approved.

SUPPORTING REFERENCE MATERIALS:

- ACD XXXX Graduate Experiential Learning Policy (draft)

Classification Number	ACD XXXX
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Dean, School of Graduate and Postdoctoral Studies
Approval Date	PENDING
Review Date	
Supersedes	

Graduate Experiential Learning Policy

PREAMBLE

Experiential Learning provides an opportunity for students to apply specialized knowledge and skills beyond the academic environment. In addition to its educational value in a rapidly evolving labour market, the implementation of structured Experiential Learning allows the University to better meet the needs of an increasingly diverse collective of graduate students.

The successful development and execution of Experiential Learning at the graduate level is dependent upon:

- Supporting scholarly and professional development and excellence;
- Maintaining academic quality and integrity across Ontario Tech's graduate programs;
- Enabling graduate programs to incorporate structured Experiential Learning opportunities appropriate to their disciplinary context;
- Aligning with nationally and/or provincially recognized best practices in work-integrated learning;
- Maintaining clear roles and division of responsibility among stakeholders including Academic Units and centralized Experiential Learning operations.

PURPOSE

1. The purpose of this Policy is to establish an institutional framework and expectations governing the development, administration, and oversight of Experiential Learning at the graduate level.

DEFINITIONS

2. For the purposes of this Policy the following definitions apply:

"Academic Units" refer to the Faculties and the School of Graduate and Postdoctoral Studies (SGPS).

"Experiential Learning" refers to structured activities integrated within a program that involve the application of disciplinary knowledge and skills in a workplace, research, community, or professional setting.

Experiential Learning includes established learning outcomes, a defined period (e.g., semester, Work Term) or placement, academic supervision, and formal evaluation as part of a program of study. This may occur through a range of structured models, including but not limited to:

a) **"Community-Engaged Learning"**, referring to for-credit applied learning activities within a community that have substantial involvement with individuals or organizations external to the University, such as local non-profit groups;

b) **"Co-operative Education" or "Co-Op"**, referring to arrangements by which one or more paid Work Terms are integrated throughout a student's studies and result in a degree designation upon successful completion of academic and Co-Op program requirements;

c) **"Entrepreneurial Activities"**, referring to for-credit development and/or commercialization of products or services including venture creation and related activities;

d) **"Industry Research Project"**, referring to a for-credit applied research project normally conducted in collaboration with an industry or community partner, including Capstone projects;

e) **"Internship"**, referring to a for-credit work opportunity which may be paid or unpaid;

f) **"Practicum"**, referring to a for-credit part-time and/or short-term intensive experience in a workplace setting which is normally unpaid and typically supervised by an experienced licensed or registered professional;

g) Other structured applied learning experiences as approved by the relevant Academic Units and governance bodies at the University.

"Placement Host" refers to an external organization or internal unit that provides an environment in which a graduate student participates in Experiential Learning.

"Work Term" means a defined period (e.g., semester) of structured Experiential Learning, typically associated with a Co-operative Education component, during which a graduate student engages in a placement with a Placement Host.

Work Terms are paid engagements, involve an applied learning experience, and are normally full-time.

SCOPE AND AUTHORITY

3. This Policy applies to structured Experiential Learning within graduate programs at Ontario Tech University. It establishes a framework and institutional expectations governing the development, administration, and oversight of such activities at the graduate level.

4. Structured Experiential Learning activities involve a defined period of work or placement, established learning outcomes, academic supervision, and formal evaluation as part of a graduate program. They typically involve engagement with external partner organizations, including industry, government, non-profit, or community partners. In some cases, structured Experiential Learning placements may also be hosted within the University where the experience provides a comparable applied learning environment.

5. Applied learning activities which exist outside the definition of Experiential Learning given in this Policy (e.g., those which are informal or embedded within individual courses or projects without a defined period of work or placement) are governed at the program level and fall outside the scope of this Policy.

6. Academic Units are responsible for the design and delivery of graduate Experiential Learning, including but not limited to the definition and oversight of participation requirements, learning outcomes, and evaluation methods.

7. Administrative Units will be consulted in the introduction or modification of graduate Experiential Learning components and are responsible for supporting their operational coordination and implementation. Administrative Units will not determine curriculum, academic assessment, or graduate program requirements.

8. The Dean of Graduate and Postdoctoral Studies, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of this Policy.

POLICY

9. Design and Development of Experiential Learning Activities

9.1. All Experiential Learning programs must be developed in accordance with the university's Curriculum Change Procedures or New Program Procedures where applicable.

9.2. Academic authority for graduate Experiential Learning rests with Academic Units.

9.3. Faculties and graduate programs are responsible for the academic design of Experiential Learning activities within their programs.

9.4. Graduate programs will ensure that structured Experiential Learning opportunities:

a) Align with program learning outcomes;

b) Include appropriate academic supervision;

c) Meet the minimum expectations outlined in section 12 of this Policy.

9.5. Graduate programs will determine the following for Experiential Learning program components and activities:

a) Whether such components are required or optional;

b) The inclusion, structure, and format of components (e.g., Co-Op, Internship, projects, etc.);

c) Whether associated periods of work are full- or part-time;

d) Learning outcomes and academic requirements;

e) Methods used to evaluate student learning and progress.

9.6. It is recognized that Experiential Learning activities typically involve engagement with external partner organizations, including industry, government, non-profit, or community partners. The development and maintenance of these partnerships may be supported by Administrative Units in collaboration with Faculties.

9.7. In some cases, structured Experiential Learning placements may be hosted within the University where the experience provides a suitable applied learning environment.

9.8. Experiential Learning models may vary across programs depending on disciplinary context, degree requirements, and professional expectations.

9.9. In the design, development, and delivery of Experiential Learning activities, programs should consider domain-specific requirements regarding operations, reporting, and regulatory compliance.

10. Consultation During Development

10.1. Graduate programs proposing the introduction of or any modification to structured Experiential Learning components shall engage in the following consultations:

a) With the School of Graduate and Postdoctoral Studies (SGPS) to ensure alignment with graduate policies, procedures, and standards.

b) With the Co-operative Education, Experiential Learning and Career Development Office (CEELCD) or equivalent to ensure the availability of appropriate operational support and structures.

11. Delivery of Experiential Learning Activities

11.1. Faculties and graduate programs will collaborate with CEELCD (or equivalent) as needed on the shared responsibility of implementing Experiential Learning program components within the established frameworks for responsibilities at the University, including:

a) The development and maintenance of partnerships with external organizations;

b) Operational coordination of placements and Work Terms;

c) Student preparation and career readiness resources;

d) Institutional tracking and reporting related to Experiential Learning participation.

11.2. When a graduate student has a designated faculty supervisor, the supervisor may be involved in providing academic oversight of their participation in Experiential Learning activities and monitor progress in accordance with program requirements.

11.3. Graduate students participating in Experiential Learning activities are responsible for:

a) Meeting the academic and procedural requirements associated with their Experiential Learning activities;

b) Adhering to University policies and procedures applicable to their participation in Experiential Learning including (but not limited to) the Academic Integrity Policy and Student Conduct Policy;

c) Conducting themselves in a professional manner consistent with the expectations of the Placement Host and the University.

11.4. If the Faculty Dean determines that a student has violated the standard of behaviour appropriate to the expectations and norms of a given Experiential Learning activity, the student may be immediately suspended from participation at the Dean's discretion pending a review. The outcome of such a review may involve removing the student from the Experiential Learning activity and should consider the Student Conduct Policy, Respectful Campus Policy, Academic Integrity Policy, Graduate Academic Calendar, and any relevant professional regulations or standards.

11.5. SGPS provides institutional oversight of graduate Experiential Learning to ensure continued alignment with relevant policy instruments.

12. Minimum Academic and Structural Expectations

12.1. Graduate Experiential Learning must include:

a) Clearly defined learning outcomes appropriate to graduate-level study;

b) Academic oversight by (a) qualified graduate faculty member(s) and/or graduate program director or designate(s);

c) Mechanisms for monitoring student progress and evaluating the achievement of learning outcomes;

d) Clearly defined roles and expectations for the student, program, and Placement Host;

e) Appropriate documentation or agreements with Placement Hosts where required;

f) Compliance with Ontario Tech policies and procedures where applicable, including but not limited to the Health and Safety Policy, Academic Integrity Policy, Research Ethics Policy, Intellectual Property Policy, and Student International Travel Policy.

12.2. Additional structural requirements for specific Experiential Learning models may be established through appropriate procedures or program level guidelines in consultation with SGPS and CEELCD (or equivalent).

12.3. Participation in Experiential Learning activities is subject to minimum eligibility requirements. Graduate students must:

a) Maintain clear academic standing;

b) Not have a history of academic misconduct in their graduate program at the University. Students may request a waiver of this requirement from the Faculty Dean or designate;

c) Meet any additional requirements established by the graduate program (e.g., minimum CGPA, prerequisites).

12.4. If minimum eligibility requirements are not continuously met, graduate students may be removed from participation in Experiential Learning activities.

12.5. Graduate programs may establish additional requirements in consultation with SGPS and CEELCD (or equivalent) for participation in Experiential Learning, including expectations regarding duration, eligibility criteria, program progression, minimum grade point average (GPA), academic standing, and compensation, in accordance with program level guidelines, institutional policies, and nationally and/or provincially recognized best practices where applicable.

12.6. The design and delivery of graduate Experiential Learning activities should be informed by nationally and/or provincially recognized best practices for work-integrated learning, including principles established by Co-operative Education and Work-Integrated Learning Canada (CEWIL), where appropriate.

13. Tuition and Fees

13.1. Normally, students continue to pay all tuition and fees associated with their regular course of study during participation in graduate Experiential Learning activities. This excludes students currently participating in a Work Term (e.g., as part of a Co-Operative Education component).

13.2. Normally, students currently participating in a Work Term do not pay tuition nor ancillary fees.

a) Students participating in a Work Term while simultaneously completing one or more academic courses will pay any corresponding tuition and ancillary fees.

b) International students participating in a Work Term will continue to pay fees associated with the mandatory Universal Health Insurance Plan (UHIP).

13.3. All applicable tuition and fees associated with Experiential Learning components will be communicated to current and future students by the Registrar's Office.

13.4. Graduate students may be required to pay a one-time entrance fee for Co-operative Education components. Payment of the entrance fee ensures access to preparatory material, workshops, and ongoing support resources as applicable.

a) When students apply directly to the Co-Op stream of a graduate program, the entrance fee will normally be charged on entry to the program.

b) When students declare their participation in Co-Op after enrollment in a graduate program, the entrance fee will normally be charged at the time of declaration.

13.5. Students will pay a work term fee for each Work Term as applicable.

13.6. Withdrawal or registration changes in a student's program or associated courses and any applicable fee changes will be considered according to the provisions outlined in the Registration and Course Selection Policy.

13.7. The amounts of the entrance fee, work term fee, and any other fees associated with experiential learning are subject to change at the discretion of the Tuition Working Group and Ancillary Fee Committee, subject to the approval of the Board of Governors.

MONITORING AND REVIEW

14. This Policy will be reviewed as necessary and at least every three years. The Dean of Graduate and Postdoctoral Studies, or successor thereof, is responsible to monitor and review this Policy.

RELEVANT LEGISLATION

15. This section intentionally left blank.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Institutional Quality Assurance Policy

Curriculum Change Procedures

New Program Procedures

Grading System, Research Progress, and Academic Standing Policy (Graduate)

Registration and Course Selection Policy

Academic Integrity Policy and Procedures

Student Conduct Policy

Respectful Campus Policy and Procedures

Graduate Academic Calendar

Health and Safety Policy

Intellectual Property Policy

Research Ethics Policy

Student International Travel Policy

CEWIL Canada Co-operative Education accreditation standards (external)

ACADEMIC COUNCIL REPORT

SESSION:		ACTION REQUESTED:	
Public	☒	Decision	☐
Non-Public	☐	Discussion/Direction	☒
		Information	☐

TO: Academic Council

DATE: June 23, 2026

FROM: Dr. Joe Stokes, Registrar and Assistant Vice-President, International
Nicola Crow, University Secretary
Jennifer MacInnis, General Counsel

SUBJECT: Academic Integrity Policies Review

EXECUTIVE SUMMARY

The University's suite of Academic Integrity policies is due for periodic substantive review. This review will assess effectiveness and clarity, and will identify opportunities for improvement, and ensure alignment across related policy instruments.

As the review process commences, Academic Council is being asked to provide its feedback on the proposed review approach and timeline to help inform stakeholder consultations, timelines and the development of revised policy and procedural documents.

BACKGROUND/CONTEXT

Ontario Tech University's Policy Framework requires University policies to undergo a substantive review on a periodic basis to ensure they remain current, effective, and aligned with legislative requirements, institutional priorities, and best practices.

As part of the regular policy review cycle, an assessment of the University's academic integrity suite of policies consisting of the:

- Academic Integrity Policy and Procedures;
- Academic Appeal (Undergraduate) Policy and Procedures;
- Academic Appeals (Graduate) Policy; and
- Professional Suitability (Undergraduate) Policy and Procedures,

will be undertaken to ensure they continue to support procedural fairness, transparency, and consistency in decision-making. The review will include consideration of legislative and regulatory developments, evolving best practices in the post-secondary sector, feedback from stakeholders, alignment with other University policies and procedures, together with the University's student population growth.

Given the interconnected nature of these policies and procedures, it is appropriate to review them concurrently. A coordinated review will help ensure consistency in terminology, procedures, roles and responsibilities, and appeal mechanisms across the policy suite, while reducing duplication, improving the overall student experience and providing opportunities to standardize practices to aid in administrative effectiveness and efficiency.

The review process will involve consultation with academic leadership, faculty, students, and other relevant stakeholders to identify areas requiring clarification, modernization, or enhancement.

Principles Guiding the Review

The review of the Academic Integrity policy suite will be guided by the following principles:

- Fairness and Integrity: The review will seek to ensure that the University's academic integrity framework continues to support fair, transparent, and consistent decision-making while upholding the highest standards of academic integrity.
- Inclusivity and Engagement: The review process will provide opportunities for input from a broad range of stakeholders, including faculty, students, academic administrators, and other members of the University community, ensuring that diverse perspectives are considered.
- Alignment and Consistency: The review will consider the academic integrity policy suite as a whole, ensuring consistency across related policies and procedures and alignment with the University's broader policy framework, legislative requirements, and sector best practices.

Review Process and Consultation

Community consultation will form an important component of the review process. Stakeholders including academic leadership, faculty, students, and other relevant stakeholders and subject matter experts will be invited to provide feedback on the policy suite and proposed revisions through various means, including targeted consultations and broader consultation.

An advisory committee drawn from across the University community will be struck to support the review by identifying issues, considering stakeholder feedback, and advising on proposed policy revisions.

Academic Council will receive regular updates throughout the review process.

Recommendations regarding revisions to other academic policies that may arise as a result of the consultation will be referred to the Undergraduate and Graduate Studies Committees, as appropriate.

NEXT STEPS	TARGET TIMELINES
Initial background review and environmental scan	July - August
Stakeholder consultation	September - November
Draft revisions to policies and procedures	December - February
Circulation of draft documents for broader consultation and feedback	February - May
Final revisions and preparation of approval materials	June - September
Presentation to Academic Council for approval	Fall 2027

ACADEMIC COUNCIL

Minutes of the Public Session of the May 26, 2026 Meeting
via Videoconference
2:32 p.m. - 3:53 p.m.

[Academic Council Committee Agendas, Materials and Minutes 2025-2026]

Present:

Steven Murphy (Chair)	Catherine Davidson	Scott Nokleby
Asifa Aamir	Mikael Eklund	Gabby Resch
Scott Aquanno	Shanti Fernando	Carol Rodgers
Rachel Ariss	Jessica Hogue	Robyn Ruttenberg-Rozen
Laura Banks	Brenda Jacobs	Denina Simmons
Ahmad Barari	Les Jacobs	Gillian Slade
Mihai Beligan	Lori Livingston	Joe Stokes
Mary Bluechardt	Janet McCabe	Jemma Tam
Toba Bryant	Thomas McMorrow	Dwight Thompson
Krystina Clarke	Pejman Mirza-Babaei	Ken Wilson
Amanda Cooper	Fedor Naumkin	

Regrets:

JoAnne Arcand	Hossam Kishawy (on leave)	Carolyn McGregor
Wendy Barber	Shahram Heydari	Aliza Rizwan
Rupinder Brar	Sayyed Ali Hosseini	Shannon Vettor
Ana Duff	Mehdi Hossein-Nejad	
Mitch Frazer	Venuga Kariharan	

Staff and Guests:

Kirstie Ayotte	Krista Hester	Sarah Thrush
Nicola Crow	Jennifer MacInnis	
Sandra Grouette (Secretary)	Brad MacIsaac	

1. Call to Order and Land Acknowledgement

The Chair called the Public Session of the Academic Council (AC) Meeting to order at 2:32 p.m. and G. Resch provided their personal Land Acknowledgement.

2. Agenda (M)

Upon a motion duly made by S. Nokleby and seconded by R. Ruttenberg-Rozen, the Agenda was approved as presented, including approving and receiving the Consent Agenda and its contents.

3. Chair's Remarks

The Chair encouraged Members to attend upcoming Convocation Ceremonies and thanked faculty, staff, student volunteers, and campus partners for their contributions to creating a

meaningful experience for graduates and their families. Congratulations were also extended to the Faculty of Social Science and Humanities on the launch of Canada's first-of-its-kind graduate program, the Master of Social Media Communication in Online Creators, designed with flexible delivery options to support evolving learner and industry needs. In addition, the Chair highlighted a recent $5 million federal investment in the University's ACE Climatic Aerodynamic Wind Tunnel facility to expand the capabilities of ACE into a leading Canadian defence technology hub aligned with military standards.

4. Inquiries and Communications

None.

4.1 COU Academic Colleague Report* (I)

R. Ruttenberg-Rozen provided updates from recent Council of Ontario Universities (COU) meetings, including discussions on the impact of AI in post-secondary education and the forthcoming COU AI Task Force Report addressing institutional responses to AI integration. She also highlighted discussions on future higher education models, partnerships, experiential learning, and the evolving role of universities. In addition, she reflected on her participation in Science Meets Parliament and the value of interdisciplinary collaboration and policy engagement opportunities.

In response to R. Ruttenberg-Rozen sharing that this will be her last report as the COU Academic Colleague, the Chair thanked her for her contributions at COU and for promoting engagement initiatives such as Science Meets Parliament. The Chair also highlighted the value of recent COU discussions on AI in higher education, noting the importance of addressing concerns around AI while advancing responsible integration into university teaching, learning, and curriculum development.

5. Provost's Remarks

5.1 Senior Academic Administrator Search Update (I)

The Provost provided updates on the Dean of the Faculty of Social Science and Humanities search process, including the launch of the position's advertisement and the anticipated timelines for reviewing candidates and interviews. She also advised that Dr. Eric Rapos had been appointed as the University's Teaching Scholar in Residence, with a focus on pedagogical practices related to the use of AI in the classroom. In addition, she noted that the recent Canvas cybersecurity incident had been contained and that at this point in time, there was no indication that Ontario Tech data had been accessed.

In response to a question, J. MacInnis noted that Ontario Tech's Canvas system had remained operational following the incident.

6. Academic Programs Update

6.1 2025-2026 Continuous Learning Annual Report* (I)

The Provost presented the Continuous Annual Report and highlighted increased program enrollments, corporate training offerings, and summer camp registrations during the reporting period. They also noted the growth in new partnerships and clients, recognition of the Nuclear Career Accelerator program and its recent national recognition from the CAUCE, and the continued expansion of micro-credential offerings.

The Provost also confirmed that continuous learning activities contribute to overall institutional growth as part of the broader enrollment target of 20,000 students by 2030, as well as representing an important revenue-generating component supporting University operations.

6.2 2025-2026 Quality Assurance Annual Report* (I)

The Provost introduced the Annual Report which provided an overview of quality assurance activities, including new program development, external approvals, and cyclical program reviews.

S. Thrush highlighted the significant contributions of faculty members, program committees, Academic Council, and CIQE staff in supporting ongoing program innovation, quality assurance, and continuous improvement processes across the University.

7. 2026-2027 Activity Based Budget Model* (I) [1]

S. Thrush presented an overview of the University's Activity Based Budget (ABB) Model, explaining how the model is used to inform budget allocations based on enrollment, tuition, grants, and institutional cost drivers. She highlighted the relationship between enrollment trends and faculty budget performance, the role of strategic allocations in supporting balanced budgets, and the importance of continued innovation and diversification of academic offerings to support long-term financial sustainability. She also noted that additional discussions with faculty councils would occur to provide further detail and context regarding the model and its application.

Responding to questions, S. Thrush explained that the ABB Model is used to support enrollment planning, revenue forecasting, and strategic investment decisions. She confirmed that graduate enrollment and related revenue drivers are fully incorporated. She further noted that positive balances indicate revenues exceeding associated costs, while negative balances indicate revenues that do not fully cover allocated program and institutional costs.

S. Thrush advised that in relation to program admissions and sustainability, decisions are informed by multiple factors, including financial projections, service teaching contributions, application demand, and program innovation considerations with additional clarification on certain accounting details being provided separately.

8. Undergraduate Studies Committee

M. Bluechardt reported on the April 21, 2026 Undergraduate Studies Committee ("USC") Meeting, noting the Committee's continued student-first approach in its work, which in April included amendment recommendations to the Examination and Grading Policy, and a new FBIT program proposal, both of which were on AC's agenda.

She also provided an update on proposed revisions to three (3) IQAP Procedures which were being presented to both USC and Graduate Studies Committee (GSC) for approval in accordance with the established governance pathway. She advised that the Committee had a fulsome dialogue on the proposed revisions, which are intended to support a more responsive and efficient student-focused framework benefitting students, faculty and staff, with approval deferred to May. M. Bluechardt also shared that USC received editorial updates to the IQAP Policy and a related Procedure for information.

[1] Since the May 26 Academic Council Meeting there have been revisions to the supporting materials for this item see: AC and Board ABB Budget Allocation Model Program Summary May 2026.pdf*

8.1 New Program Proposal: Faculty of Business and Information Technology: Bachelor of Business Analytics and Artificial Intelligence* (M)

M. Bluechardt reported that the new program proposal is designed to integrate business analytics and artificial intelligence in an innovative response to emerging industry and workforce needs. In terms of resources for this new program, she advised that in accordance with the University's standard approach, program resourcing will align with enrollment growth.

G. Resch further noted that faculty hiring and program development activities are already underway to support program resource needs, including new tenure-track and limited-term appointments, with significant preparatory work already completed to support the program's planned launch and anticipated enrollment growth.

Upon a motion duly made by M. Bluechardt and seconded by S. Nokleby, that pursuant to the recommendation of the Undergraduate Studies Committee, Academic Council hereby approves the Bachelor of Business Analytics and Artificial Intelligence program and recommends approval of the program to the Board of Governors.

One (1) Abstention.

8.2 New Program Proposal: Faculty of Engineering and Applied Science: Bachelor of Engineering (Hons), Artificial Intelligence Engineering* (M)

M. Bluechardt shared the new program was developed to address growing demand for AI professionals and is distinguished by its engineering-focused curriculum. The program will combine foundational AI theory, experiential learning, industry collaboration, and work-integrated learning opportunities to prepare graduates for careers across engineering and technology sectors.

It was noted that with the proposal's engineering focus, this is a key strength differentiating it from other AI specialization options with enrollment projected at 30 students in 2027 and planned growth to 50 students within three years.

With respect to resource allocation, S. Nokleby noted that recent faculty hiring in software and AI engineering areas, combined with anticipated redistribution of teaching resources and future hiring aligned with enrollment growth, are intended to support successful program implementation and delivery.

Upon a motion duly made by S. Nokleby and seconded by M. Bluechardt, that pursuant to the recommendation of the Undergraduate Studies Committee, Academic Council hereby approves the Bachelor of Engineering (Hons), Artificial Intelligence Engineering program and recommends approval of the program to the Board of Governors.

One (1) Abstention.

9. Graduate Studies Committee

P. Mirza-Babaei reported on the April 28, 2026 GSC Meeting, which included recognition of Ontario Tech's success at the provincial 3MT® competition, where the University's representative placed third. He also noted that like USC, GSC reviewed and discussed the proposed revisions to the IQAP Procedures and the Examination and Grading Policy. He also shared that GSC approved revisions to the Outstanding Thesis Award to improve equity,

transparency, and consistency across faculties, and received for information a new thesis completion process designed to reduce student stress, simplify administrative procedures, and provide greater flexibility for thesis completion and examination timelines.

P. Mirza-Babaei noted that implementation details for the new thesis completion and tuition process were in the GSC materials and faculty communications.

10. Research Committee

10.1 Strategic Research Plan Annual Report* (I)

L. Jacobs presented the first annual report on the 2025-2030 Strategic Research Plan, providing baseline data and updates on research growth and performance indicators. He highlighted increases in research initiatives, grant applications, funding, partnerships, and research intensity, as well as improvements in national research rankings. He also emphasized growth in graduate and undergraduate research engagement, entrepreneurship and commercialization activities, and equity, diversity and inclusion initiatives.

L. Jacobs noted in response to a question, that broader indicators such as publications and citations could be reflected more explicitly in future reports, while acknowledging disciplinary differences and limitations in available data sources. With respect to the co-relation between the Strategic Research Plan and the Integrated Academic-Research Plan (IARP), L. Jacobs explained that the Strategic Research Plan provides a five-year framework aligned with external research funding requirements, while the IARP serves as a broader institutional planning document, with areas of overlap but distinct purposes and reporting functions.

11. Policy Instruments

11.1 Examination and Grading Policy Amendments* (M)

J. Stokes explained that the proposed amendments clarify that secondary deferred examinations would generally not be permitted except in exceptional circumstances, and that the late withdrawal process would serve as the alternative process for students unable to complete a deferred examination.

Upon a motion duly made by S. Nokleby and seconded by R. Ruttenberg-Rozen, that Academic Council hereby approves the amended Examination and Grading Policy.

12. Consent Agenda:

The Chair confirmed that contents of the Consent Agenda were approved and received under Agenda Item # 2.

12.1 Public Minutes of the April 28, 2026 Meeting* (M)
12.2 Conferral of Degrees – Spring/Summer 2026* (M)
12.3 Outstanding Thesis Award Amendments* (I)

13. Termination

There being no other business, and upon a motion to terminate by S. Nokleby, the AC Meeting terminated at 3:53 p.m.

Sandra Grouette, Assistant University Secretary

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☐
Discussion/Direction	☐
Information	☒

DATE: **23 June 2026**

FROM: **Undergraduate Studies Committee**

SUBJECT: **Minor Program Adjustment – Bachelor of Commerce**

COMMITTEE MANDATE:
In accordance with the Undergraduate Studies Committee (USC) Terms of Reference, USC has the responsibility "to approve minor program adjustments and report them to Academic Council for information."

BACKGROUND/CONTEXT & RATIONALE:
The Faculty proposed to remove XBIT 2500U as a required course. Removal of this requirement will enable students to graduate on time more effectively without worrying about or missing the completion of this non-credit course. The operational load for the course outweighs the planned value, particularly as a means for recruiting, that drove its introduction.

Removing the requirement will allow the Faculty to re-allocate these resources in for-credit courses to positively impact the student experience. XBIT 2500U will be made optional for students and the course will be revisited in the future.

RESOURCES REQUIRED:
No additional resources are required.

TRANSITION AND COMMUNICATION PLAN:
The change will be communicated through Academic Advising. Current students would have the requirement waived immediately. Students who have already completed the course requirements will have benefitted from their learning experiences through

completion of the activities. Transitioning to this new optional model has no other impact.

CONSULTATION AND APPROVAL:

- ✓ Curriculum Committee: 31 March 2026
- ✓ Faculty Council: 5 May 2026
- ✓ Undergraduate Studies Committee (for approval): 19 May 2026
- Academic Council (for information): 23 June 2026

NEXT STEPS:

After presentation to Academic Council, this change will be included in the 2027-2028 Academic Calendar.

SUPPORTING REFERENCE MATERIALS:

- Minor Program Adjustment proposal

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☐
Discussion/Direction	☐
Information	☒

DATE: **23 June 2026**

FROM: **Undergraduate Studies Committee**

SUBJECT: **Minor Program Adjustment – Bachelor of Health Sciences - Kinesiology – Advanced entry for Fitness and Health Promotion Graduates**

COMMITTEE MANDATE:
In accordance with the Undergraduate Studies Committee (USC) Terms of Reference, USC has the responsibility "to approve minor program adjustments and report them to Academic Council for information."

BACKGROUND/CONTEXT & RATIONALE:
The Faculty proposed an update to the program to provide a more equitable transfer credit block awarded to Fitness and Health Promotion graduates entering the Bachelor of Health Sciences – Kinesiology program who are unable to complete the recently approved summer bridge option. Advanced-Entry students unable to complete the Bridge option will now be awarded additional transfer credit for KINE 2010U and KINE 2130U. This change will reduce the overall completion time from three to 2.5 years.

RESOURCES REQUIRED:
No additional resources are required.

TRANSITION AND COMMUNICATION PLAN:
FHP students will have the option to enroll in this pathway as of September 2027. Students starting in September 2026, and those who begin in September 2025, may

have the option to join the new pathway pending approval. Academic Advising has been advised of the change and will communicate this change to students.

CONSULTATION AND APPROVAL:

- ✓ Curriculum Committee: 19 May 2026
- ✓ Faculty Council: 3 June 2026
- ✓ Undergraduate Studies Committee (for approval): 16 June 2026
- Academic Council (for information): 23 June 2026

NEXT STEPS:

Pending the approval of USC, this change will be presented for information to Academic Council and included in the 2027-2028 Academic Calendar.

SUPPORTING REFERENCE MATERIALS:

- Minor Program Adjustment proposal

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation	☐
Decision	☐
Discussion/Direction	☐
Information	☒

DATE: **23 June 2026**

FROM: **Graduate Studies Committee**

SUBJECT: **Minor Program Adjustment – PhD in Health Sciences**

COMMITTEE MANDATE:
In accordance with the Graduate Studies Committee (GSC) Terms of Reference, GSC has the responsibility "to approve minor program adjustments" and report them to Academic Council for information.

BACKGROUND/CONTEXT & RATIONALE:
The Faculty proposed the addition of new elective courses to the program. This change will enhance the program by broadening the range of elective courses available to graduate students in the PhD and across all programs. The changes reflect the addition of cross-listed, 6000-level courses that may count as electives for PhD, Master of Science in Nursing (MScN), Master of Health Sciences (MHSc) Kinesiology, Community, Public, and Population Health, Health Informatics, and Medical Laboratory Sciences students. Learners will have greater flexibility to tailor their academic training to their research interests and career goals.

This approach supports interdisciplinary learning and fosters collaboration among graduate students from diverse academic backgrounds. It also enables students to access specialized or advanced methodological and content-specific courses. Overall this change strengthens the academic experience by promoting intellectual diversity, skill development, and exposure to varied perspectives in health sciences research.

RESOURCES REQUIRED:
This change is not anticipated to have financial or resource implications for the PhD program. The courses being added as eligible electives are either existing graduate-level offerings that are already developed, resources, and delivered within current programs

or are being developed and delivered as part of the MHSc MPM (2026). Please refer to the MHSc MPM for further information regarding resource and financial implications for new courses.

TRANSITION PLAN:
Intended Implementation is Fall 2027. As this change does not affect required/core courses or overall degree requirements, a formal transition plan will not be used. The change expands the pool of eligible elective courses only and does not alter program progression or completion.

All current students will be able to take advantage of the expanded elective options beginning in Fall 2027, subject to course availability and scheduling. Students will be able to enroll in these electives through the standard course registration process, in consultation with their graduate studies supervisors.

CONSULTATION AND APPROVAL:
- ✓ Graduate Curriculum Committee; 14 April 2026
- ✓ FHS Faculty Council: 6 May 2026
- ✓ Graduate Studies Committee (Approval): 26 May 2026
- Academic Council (Information): 23 June 2026

NEXT STEPS:
After presentation to Academic Council, this change will be included in the 2027-2028 Academic Calendar.

SUPPORTING REFERENCE MATERIALS:
Minor Program Adjustment proposal

New Course Proposals:
- HLSC 6400G: Sustainability in Health Care
- HLSC 6410G: Simulation Education
- HLSC 6420G: Healthcare Infection Prevention and Control
- HLSC 6430G: Advanced Human Resource Management

ACADEMIC COUNCIL REPORT

ACTION REQUESTED:

Recommendation ☐
Decision ☐
Discussion/Direction ☐
Information ☒

DATE: **23 June 2026**

FROM: **Graduate Studies Committee**

SUBJECT: **Cyclical Program Review - 18-Month Follow-up – Master of Information Technology Security**

COMMITTEE MANDATE:

In accordance with Article 8 of the Ontario Tech University Institutional Quality Assurance Process (IQAP) Cyclical Review and Auditing Procedures, eighteen months following the completion of a program review the Dean will prepare a brief follow up report and "A summary of the progress report will be approved by the appropriate standing committee of Academic Council". This summary report will be reported to Academic Council for information and subsequently posted to the Ontario Tech corporate website.

BACKGROUND/CONTEXT & RATIONALE:

Eighteen months after the completion of a program review the Faculty is asked to report on the progress to date in implementing the agreed upon plans for improvement. The report is sent to the Academic Resource Committee for review and further follow-up, if required.

RESOURCES REQUIRED:

The Faculty's plans to address any remaining resource needs are outlined in the 18-Month report. Information and support will be required from various areas of the University in order to implement the plan as originally agreed.

COMPLIANCE WITH POLICY/LEGISLATION:

The Ontario Universities Council on Quality Assurance (Quality Council), established by the Council of Ontario Universities in July 2010, is responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and Ontario's government. Under the Quality Assurance Framework, academic programs must undergo a cyclical review at least every eight years following their implementation. The purpose of the cyclical program review is to critically examine the components of a program with the assistance of outside reviewers with the goal of continuous improvement. A program review's purpose is not solely to demonstrate the positive aspects of the program, but also to outline opportunities that will lead to improvements for the future.

NEXT STEPS:
Following the presentation to Academic Council, this summary will be posted to the University website.

SUPPORTING REFERENCE MATERIALS:

- 18-Month Report Summary

18-MONTH FOLLOW-UP REPORT
Cyclical Program Review

FACULTY: **Faculty of Business and Information Technology**
PROGRAM: **Master of IT Security (MITS & MITS-AI)**
DATE: **10 March 2026**
PREPARED BY: **Dr. Carolyn McGregor AM**

This program review was completed in January 2025. The chart below outlines the progress that has been made in implementing the agreed upon plans for improvement.

Under Ontario Tech University's Institutional Quality Assurance Process (IQAP) and the Ontario Quality Assurance Framework (QAF), all programs are subject to a comprehensive review at least/at minimum every eight years to ensure that they continue to meet provincial quality assurance requirements and to support their ongoing rigour and coherence. Program reviews involve several stages, including:

1. A comprehensive and analytical self-study brief developed by members of the program under review.
2. A site visit by academic experts who are external to and arm's length from the program. The visit involves discussions with senior academic administrators, faculty, staff, and students.
3. Submission of an external reviewers' report including recommendations on ways the program may be improved based on a review of the program's self-study brief, discussions during the site visit and supporting material.
4. Internal responses to the external review and recommendations prepared separately by the Program and Dean.
5. Development of an Implementation Plan prepared by the Dean including resource requirements and a timeline for acting on and monitoring the implementation of the recommendations.

All programs that undergo a review must provide a report eighteen months after the completion of the review to gather information on the progress that has been made implementing the agreed upon plans for improvement.

In 2021-2023, a review was scheduled for the Master of Information Technology Security with a site visit on March 5-6, 2024**.** The program has submitted to the Provost's Office a report outlining

the progress they have made relative to the implementation plan resulting from the review. A summary of this progress is provided below.

Implementation Plan Action Item(s) *(corresponding recommendation # from reviewers' report)*		**Timeline**	**Status***	**Comments from Dean on progress of implementation**
1.	*Evaluate program size and propose growth plan for the 2 and 5 year horizons with contingency plans according to external trends.*	*Initial report to Dean by May 2025 and then again in May 2026.*	*1. IN PROGRESS.*	We are considering a third section model and assessing the feasibility of developing a fully online MITS-Online program within the next 2-5 years. This requires evaluation of resourcing and market demand analysis.
2	*Promote the program to Ontario Tech Alumni* *Explore marketing campaigns within the province and report options to Dean* *Continue to consider EDI in attracting and accepting students*	*Start in 2025-2026 application Cycle* *Provide options to Dean by early 2025* *Continuous*	2. I*N PROGRESS.*	Used marketing and communications to aid in the marketing of the program. Working with the Alumni committee to promote to alumni on a regular (semester) basis. We are enabling diversity and equity within the MITS-GOV field and promoting/marketing the program to individuals in non-stem fields.
3	*Hire more faculty members to support the program* *Hire an additional graduate program assistant*	*One TTT position hired in 2024. A TF position in Networking and IT Security being finalized for July 2025* *Early 2025*	3. CONTINUOUS.	Currently hiring a TF for MITS for the 2026/27 year (Open Position – advertised) We are actively pursuing a graduate program assistant (identified), expected fill in Summer 2026.
4	*Explore program needs for equipment and resources and report to the Dean for decision*	*2025-2026 academic year*	4. COMPLETE AND CONTINUOUS.	Equipment/Resources: expansion to MITS-Online will require additional resourcing. Current resources are shared with the undergrad and graduate program. Requests have been submitted.

				Additional TTT in IT Security area has received initial approval from Provost office and the Dean is progression to hiring process approvals. An LTFM coverage for 2026/27 has been requested with the goal to complete the hire for a Sept 2027 TTT start.
6	*Evaluate current specializations and report on their performance and possible new specializations*	*2026-2027 academic year (after we have a track record for the newer specializations)*	6. COMPLETE AND CONTINUOUS.	- Added Governance Specialization. Interest in all 3 specializations is healthy (market relevance is good). - New Specializations are being considered such as MITS-Online. - Consider a potential new MITS (Finance) specialization and the potential for shared courses between MITS and MFDA as well as a new Certificate the Dean is working to launch I the Fall for Cybersecurity in FinTech.
7	*Continue to work with the RO and SGPS to streamline application processing* *Hire additional graduate program staff member at FBIT*	*Report on progress after 2025-2026 admission cycle* *Early 2025*	7. COMPLETE.	Only non-standard applicants are handled directly by FBIT. <see above> RE: Graduate assistant.
8	*Develop a plan for the 2025-2026 course offerings*	*May 2025 for the 25-26 academic year and then May 2026 for the year after*	8. CONTINUOUS.	The Dean is working to introduce a new six module Certificate with continuous learning to launch in the Fall for Cybersecurity in FinTech. Currently progressing a TF Finance hire with the potential for scope to provide coverage for cybersecurity in Finance course.
9	*Plan networking and orientation events for the 2025-2026*	*Have plan ready for July 2025*	9. CONTINUOUS.	- Fall and Winter orientation is completed at week 1 or 2 of each semester. Complemented by SGPS central events for all graduate students.
10	*Develop a framework for coop and internship resources*	*Framework ready by December 2025*	10. IN PROGRESS	Internship framework is in development by experiential central (CEELD) within the University and is applicable to the MITS program.

	and support available to MITS students			
11	*Establish a new advisory board with clear mandate and meeting plans*	*Progress report by July 2025 and advisory board in place by January 2026*	11. IN PROGRESS:	- PAB process being confirmed and GPD and Faculty are identifying potential PAB members. First PAB meeting will be held in April 2026

*Process Status Legend:

***Complete**: Accomplished action item; no further steps required.*
***Continuous**: Initial action item complete but requires ongoing monitoring and/or enhancement.*
***In Progress:** Progress on the action item has been initiated but is not complete at this time. Outline all steps taken in the comment's column.*
***On Hold**: Unable to complete due to other dependent factor(s).*
***Cancelled**: Item no longer relevant or resources unavailable.*

Additional comments:

- *In establishing the new PhD Cybersecurity, we have developed a MITS-specific pathway for admission for MITS students interested in furthering their knowledge and research endeavours. This adds additional value to the MITS program for students pursuing a research pathway.*
- *We have piloted a new six module Certificate in the Foundations of Space and Cybersecurity through a partnership with Continuous Learning and Space Career Academy and enable course credit for a MITS elective for the certificate providing students with new opportunities to learn about cybersecurity in Space.*

This 18-month follow-up report will be sent to the Resource Committee for review. The Committee may recommend further monitoring of outstanding items on a case-by-case basis. A summary of this report will be prepared and approved by the appropriate standing committee of Academic Council (USC/GSC), reported to Academic Council, and posted on the Ontario Tech corporate website.

Next Scheduled Program Review: 2029-2031

ACADEMIC COUNCIL REPORT

SESSION:

Public ☒

ACTION REQUESTED:

Decision ☐
Discussion/Direction ☐
Information ☒

DATE: **23 June 2026**

FROM: **Graduate Studies Committee (GSC) and Undergraduate Studies Committee (USC)**

SUBJECT: **Institutional Quality Assurance Process (IQAP) Policy and Procedures**

MANDATES:

- In accordance with its mandate, the Centre for Institutional Quality Enhancement (CIQE) is responsible for quality enhancement and continuous improvement of the University's academic programs.
- The Ontario Universities Council on Quality Assurance (Quality Council), established by the Council of Ontario Universities in July 2010, is responsible for oversight of the Quality Assurance Framework (QAF) for Ontario Universities, including ratification of Institutional Quality Assurance Processes (IQAPs).
- As part of its responsibility, CIQE reviews the IQAP for compliance with provincial requirements and the University's academic standards, and ensures the University is following sector best practices.
- In accordance with their Terms of Reference, the Undergraduate and Graduate Studies Committees (USC and GSC) have the delegated authority "to establish, oversee, and periodically review the undergraduate/graduate academic, admissions, and scholarship procedures, guidelines, and directives, and revise when appropriate, and provide regular updates to Academic Council".
- In accordance with the Policy Framework, editorial amendments to the ACD category of policy instruments are approved by the policy owner.

BACKGROUND/CONTEXT & RATIONALE:

In 2019-2020 and 2021-2022 Academic Council and its Committees approved a number of substantive and editorial changes to the IQAP based on the 2017-2018 Ontario Universities Council on Quality Assurance (Quality Council) review and revised Quality Assurance Framework (QAF) (2021). Since that time there have been ongoing minor revisions to the QAF, and the Guidance provided by the Quality Council. The Quality Council requires all Ontario Universities to align with this revised version of the QAF. Additionally, the IQAP must align with the University Policy Framework, By-law No. 2, and current institutional and provincial practice.

As part of the regular review of policy documents, revisions have been made to the IQAP to once again bring it into alignment with the Quality Council's directives. The number and complexity of the new changes are minor. Following an online consultation period of two weeks, two policy instruments that have only editorial changes (IQAP Policy, Program Closure Procedures) were approved by the Provost, as the Policy owner, in accordance with the University's Policy Framework. These documents were presented to USC and GSC for information. Three Procedure documents which have changes that are non-editorial in nature (Curriculum Change Procedures, Cyclical Review and Auditing Procedures, New Program Procedures) were approved by both USC and GSC in accordance with the University's Policy Framework and the Committees' Terms of Reference. All changes are now being reported to Academic Council for information.

Any questions about these changes may be directed to the Centre for Institutional Quality Enhancement.

CONSULTATION AND APPROVAL:
In conjunction with the Policy Office, the following consultation and approval path was determined:

- ✓ Online Consultation – April 2026
- ✓ Approval Authority: USC and GSC – 21 April & 28 April 2026 (consultation), 19 May & 26 May 2026 (approval)
- Academic Council (for information) – 23 June 2026
- Quality Council (for information) – June 2026

NEXT STEPS:
The associated handbooks and templates will be updated as needed.

SUPPORTING REFERENCE MATERIALS:

- Revised Policy & Procedures (clean copies):
  - ACD 1501 Institutional Quality Assurance Process Policy
  - ACD 1501.01 Curriculum Change Procedures
  - ACD 1501.02 Cyclical Review and Auditing Procedures
  - ACD 1501.03 New Program Procedures
  - ACD 1501.04 Program Closure Procedures
- Revised Policy & Procedures (tracked changes):
  - ACD 1501 Institutional Quality Assurance Process Policy
  - ACD 1501.01 Curriculum Change Procedures
  - ACD 1501.02 Cyclical Review and Auditing Procedures
  - ACD 1501.03 New Program Procedures
  - ACD 1501.04 Program Closure Procedures

Classification Number	ACD 1501
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2023
Review Date	
Supersedes	ACD 1501) Institutional Quality Assurance Process Policy (June 2023)

Institutional Quality Assurance Process

PURPOSE

1. The purpose of this policy is to inform and guide undergraduate and graduate program development and continuous improvement at the University with regard to the approval of new programs, program modifications, program closures, and the cyclical review of existing programs.

2. The statements in this policy as approved by Academic Council, define the University's commitment to the different aspects of quality assurance and the broad level responsibilities for carrying out this commitment.

DEFINITIONS

3. For the purposes of this policy the following definitions apply:

Academic Council: the most senior academic governance body of the institution

Accreditation Review: to evaluate and measure a program against a set of principles and standards set by an external professional accreditation body

Cyclical Program Review: to critically examine the components of a program with the assistance of outside reviewers with the goal of continuous improvement. A program review's purpose is not solely to demonstrate the positive aspects of the program, but also to outline opportunities that will lead to improvements for the future.

Degree: An academic credential awarded upon successful completion of a prescribed set and sequence of courses, combination of courses, and/or other units of study, research, and practice

as specified by a Program and that meet a standard of performance consistent with University and provincial degree level expectations.

Diploma: An academic credential awarded upon the successful completion of a prescribed set and sequence of courses, combination of courses, and/or other units of study and practice as specified by a Program. Diplomas are classified as concurrent and/or direct-entry.

Faculty Council: established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level.

Field: In graduate programs, an area of specialization or concentration that is related to the demonstrable and collective strengths of the program's faculty and to a new or existing program. Fields are not required at either the master's or doctoral level.

Graduate Diploma: A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement a graduate degree program, and to provide specialization, sub-specialization or inter- or multi- disciplinary qualification. A graduate diploma is comprised of at least 12 credit hours of graduate level study. There are three types of Graduate Diplomas as set out by the Council of Ontario Universities:

a) **Type 1:** Awarded when a candidate admitted to a master's program leaves the program after completing a prescribed proportion of the requirements. Students are not admitted directly to these programs. When new, these programs require approval through the university's protocol for Major Modification prior to their adoption. Once approved, they will be incorporated into the institution's schedule for cyclical reviews as part of the parent program.

b) **Type 2: A concurrent graduate diploma** is 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 and requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree. When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

c) **Type 3: A direct-entry graduate diploma** is 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. Ontario Tech type 3 graduate diplomas may include non-degree credit courses to a maximum of 30% of the total program credit hours. Where the program has been conceived and developed as a distinct and original entity, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to

their adoption. Once approved, they will be included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

Graduate Studies Committee (GSC): a standing committee of Academic Council responsible for reviewing graduate curriculum proposals.

Major Program Modifications: modifications that constitute a significant change to the design and delivery of an existing program. The Quality Council defines major modifications to include the following program changes:

a) Requirements that differ significantly from those existing at the time of the previous cyclical program review or at the time the program was first approved;

b) Significant changes to the learning outcomes that do not, however, meet the threshold of a New Program;

c) Significant changes to the faculty engaged in delivering the program and/or to the essential resources as may occur, for example, where there have been changes to the existing mode(s) of delivery (e.g., different campus, online and/or hybrid delivery, inter-institutional collaboration);

For greater clarity, the Quality Council has provided examples to illustrate changes that normally constitute a significant change. These examples are provided in their Guide to Quality Assurance Processes and their application in the Ontario Tech context is outlined in Section 7 of the **Curriculum Change Procedures**.

Micro-credential: 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.

Ministry: the Ontario Ministry governing the affairs of Colleges and Universities.

Minor Curricular Changes: generally, those changes to individual courses and curricular offerings that do not affect the overall program requirements. Further clarification and examples are provided in Section 5 of the **Curriculum Change Procedures**.

Minor Program Adjustments: changes to degree requirements and/or learning outcomes that may require a plan for transitioning cohorts of students to meet different requirements over time, but that do not constitute a significant change to the design and delivery of an existing program reaching the threshold of a Major Program Modification. Further clarification and examples are provided in Section 6 of the **Curriculum Change Procedures**.

New Program: any degree or diploma program, or major, approved by Academic Council and the Board of Governors, which has not been previously approved 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. To clarify, for the purposes of this Policy, a "new program" is brand new: that is to say, the program has substantially different program objective, program requirements, and program learning outcomes from those of any existing approved programs offered by Ontario Tech University. The final determination of whether a proposed offering constitutes a new program will rest with the Provost.

Program: A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice, that achieve a unique set of learning outcomes and competencies required for the full or partial fulfillment of a degree or diploma.

Program Component: A set and sequence of courses, combination of courses, and/or other units of study, research and practice, that may or may not achieve a unique set of learning outcomes. Program Components do not stand-alone for the full or partial fulfillment of a degree or diploma. Examples include specializations, minors, fields, or other items as determined by the University's established nomenclature.

Quality Council: the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.

Resource Committee: the university Academic Resource Committee or equivalent university body.

Undergraduate Diploma: A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement an undergraduate degree program. An undergraduate diploma is comprised of 18-30 credit hours of undergraduate-level study

- **a)** A **concurrent undergraduate diploma** is offered in conjunction with an undergraduate degree, which requires that the candidate be already admitted to an undergraduate degree
- **b)** A **direct-entry undergraduate diploma** is a stand-alone, direct-entry program, developed by a unit already offering a related undergraduate or graduate

Undergraduate Studies Committee (USC): a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals.

SCOPE AND AUTHORITY

4. This policy applies to the full range of for credit curricular and programmatic endeavours at both the graduate and undergraduate levels, including Micro-credentials. It extends to new and continuing undergraduate and graduate degree programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

5. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of this Policy and its associated Procedures, as well as ensuring that Quality Assurance policies and procedures be established and are carried out. The Provost will be the authoritative contact between the University and the Quality Council.

6. Deans ensure that established policies and procedures are carried out at the Faculty level. Under the leadership of the Dean, Programs and Faculties are responsible for initiating and maintaining Program development, planning for the compilation and analysis of information, improvement and review of Programs, designing curricular changes, and readying them for consideration through the various levels of collegial review.

7. The Provost or designate, through the Center for Institutional Quality Enhancement (CIQE), coordinates the day-to-day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and assessing Programs, including coordinating internal and external appraisals and pulling together key institutional data and other indicators of program quality. The Provost or designate will also maintain all documentation associated with curricular changes, program modifications, new program proposals, accreditation reports, and program reviews, for a period of ten years. The documentation will then be entered into the university archives, per the Records Retention Policy, exclusive of any personal or confidential information.

8. Academic Council holds delegated authority from the Board to establish and regulate the curricular policies and procedures of the University, and the contents and curricula of all courses of study. Curriculum proposals are considered by the appropriate governing body for approval or information in accordance with Sections 13 - 15 of this Policy. The establishment and oversight of both the policy and procedural aspects relating to the approval of new programs, program revisions, and program review are the responsibility of the Academic Council.

9. The Board of Governors is responsible for planning, determining policies for and providing for the overall development of the university, including approving strategic plans, budgets and expenditure plans. In this context, all proposals that lead to the establishment or termination of degree programs, the establishment or de-establishment of Faculties, institutes and chairs and councils within those Faculties, and university strategic plans are subject to approval by the Board.

10. The Quality Council ratifies the Institutional Quality Assurance Process Policy and associated Procedures, and any substantive change to these procedures, and undertakes regular audits of these processes for compliance with the Provincial Framework on an eight year cycle. In addition, the Quality Council reviews and approves all proposals for new degree and diploma programs, as applicable, and reviews Final Assessment Reports of Program Reviews. It also receives an annual report of major modifications to existing programs. The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the **New Program Procedures**.

11. The Ministry reviews new programs and provides external funding approval following approval by the Quality Council.

12. The Office of the Registrar is responsible for the implementation of records relating to new programs and curricular changes once approved or reported to Academic Council, ensuring that students meet the admission requirements, and that requirements for the degree or diploma have been fulfilled upon graduation. This responsibility is shared with the School of Graduate and Postdoctoral Studies for graduate programs.

POLICY

The University is dedicated to ensuring the highest quality learning experience for students while maintaining the highest integrity of its academic programs. As such, the University is committed to the Quality Assurance Principles for Ontario Universities and the Quality Council (the Principles).

In meeting the Principles, the University will ensure that all academic programs:

Align with University's mission, values and strategic plans
Remain coherent, rigorous and relevant
Make the best use of resources available to them
Are subject to continuous quality improvement based on empirical evidence and collegial judgment
Draw upon and enhance existing strengths at the university

The University will ensure ongoing academic integrity in its curricula while remaining rigorous and consistent in the expansion and refinement of program offerings.

The University will promote quality assurance in the ongoing review and improvement of curriculum and courses, the periodic review of program offerings, and the development of new programs.

In the planning for the ongoing review and improvement of curriculum, proposers must take into consideration the impact the changes may have on the human, instructional, physical and financial resources of the University and provide a plan to address them.

In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation. Consultation is particularly critical in cases where the changes involve offerings that are shared among programs and/or which may affect different groups of students (e.g. changes to courses that are core courses in other programs, cross-listed courses, changes to pre-requisites, co-requisites, and degree credit exclusions). Staff and faculty wishing to develop projects and initiatives related to Indigenization and reconciliation must consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

Where there are possibilities for efficiencies to be achieved in the design and delivery of programs by collaboration among units, it is expected that these opportunities will be fully

explored prior to their review by Faculty Council and that all possible avenues of cooperation will be fully considered in the initial stages. The nature and outcomes of these discussions will be included within program proposals.

The University will develop and continue to improve quality assurance policies, procedures and processes that incorporate provincial degree level expectations, and that are consistent with the Ontario Quality Assurance Framework and with the institution's own mission and mandate. CIQE will provide access to an electronic workflow tracking system for curriculum changes, and a repository for curriculum changes, program development, and cyclical program review. Individuals may use the templates and information provided at www.ontariotechu.ca/ciqe as a guide to the implementation of the quality assurance policies and procedures.

13. Curriculum Changes

13.1. Deans and Faculties must plan for the ongoing refinement and improvement of new and continuing programs and for making major and minor modifications to them when it is considered appropriate to do so. These changes may be prompted by, but not limited to, the following: feedback from students, faculty and staff participating in the program; matters arising through the course of its delivery; evolution of the discipline and/or new developments in a particular field; improvements in teaching and learning strategies; changing needs of students, society, industry, etc.; improvements in technology; or as a result of a full examination of the curriculum through accreditation or the cyclical program review process.

13.2. All modifications to existing Programs, including the introduction of the option to complete a portion of the program to receive a Micro-credential, will be subject to approval in accordance with the **Curriculum Changes Procedures.** Major modifications to programs will be subject to review by the provincial Quality Council.

13.3. Program review and improvement takes place on an ongoing basis and can result in curricular changes at three different levels: Minor Curricular Changes, Minor Program Adjustments and Major Modifications.

Minor Curricular Changes normally fall under the purview of the Faculty Changes to courses that are core in Programs from other Faculties must be reviewed by each Faculty Council responsible for the affected Programs. New courses and course changes must receive approval and be reported in accordance with the **Curriculum Change Procedures** prior to their implementation and inclusion in the academic calendars. The protocol for approval of new courses and changes to courses offered jointly by more than one area will be determined during New Program or course development and revised by agreement of all parties.

Minor Program Adjustments are reported for information to Academic Council through its appropriate standing committee (USC/GSC). These changes must be presented to the standing committee for quality review and approval following their approval by the appropriate Faculty Council. The committee will conduct a quality review of the program proposal in accordance

with this Policy and its associated Procedures as well as the committee's terms of reference. Changes must receive the standing committee's approval prior to their implementation and inclusion in the academic calendars.

Major modifications to existing programs are subject to review and approval by Academic Council upon the recommendation of USC/GSC and following approval by the appropriate Faculty Council. Changes must receive Academic Council approval prior to their implementation and inclusion in the academic calendars. These changes are also reported annually to the Quality Council under the provincial Quality Assurance Framework.

Reporting of curricular changes must follow the procedures outlined in the **Curriculum Changes Procedures** document.

13.4. Program modifications that will result in a more substantial change to its nature and content will require review and approval in accordance with this policy and the **New Program Procedures**. The final institutional determination of whether a program modification constitutes a significant change or a new program will rest with the Provost. The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the **New Program Procedures**.

14. Review of Degree and Diploma Programs

14.1. All existing Undergraduate Degree Programs, Graduate Degree Programs, and Diploma Programs will be subject to periodic cyclical review conducted at a minimum once every eight years that is consistent with the requirements set by the Quality Council. Deans and Faculties must plan for the review of their academic Programs, including the preparation of a self-study, and will follow the processes outlined in the **Cyclical Review and Auditing Procedures**.

14.2. The Provost, or designate, in consultation with the Deans, will maintain a university-wide schedule to ensure that each academic Program is subject to review once every eight years. For each eight-year review cycle, CIQE will identify the specific program or programs that will be reviewed and, where there is more than one mode or site involved in the delivery of a specific program, the distinct versions of each program to be reviewed. Accreditation Reviews will be completed separately and involve separate processes and reviewers to ensure that all criteria are met. Elements of an accreditation review will not replace parallel requirements of the cyclical review.

14.3. In the planning for the review, the process must provide for input from members of the academic community associated with the program, including faculty, staff, students, and graduates. Where appropriate, comment from the broader community, such as representatives from industry, the professions, or employers may also be sought.

14.4. Where a Program involves more than one Faculty, the Deans involved must confirm to the Provost the Faculty that will hold the locus of responsibility for the review. In addition, for those Programs that are offered in more than one mode, at different locations, or having complementary components (e.g., bridging options, experiential learning options, etc.), the distinct versions of the Program will be identified and reviewed.

14.5. Joint Programs, and other programs offered in collaboration with other post-secondary institutions will ensure that both the quality assurance requirements set out in this policy are met, as well as that of partner institutions.

14.6. Program reviews are subject to quality review by reviewers external and at arm's length to the program under review, in accordance with prescribed procedures and documentation requirements set in the **Cyclical Review and Auditing Procedures**.

14.7. Final Assessment Reports (FAR) are prepared by CIQE and presented for review and approval in accordance with the **Cyclical Review and Auditing Procedures**. .

15. New Diploma and Degree Programs

15.1. Deans and Faculties must plan for ongoing development of new program initiatives, including the design and delivery of the curriculum, the refinement of program requirements, the determination of learning outcomes consistent with the provincial degree level expectations, and the assessment of student achievement of the learning outcomes.

15.2. In the planning for any new program, the Dean, in consultation with the Provost in the initial stages, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the new program on existing programs must also be examined, and consideration must be given to possible collaborations with other units and the possibility of obtaining additional funds from internal or external sources. Proposals must also address the alignment with the University and Faculty strategic plans.

15.3. Joint programs, and other programs offered in collaboration with other post-secondary institutions will ensure that both the quality assurance requirements set out in this policy are met, as well as that of partner institutions, as outlined in the **New Program Procedures**.

15.4. A Notice of Intent (NOI) must be submitted for all potential new diploma and degree programs as described in the **New Program Procedures**. NOIs will be reviewed and posted for comment from the university community. Once approved, the Faculty can proceed to develop the full proposal.

15.5. New Degree Program proposals are subject to quality review by external appraisers under the provincial quality assurance framework, and in accordance with prescribed procedures and documentation requirements set out in the **New**

Program Procedures. Upon the completion of the external appraisal, the proposal will be approved by the relevant Faculty Council(s). These proposals are subsequently reviewed by the appropriate Academic Council standing committee (USC or GSC) and must be approved by Academic Council upon the recommendation of USC/GSC. Proposals must also be approved by the Board of Governors (BOG) of the University. In addition, new Degree Programs are subject to review and approval by the provincial Quality Council under the Quality Assurance Framework. Programs seeking provincial funding are also subject to review by the Ministry.

15.6. New Diploma Program proposals are subject to quality review in accordance with prescribed procedures and documentation requirements set out in the **New Program Procedures**. Proposals are subject to presentation and approval by the relevant Faculty Council(s). These proposals are then subject to approval by Academic Council upon the full review and recommendation of USC/GSC. Proposals must also be approved by the BOG. In addition, new Graduate Diploma Program proposals are also appraised by the Quality Council under the provincial quality assurance framework through the Expedited Approval Process as described in the **New Program Procedures**. New Undergraduate Diploma Programs may also be submitted for Expedited Approval. New Undergraduate and Graduate Diploma Programs may also require review by the Ministry for funding purposes.

15.7. In accordance with the University's **Cyclical Review and Auditing Procedures,** all new Programs will be subject to periodic reviews subsequent to their implementation. An initial assessment will occur at first intake into the program, with an additional assessment one year after the launch of the Program. Additional monitoring may be required. At the time of program launch, the program will be entered into the schedule of academic program reviews and the first full review will take place no more than eight years after the start Program.

15.8. Normally, new Diploma programs will be scheduled for review to align with the appropriate parent program to maintain a reasonable use of Faculty resources. As such, Diploma programs may be scheduled for first review earlier than eight years from program launch, or first review may be delayed should the parent program be scheduled for review before a reasonable amount of data is available.

16. New Micro-credential Programs

16.1. Deans, Faculties, and non-academic units must plan for ongoing development of new Micro-credential program initiatives, including the design and delivery of the curriculum, the refinement of program requirements, the determination of any learning outcomes, and any assessment of student achievement of the learning outcomes.

16.2. In the planning for any new Micro-credential, the human, instructional and physical resources needed to implement the program and ensure its ongoing operation must be considered. The financial impact of the new program on existing programs must

also be examined, and consideration must be given to possible collaborations and the possibility of obtaining additional funds from internal or external sources.

16.3. Development of new Micro-credentials will be in accordance with the protocol described in the **New Program Procedures** or **Curriculum Change Procedures** and are subject to internal quality review. Proposals are not appraised by the Quality Council under the provincial quality assurance framework.

17. Closure of a Program

17.1. Program Closures can be initiated by the Dean of a Faculty.

17.2. Program closures can also be initiated by the Provost due to issues related to substandard academic quality as determined through a number of different assessments such as Cyclical Program Review, Key Performance Indicators, self-examination, financial exigency, admission pause for over two years, and/or a Program has not been reviewed in accordance with the Institutional Quality Assurance Policy.

17.2.1. The Provost will consult with the Faculty Dean(s) of the affected program(s) to outline the reasons for closure.

17.3. In the case of Graduate Programs, the Dean of Graduate and Postdoctoral Studies will also be consulted.

17.4. In this case of Programs that contain Indigenous content, consultation in accordance with the current procedures for Indigenous consultation, is required.

17.5. After all required consultation is completed, a proposal to close the Program will then proceed in accordance with the **Program Closure Procedures**.

17.6. Students in a Closed Program

17.6.1. Program closure proposals must include a detailed plan for students who are enrolled in, or who may have reasonably expected to enroll in, the closed Program, as outlined in the **Program Closure Procedures**.

17.6.2. Students in a closed program will be informed of the program closure according to the requirements outlined in the **Program Closure Procedures**.

17.6.3. Closure should not result in students being unable to complete, if they so wish, the program they are registered in within the standard time to completion for that program.

17.6.4. In the specific case of students enrolled in Graduate Programs, the closure must not prevent them from completing their courses, examinations,

training, and research necessary to graduate, or interfere with their commitments of financial support.

17.6.5. Not-withstanding-the-above, students wishing to graduate from a closed program must apply to do so within four years of the program closure.

17.7. Faculty in a Closed Program

17.7.1. Procedures for Tenured, Tenure Track, and Teaching Faculty who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

17.7.2. Procedures for Associate Deans or Teaching Staff Governors who are temporarily outside of the bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

17.7.3. Procedures for sessional instructors and other contract faculty who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure. Should no relevant Article exist, sessional instructors and other contract faculty will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

17.7.4. Teaching staff not part of a bargaining unit will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

17.8. Staff in a Closed Program

17.8.1. Procedures for staff who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

17.8.2. Staff who are not part of a bargaining unit will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

18. Quality Council Cyclical Audit

Quality enhancement is a function of and balance between internal and external processes and procedures. As part of the University's dedication to ensuring the highest quality learning experience for students and maintaining the highest integrity of its academic programs, Ontario Tech manages the development and continuous improvement of curricula though a rigourous governance process. External quality assurance involves the processes and procedures defined by the Quality Assurance Framework (QAF). In accordance with this Framework, the University is subject to a Cyclical Audit by the Quality Council, at least once every eight years. The Quality

Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. The Cyclical Audit provides necessary accountability to post-secondary education's principal stakeholders by assessing the degree to which the University's internally defined quality assurance processes, procedures, and practices align with and satisfy the agreed upon standards, as set out in the QAF. The Audit will be conducted in accordance with the protocol as outlined in the **Cyclical Review and Auditing Procedures**.

MONITORING AND REVIEW

19. This policy will be reviewed as necessary and at least every three years. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Curriculum Change Procedures
Cyclical Review and Auditing Procedures
New Program Procedures
Program Closure Procedures
Program Nomenclature Directives
Faculty and Staff Collective Agreements
Protocols associated with consultation/development of Indigenous curriculum
Protocols associated with Micro-credential development

Classification Number	ACD 1501.01
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	TBA
Review Date	TBA
Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011); Curriculum Change Procedures (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

CURRICULUM CHANGE PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a consistent process for defining and documenting changes to courses and programs that will facilitate their review and approval under the provincial quality assurance framework.

DEFINITIONS

2. For the purposes of these Procedures the definitions in the Policy apply.

SCOPE AND AUTHORITY

3. These procedures apply to the full range of for-academic-credit[1] curricular, that is, leading to credit toward degree and diploma programs, and programmatic endeavours at both the graduate and undergraduate levels, including Micro-credentials, whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to Programs offered in partnership, collaboration, or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

4. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of these Procedures.

PROCEDURES

[1] For-Academic-Credit is defined in the Policy on Micro-credentials and Continuous Learning Offerings.

Modifications to existing Programs range from changes to individual courses and curricular offerings, through minor adjustments to programs and regulations, to major modifications, such as the introduction of new specializations and fields. The Centre for Institutional Quality Enhancement will provide access to an electronic workflow tracking system and repository for curricular changes. Individuals may use the templates provided at www.ontariotechu.ca/ciqe as a guide to assist in the planning of the changes prior to creating formal electronic proposals for approval in the electronic system.

5. Minor Curricular Changes

5.1. The following Minor Curricular Changes fall under the purview of the relevant Faculty(ies) and will be approved at the Faculty Council (s). Approved changes must be reported to the appropriate standing committee of Academic Council (USC or GSC) for information using the appropriate electronic proposal by the end of January each year for implementation in the upcoming Academic Calendar.

- The creation and closure of for-academic-credit courses
- Changes to for-academic-credit courses, including:
    - course titles, course descriptions, course numbers, credit hours, grade mode, total contact hours, prerequisites, co-requisites, cross-listed courses, credit restrictions and/or credit exclusions, course learning outcomes, core competencies, and teaching and assessment methods
- The addition or deletion of a lecture, lab, tutorial or other course component
- Changes to, or the addition of, experiential learning components, which are part of the course delivery

5.2. Consultation with other Faculty Councils is required if the course being modified is core to another program. Consultation, in accordance with the current procedures for Indigenous consultation, is required if the new course or course being modified has or will contain Indigenous content.

5.3. Minor Curricular Changes not listed in Section 5.1 are the responsibility of the Faculty Council(s) in accordance with any relevant policies and procedures.

5.3.1. Changes or additions to the mode of delivery (in-person, online, hybrid) of a course must be submitted using the appropriate electronic proposal to update the official course record.

6. Minor Program Adjustments

6.1. Minor Program Adjustments will include a full electronic proposal brief and are submitted to the appropriate standing committee of Academic Council for approval. Minor Program Adjustments include:

- Editorial changes to degree requirements, program learning outcomes, or core competencies which may include those completed as a result of a cyclical review
- New academic requirements or changes to existing requirements, including the addition or deletion of required courses
- The introduction of the option to complete a portion or portions of an existing program to receive a for-academic-credit Micro-credential
- The creation of a new, stand-alone, for-academic-credit Micro-credential related to the Program
- The creation of a new Minor program where an existing Major already exists
- A change in the name of a Diploma, Major, or Program Component (e.g. Minor, Specialization, or Field) that does not result in a change to the degree designation or the Program Learning Outcomes
- For clarity, changes to degree requirements will be defined as Minor Program Adjustments when the introduction, deletion, or modification of courses or requirements equals no more than one-third of the total course credit hours of the Program.

6.2. Minor Program Adjustments must be presented directly to the USC or GSC for consideration and approval following their recommendation by Faculty Council. Any changes must receive USC or GSC approval prior to their implementation and inclusion in the academic calendars. The outcome is subsequently reported to Academic Council for information.

6.2.1. To be included in the academic calendars for the subsequent academic year, proposals must be received by USC or GSC no later than the end of January.

6.2.2. Proposals that include the creation or introduction of a Micro-credential will also be reported to the appropriate micro-credential committee. Approved Micro-credentials will be submitted to the Ministry for designation as eligible for Ontario Student Assistance Program funding, if applicable.

6.3. Minor Program Adjustment proposal briefs must minimally include the following information:

a) A summary of the proposed change, setting out the rationale and context for it, including any consideration of the principles of equity, diversity, inclusion, and decolonization.

b) A description of the ways in which the proposed change will enhance the academic opportunities for students, or the issues or challenges that the proposed change are intended to address.

c) An account of the process of consultation with other units and measures taken to minimize the impact of the change on students if the proposed change involves students/faculty from other programs or courses. An account of the process of consultation related to Indigenous content is required if the proposed change has or will contain Indigenous content.

d) A timeline for the implementation of the proposed change and transition plan for current students if applicable.

e) An analysis of the resource and enrolment implications, including support for any proposed online or hybrid delivery.

f) Calendar copy and program maps for the proposed change that clearly highlight the revisions to be made to the existing curriculum.

g) Completed proposals for all new courses and changes to existing courses that result from the change.

7. Major Program Modifications

7.1. The Quality Council defines Major Program Modifications as " "significant changes" to existing academic programs where "the impact on the quality of the program and degree of significance can be measured qualitatively and/or quantitatively." These include:

- Requirements that differ significantly from those existing at the time of the previous cyclical program review or at the time the program was first approved
- Significant changes to the learning outcomes
- Significant changes to the faculty engaged in delivering the program 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, online delivery, inter-institutional collaboration)

Examples from the Quality Council are provided in the Quality Assurance Guide.

For greater clarity, in the Ontario Tech context, the following examples illustrate changes that normally constitute a significant change and would therefore be considered a Major Program Modification:

- Significant changes to the academic requirements and program content, including the introduction, deletion, or permanent modification of courses or requirements that equals more than one-third of the total credit hours of the Program, but that do not meet the threshold for a new Program
- Significant changes to one or more of the program learning outcomes that alter the meaning of the learning outcome(s) that do not, however, meet the

threshold of a 'new Program'; changes to the course configuration that impact the learning outcomes (e.g. a course that meets a learning outcome is moved to the list of electives)

- The merger of two related Programs in the absence of any other significant changes (e.g., no changes to the degree designation, learning outcomes, etc. that may meet the threshold for a New Program)
- New formal pathways options, i.e. bridging or advanced entry, to or from another college or university
- Significant change in the laboratory time of an undergraduate Program
- The introduction or deletion of an undergraduate thesis or capstone project
- The introduction or deletion of a Program-level work experience, cooperative education, internship, practicum, or portfolio
- At the master's level, the introduction or deletion of a research project, research essay or thesis option, course-only option, co-operative education, internship, or practicum option
- The creation or deletion of a Type 1 Graduate Diploma
- The addition of a single new field to an existing 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 New Program Expedited Protocol
- The creation or deletion of a minor where no corresponding Major exists
- Any change to or the addition or deletion of requirements for graduate program candidacy examinations, field studies, residency requirements, and/or comprehensive examinations
- Significant changes to the Program's delivery, including:
    - Changes to the Faculty delivering the Program that alter the areas of research and teaching interests (e.g. a large proportion of the faculty retires; new hires)
    - A change in the language of Program delivery
    - The introduction of inter-institutional collaboration or the establishment of an existing Program at another institution or location, including new dual Degree options
    - To the mode of delivery of the Program (e.g. offering an existing Program substantially online where it had previously been offered in face-to-face mode, or vice versa; the creation of multi-modal options) that meaningfully affects the student experience
    - Change to, or add, full- or part-time program options where one did not previously exist
    - Changes to the essential resources, where these changes impair the delivery of the Program
- Change in the degree designation; change in the name of a Major or Program Component (e.g. Specialization, Minor, or Field), when this results in a change in learning outcomes

Modifications that will result in a more substantial change to the Program's nature and content will require review and approval in accordance with the New Program Procedure. The final determination of whether a Program modification constitutes a significant change or a new Program will rest with the Provost. The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the New Program Procedures.

7.2. Major Program Modifications will include full electronic proposals and must include evidence that appropriate consultation has taken place. Once proposals are approved by Faculty Council, they will be subject to review by the appropriate standing committee of Academic Council (USC or GSC). The standing committee will submit its recommendation for approval to the Academic Council for final review and approval. Major Program Modifications are reported annually to the Quality Council.

7.2.1. To be included in the academic calendars for the subsequent academic year, Major Program Modifications must be received by USC/GSC no later than the last working day in December.

7.3. Major Program Modification electronic proposals must minimally include the following:

a) A brief background on the existing program and rationale for the modification, including any consideration of the principles of equity, diversity, inclusion, and decolonization.

b) Overview of the modification, indicating the opportunities for graduates and evidence of fit with the mission, mandate and strategic plans of the University and the Faculty Description of how the new program component fits into the broader array of Program offerings, particularly areas of teaching and research strengths and complementary areas of study.

c) A fully developed section outlining: any new or modified program learning outcomes; the alignment of the change with the program learning outcomes and the provincial degree level expectations and universal competencies; new or modified admission requirements; program structure Calendar copy and program maps, where relevant, for the new program component showing courses and/or research components offered each semester and indicating courses currently offered, new courses, and required courses provided by other units; the impact the modification/new component has on students and how it will improve the student experience; any experiential or other applied learning opportunities that are part of the new program component; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with

a linkage between the course learning outcomes and the program learning outcomes.

d) A list of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the modifications; physical resource requirements, with how current facilities will be used and what, if any, new resources may be required; and for graduate Programs, any student support (funding) requirements.

e) An outline of areas consulted, which must include an account of mandatory feedback from students and recent graduates, and the process of consultation regarding Indigenous content, where appropriate.

f) A summary statement of funding required to support the Program and a statement of current resource availability.

g) When changing the mode of delivery to online/hybrid for all or a significant portion of a Program, the following must also be addressed:

- Describe the adequacy of the technological platform to be used for online delivery
- Describe how the quality of education will be maintained
- Describe how the program objectives will be met
- Describe how the program learning outcomes will be met
- Describe the support services and training for teaching staff that will be made available
- Describe the sufficiency and type of supports that will be available to students

8. Admissions Changes

8.1. Changes made exclusively to admission requirements in the absence of other program changes will proceed through the governance structure to various levels of approval based on the nature and impact of the change.

8.1.1. Changes to admission requirements at the University level require final approval by Academic Council following recommendation by the USC/GSC. Changes of this nature are normally completed as a change to the relevant policy instrument.

8.1.2. Changes to admission requirements at the Faculty level require approval by the USC/GSC and are reported for information to Academic Council; this update is generally completed as a Minor Program Adjustment.

8.1.3. Changes to admission requirements at the individual program level are reported to the USC/GSC for information following approval by Faculty Council(s).

All decisions concerning admissions made within the scope of existing requirements are considered administrative decisions and can be approved by the Registrar or designate in consultation with the Dean.

QUALITY COUNCIL CYCLICAL AUDIT

9. In accordance with the Quality Assurance Framework, curricular changes as outlined in these Procedures are not normally subject to the University's Cyclical Audit.

MONITORING AND REVIEW

10. This procedure will be reviewed as necessary and at least every three years. The Provost's Office, through the Center for Institutional Quality Enhancement coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Program Nomenclature Directives
Protocols associated with consultation/development of Indigenous curriculum
Protocols associated with the development of Micro-credentials

Classification Number	ACD 1501.02
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2023
Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011) Cyclical Program Review Procedures (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

CYCLICAL REVIEW AND AUDITING PROCEDURES

PURPOSE

1. The purpose of these Procedures is to set out the process for conducting the monitoring of new Degree and Diploma Programs and the cyclical review of existing Degree and Diploma Programs to ensure that they continue to meet provincial quality assurance requirements and to support their ongoing rigour and coherence. Further, these procedures set out the process for the cyclical audit conducted by the Quality Council, which reviews the University's institutional quality enhancement Polices, Procedures and processes. New Programs are monitored at the time of first intake and at least one year after the launch of the Program. Cyclical reviews of established Programs and the University audit occur at least once every 8 years.

DEFINITIONS

2. For the purposes of these Procedures the definitions in the Policy apply.

SCOPE AND AUTHORITY

3. These Procedures apply to undergraduate and graduate Degree and Diploma Programs and the associated governance processes, whether the Programs are offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to Degree and Diploma programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities or other institutes.

4. For those Programs that are offered in more than one mode, at different locations, or having complementary components (e.g., bridging options, experiential education options, etc.), the distinct versions of the program will be identified and reviewed during new program monitoring and cyclical program review. The self-study brief will encompass all modes, locations, and components in one report.

5. Degree and Diploma Programs which have been approved but never launched, have been closed, or for which admission has been suspended, are not subject to these Procedures. Stand-alone Micro-credentials are also not subject to these Procedures.

6. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

7. Monitoring of New Academic Programs

7.1. At the time of first intake into the Program, CIQE, working with the Office of Institutional Research and Analysis, will prepare an initial report that will review admissions and enrolment data and report on any changes made to the program since it was approved. This report will be reviewed by the Office of the Provost, through the Resource Committee, to assess any issues that may arise and determine if alternate plans are required to ensure the overall success of the Program.

7.2. One year after the launch of the Program, CIQE, working with the Academic Unit, will prepare a report that will review: enrolment and admissions data; success in realizing the program objectives, requirements, and learning outcomes; any changes made to the program since approval; and other key metrics to assess New Program effectiveness. This report will be reviewed by the Provost, through the Resource Committee, to assess any issues and determine if alternate plans are required to ensure the overall success of the Program.

7.3. Should any recommendations arise from the one-year report, additional monitoring and review may be required at the request of the Provost or the Resource Committee. An additional monitoring report, if required, will analyze key curricular and student data (e.g. student evaluations, GPA, retention data, etc.) as well as address the recommendations from the initial report. Pending review, further documentation may be required for ongoing monitoring.

7.4. Should the Quality Council require any follow-up reports, as indicated at the time of approval, these shall be completed in accordance with the requirements outlined in the approval letter from the Quality Council.

7.5. Programs will then be reviewed and refined on an ongoing basis in accordance with the Institutional Quality Assurance Policy. Specifically, approved Programs will be entered into the schedule of academic program reviews and the first review will take place no more than eight years after the start of the Program, and every eight years hence, in accordance with Section 8 of these Procedures. The first cyclical review will take into consideration the outcomes of the intake, one-year, and any additional reports, as well as any aspects highlighted by the Quality Council as required during the program review.

8. Cyclical Review of Degree and Diploma Programs

Procedures for program reviews involve six components: the review and enhancement of program learning outcomes and assessment of core competencies; the development of a self-study brief by the program under review; external evaluation to provide recommendations on program quality improvement; internal response to the external evaluation and recommendations; preparation and approval of a final assessment report and implementation plan; and subsequent reporting on the implementation of recommendations. Individuals may use the templates provided at www.ontariotechu.ca/ciqe as a guide to assist in the planning and implementation of the components of the cyclical review. It is expected that, unless otherwise specified below, all information, documents, and reports are not publicly accessible and will be afforded an appropriate level of confidentiality.

8.1. Appointment of Internal Assessment Team

8.1.1. Upon notification that a program is up for review, the Faculty Dean will appoint an Internal Assessment Team (IAT), comprised of faculty, staff and students (current or recent graduate of the program). The Dean will also appoint a faculty member from the IAT to act as Chair. A faculty co-chair may be appointed, if necessary.

8.1.2. The proposed IAT will be submitted to CIQE and will be approved by the Provost.

8.2. Review and Enhancement of Program Learning Outcomes

The IAT chair, in consultation with the IAT, will review and enhance the program learning outcomes, and map them to the degree level expectations (either undergraduate or graduate) set out by the Ministry.

8.2.1. The IAT will engage in a program learning outcome enhancement process where they will review and revise their program learning outcomes. These revisions will lay the groundwork for the program for the upcoming seven years. The program and course learning outcomes must be reviewed and revised using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the IAT and other program

faculty participate in learning outcome sessions hosted by CIQE and TLC; alternatively, the revised program learning outcomes must be reviewed and approved by CIQE and TLC prior to the scheduling of the External Review. The IAT will then map the revised program learning outcomes to the appropriate degree level expectations (DLEs) with related skills and competencies using resources provided by CIQE and the Teaching and Learning Centre (TLC).

8.2.2. After the map to the degree level expectations is complete, the IAT will map their current course offerings to the revised program learning outcomes and analyze the results.

8.2.3. The revised program learning outcomes and DLE map, once finalized by the IAT, will be an appendix to the self-study document.

8.3. Self-Study Briefs

The self-study brief will form the basis of the program review and must clearly set out the indicators of program quality, as outlined in the Evaluation Criteria, against which the program is to be assessed. The brief may also identify specific aspects of the program on which feedback is sought. A template for the proposal will be provided through the Centre for Institutional Quality Enhancement via the website at www.ontariotechu.ca/ciqe.

8.3.1. Self-study briefs for each program under review must be prepared and reviewed by a Program Review Internal Assessment Team (IAT).

8.3.2. The IAT will work in collaboration with the Centre for Institutional Quality Enhancement (CIQE) to pull together key institutional data and other indicators of program quality that will inform the self-study.

8.3.3. The brief should be broad-based, reflective and forward-looking and should demonstrate how the program advances the University's mission.

8.3.4. The brief must also present evidence to support an assessment of the program requirements, program learning outcomes and degree level expectations with related skills and competencies, along with the human and physical resources involved.

8.3.5. The brief should address any concerns and recommendations raised in previous reviews.

8.3.6. The brief will include a short description of the process by which the self-study was prepared, including faculty, staff, and student input and involvement.

8.3.7. The brief will also identify specific aspects of the program on which feedback is sought, including any consideration of the principles of equity, diversity, inclusion, and decolonization; areas requiring improvement and those that hold promise for enhancement; any unique curriculum or program innovations, creative components, or significant high impact practices; as well as academic services that directly contribute to the academic quality of the program. The brief will incorporate feedback sought from representatives from industry, the professions or employers, where appropriate.

8.3.8. Upon its completion, the Faculty and the Dean will review the self-study brief to ensure that it presents the full range of evidence to support an assessment of program quality. The Dean may also highlight any areas of opportunity or institutional constraints that may need to be taken into account as part of the review.

8.4. External Review and Reporting

8.4.1. The Dean, in consultation with the IAT, will recommend to the Provost, at least 5 individuals to serve as external reviewers of the Program.

8.4.1.1. Reviewers must be external to the University, will normally be tenured (or equivalent) and will have suitable disciplinary expertise, qualifications and program management experience at another university, including an appreciation of pedagogy and learning outcomes, and be at arm's length to the program under review, as outlined in the Proposed External Reviewer's form and on the Quality Council's website.

8.4.1.2. For undergraduate programs, two reviewers are required, with both being external to the university. At least one of the reviewers must currently be at a Canadian post-secondary institution.

8.4.1.3. For graduate programs, at least two reviewers external to the university are required. At least one of the reviewers must currently be at a Canadian post-secondary institution. A third internal reviewer, external to the program, may additionally be included.

8.4.1.4. For each External reviewer candidate, the recommendation must be accompanied by a rationale for the selection and a detailed biographical statement, prepared by the IAT, that outlines their academic expertise, administrative experience, accomplishments, and research.

8.4.1.5. External reviewer forms are sent to CIQE to be reviewed and subsequently approved by the Provost. The Office of Planning and Analysis will contact approved proposed reviewers to maintain arms-length process and ensure that the required number of reviewers are engaged to review the Program.

8.4.2. CIQE, in consultation with the Faculty, will organize a site visit to provide an opportunity for the reviewers to assess the standards and quality of the program and to prepare a report that addresses the University's program quality review Evaluation Criteria.

8.4.2.1. External review of doctoral program must incorporate an on-site visit except in exceptional circumstances as determined by the Provost. External review of undergraduate, Master's, and Graduate Diploma programs will normally be conducted on-site, but at the request of the Dean, the Provost (or delegate) may approve that the review be conducted by desk audit, virtual site visit, or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Dean will provide a clear justification for the request to conduct the review without an on-site visit.

8.4.2.2. In advance of the site visit, or prior to the desk audit, CIQE will send to the reviewers the Program's self-study brief and any additional material or information that may be needed to inform the assessment.

8.4.2.3. At the beginning of the site visit, or prior to the desk audit, the Provost or their designate will meet with the reviewer(s) to outline the process for review and the roles and responsibilities of the reviewers.

8.4.2.4. During the site visit, reviewers will have an opportunity to meet with the IAT, and with other faculty, students, staff, senior academic administrators, and any others who can most appropriately provide informed comment, such as representatives from industry, the professions or employers, to discuss aspects of the self-study in the context of the program quality review criteria.

8.4.2.5. Reviewers will be required to respect the confidentiality of all aspects of the process and recognize the institution's autonomy to determine priorities for funding, space, and faculty allocation. Commentary or recommendations on issues such as faculty complement and/or space requirements, that are within the purview of the university's budgetary decision-making processes, must be tied directly to issues of program quality or sustainability.

8.4.3. Reviewers will submit a report to the Dean, through CIQE, which addresses the substance of the self-study and the program quality review Evaluation Criteria. A template for the report will be provided by CIQE.

8.4.3.1. Normally, the report will be prepared jointly by the reviewers and will contain at least three recommendations.

8.4.3.2. Reviewers will be invited to acknowledge and provide evidence of any clearly innovative aspects of the program, including in the content and/or delivery of the program relative to other such programs, together with recommendations on specific steps to be taken to improve the program, distinguishing between those the program can itself take, and those that require external action.

8.4.3.3. Reviewers will also be asked to identify and commend notably strong and creative attributes of the program; describe the program's strengths, areas for improvement, and opportunities for enhancement; and identify distinctive attributes of each discrete program/mode of delivery/site, where applicable.

8.4.3.4. Normally, the report will be completed within 30 days of the site visit.

8.4.3.5. Upon submission, CIQE will review the external reviewers' report to ensure it meets the requirements stated in Article 8.4.3. If additional details or clarification are needed from the reviewers, CIQE will reach out to the reviewers to request this in a revised report.

8.5. Response to Report

8.5.1. Upon receipt of the reviewers' report(s), the Dean and the IAT will consider its recommendations, including consideration of any financial or other resource implications.

8.5.1.1. The IAT Chair will solicit feedback from Program faculty and, in consultation with the IAT, will prepare and send to CIQE the Program's response to the reviewers' report that will include a summary of the program strengths, opportunities for improvement and a response to the recommendations put forward by the reviewers. A template for the Program's response report will be provided through CIQE.

8.5.1.2. Using the Program's response report as a guideline, the Dean, using a template provided by CIQE and working in consultation with the

Office of the Provost, will prepare a separate decanal response to the reviewers' report. The response will include the Dean's assessment and prioritization of the recommendations and an Implementation Plan (IP) including resource requirements, a timeline for acting on and monitoring the implementation of the recommendations, and persons/area responsible for acting on the recommendations. A template for the decanal response and IP will be provided through CIQE. The Dean must solicit feedback on the Implementation Plan through Faculty Council.

8.5.1.3. The IP will be reviewed by the Provost, through the Resource Committee, to examine resource implications and allocations. The Resource Committee will create a brief summary of its review.

8.6. Approval Process

8.6.1. Using the self-study brief, together with the reviewers' report(s), the Dean's and Program's responses, the IP, and the Resource Committee's summary, CIQE will prepare a Final Assessment Report (FAR). If confidential information is presented in any of the documentation used to prepare the FAR this information will be included only in an appendix. The appendix will be afforded the appropriate level of confidentiality within the Office of the Provost and the Faculty and will be withheld from distribution.

8.6.1.1. The FAR will synthesize the reports and recommendations resulting from the review and identify the strengths of the program as well as the opportunities for program improvement and enhancement.

8.6.1.2. The FAR will list all recommendations of the external reviewers and the associated separate internal responses and assessments from the Program and the Dean. The list of recommendations and/or responses may be paraphrased and combined under themes within the FAR to facilitate clear tracking and monitoring. Explanation for reviewer recommendations not selected for further action, as well as any additional recommendations that the Program, the Dean and/or the university may have identified as requiring action, will be included in the FAR.

8.6.1.3. The FAR will include an Executive Summary as to be suitable for publication.

8.6.2. The FAR (excluding the confidential appendix, if applicable) and IP, will be presented to the appropriate standing committee of Academic Council (USC or GSC) for approval.

8.6.3. In those cases where the program review cycle includes both undergraduate and graduate programs, separate reviews will be conducted, and FARs will be submitted to the USC and GSC concerning the reviews relevant to the mandate of each committee.

8.6.4. The Executive Summary to the FAR and the IP are then posted on the Ontario Tech corporate website.

8.6.5. A summary of all reviews including each FAR (excluding the confidential appendices) and IP will be distributed to Academic Council and the Board of Governors for information.

8.6.6. A summary report of all reviews completed during the year, with a link to the Executive Summaries and IPs, will be sent to the Quality Council as required under the Quality Assurance Framework.

8.6.7. The approved FAR, including confidential information, and the final IP will be provided to the Faculty(ies), through the Dean(s), as primary owner. These will serve as the basis for the continuous improvement and monitoring of the program. The Faculty is responsible for subsequent reporting and monitoring of the IP, as outlined in Section 8.7.

8.7. Subsequent Reporting and Monitoring of the Implementation of Recommendations

8.7.1. Eighteen months following the completion of the review, the Office of the Provost will request from the Dean a brief follow-up report that outlines the progress that has been made in implementing the agreed upon plans for improvement. The report will be sent to the Resource Committee for review.

8.7.2. If outstanding items remain at the time of the follow-up report, the Resource Committee will review these outstanding items with the Dean. The Resource Committee may recommend further monitoring of these items on a case-by-case basis.

8.7.3. The follow-up report, excluding any confidential information, is then posted on the Ontario Tech corporate website.

8.7.4. A summary of the follow-up reports will be distributed to the appropriate standing committee of Academic Council (USC/GSC), to Academic Council, and to the Board of Governors, for information.

8.7.5. A summary of all follow-up reporting completed during the year, with a link to the reports, will be sent to the Quality Council as required under the Quality Assurance Framework.

8.8. Review of Joint or Collaborative Programs

8.8.1. Joint programs, and other programs offered in collaboration with other post-secondary institutions, will ensure that the required quality assurance requirements of both institutions are met.

8.8.2. When the program is held jointly with an institution that does not have an IQAP that has been ratified by the Quality Council, the Ontario Tech IQAP Policy and associated Procedures will apply with Ontario Tech as the leading institution.

8.8.3. In cases where the program is held jointly with an institution that does have an IQAP ratified by the Quality Council, the Office of the Provost, through CIQE, will collaborate with the partner institution to develop a process and associated templates that will address all requirements of each institution's IQAP. Specifically, the collaboration will address:

a) The selection of external reviewers

b) Templates to be used for a single self-study and required reports from the external reviewers, program team, and Dean(s)

c) The location(s) or the site visit(s), timing for program review, and subsequent reporting

d) The development of a joint committee to review the program

e) The process for monitoring and reporting on the implementation of recommendations after the review

f) The lead institution for the purposes of submission to the Quality Council

9. Quality Council Cyclical Audit

In accordance with the Quality Assurance Framework (QAF), the University is subject to a Cyclical Audit by the Quality Council, at least once every eight years. The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. The Cyclical Audit provides necessary accountability to post-secondary education's principal stakeholders by assessing the degree to

which the University's internally-defined quality assurance processes, procedures, and practices align with and satisfy the agreed upon standards, as set out in the QAF.

Specifically, the Cyclical Audit will:

- Review institutional changes made in policy, process, and practice in response to the recommendations from the previous audit
- Confirm the University's practice is in compliance with its IQAP as ratified by the Quality Council and note any misalignment of its IQAP with the Quality Assurance Framework; and
- Review institutional quality enhancement practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews

9.1. The Audit Team

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, conduct the Cyclical Audit. These auditors will be at arm's length from the University undergoing the audit. Members of the Quality Assurance Secretariat accompany the auditors on their site visit and constitute the remainder of the Audit Team.

9.2. Scope of the Audit

9.2.1. The Audit Team will independently select a sample of programs for audit that represent the development of new Degree programs under the New Program Procedures (normally two examples of new programs) and Section 8 of the Cyclical Review and Auditing Procedures (normally three or four examples of programs that have undergone a Cyclical Program Review). New Degree programs and Cyclical Program Reviews undertaken within the period since the previous Audit are eligible for selection.

9.2.2. Diploma Programs and Micro-credentials that have been developed under the New Program Procedures and changes made under the Curriculum Change Procedures or Program Closure Procedures will not normally be subject to audit.

9.2.3. A small sample of new programs still in development and/or cyclical program reviews that are still in progress may also be selected, in consultation with the University. If so, documentation associated with these in-progress processes will not be required for submission for audit. Instead, the auditors will ask to meet with the program representatives to gain a better understanding of current quality practices.

9.2.4. Specific areas of focus may also be added to the audit when an immediately previous audit has documented Causes for Concern, or when the Quality Council so requests. The University will be informed of the specific areas of focus in the letter from the Quality Assurance Secretariat that also details the programs selected for audit. The University itself may also request that specific programs and/or quality enhancement elements be audited.

9.3. Pre-Audit Orientation and Briefing

The Quality Assurance Secretariat will schedule an in-person, half-day briefing approximately one year prior to the University's scheduled Cyclical Audit. During this briefing, the Quality Assurance Secretariat and a member of the Audit Team will provide an orientation on what to expect from the Cyclical Audit to the University Key Contact, key CIQE staff members, and any other relevant stakeholder(s) as determined by the Provost or designate.

9.4. Self-Study

9.4.1. In consultation with the Provost, CIQE will prepare a self-study, which reflects on past and current policies and practices and the extent to which the University demonstrates a focus on continuous improvement in the development of new programs and the cyclical review of existing ones. The self-study will present and assess the quality enhancement processes, including challenges and opportunities, within its own institutional context and pay particular attention to issues, if any, flagged in the previous Audit.

9.4.2. CIQE will also prepare a package of all relevant documentation for each program selected for audit, including all items related to each step outlined in the Procedures. The self-study and document packages are submitted by CIQE to the Quality Assurance Secretariat in advance of the desk audit.

9.4.3. The documentation to be submitted for audit will include, but is not limited to:

- All templates, proposal briefs/self-studies, reports and responses, minutes of meetings, and any other relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
- A record of any revisions of the university's IQAP, as ratified by the Quality Council; and
- The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

9.5. Audit Team Review

9.5.1. **Desk Audit**

The auditors will first undertake a desk audit of the University's quality enhancement practices, which will determine whether the University's practice is in compliance with the IQAP and will also note any misalignment of the IQAP with the QAF. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit. The auditors will undertake to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection of Privacy Act (FIPPA).

9.5.2. **Site Visit**

After the desk audit, auditors will normally visit the University over two or three days. The principal purpose of the on-site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of the IQAP in the pursuit of continuous improvement of programs. Further, the site visit will serve to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality enhancement practices contribute to continuous improvement.

9.5.2.1. CIQE, in consultation with the Office of the Provost and the auditors, will establish the program and schedule for the site visit. In the course of the site visit, the auditors speak with the university's senior academic leadership including those who the IQAP identifies as having important roles in the governance process.

9.5.2.2. The auditors also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success.

9.6. Audit Report

9.6.1. Following the conduct of an audit, the auditors will prepare a report that will be approved by the Quality Council. The report, which is to be suitable for publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement and will meet the requirements as outlined in Section 6.2.7 of the QAF. The report shall not contain any confidential information.

9.6.2. A separate addendum will provide the University with detailed findings related to the audited programs. This addendum is not subject to

publication. The report may include findings in the form of Suggestions, Recommendations, and/or Causes for Concern.

9.6.3. The Audit Report also includes recommendations for the Quality Council to take one or more steps, as appropriate, as outlined in Section 6.2.7 of the QAF. This may include participation in a Focused Audit, as described in Section 9.10 below.

9.6.4. The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage.

9.6.5. The Quality Assurance Secretariat provides a copy to the University, via the Provost, for fact checking. This consultation is intended to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report. CIQE will prepare a report, for submission by the Provost, on the factual accuracy of the draft report within 30 days. If needed, the Provost can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record and the audit team may use it to revise their report. However, the fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

9.6.6. Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the university with an indication of the timing for any required follow-up.

9.7. University Response to Report

9.7.1. When a Follow-up Response Report is required, the University, through CIQE, will submit the Report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern.

9.7.2. If the Audit Team is satisfied with the University's Follow-up Response Report, it will draft a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration.

9.7.3. If the Audit Team is not satisfied with the response, the Audit Team will consult with the University, through the Quality Assurance Secretariat, to

ensure the follow-up response is modified to satisfy the requirements of the Audit Report. In so doing, the University will be asked to make any necessary changes to the follow-up response within a specified timeframe.

9.7.4. The Audit Committee will submit a recommendation to the Quality Council to accept the university's follow-up response and associated auditors' report.

9.8. Publication of the Results of the Audit

9.8.1. The Quality Assurance Secretariat will publish the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the recommendations on the Quality Council's website.

9.8.2. The University will also publish the report (absent the previously specified addendum) on its website.

9.8.3. The Quality Assurance Secretariat publishes any Follow-up Response Report and the auditors' report on the scope and adequacy of the university's response on the Quality Council website and sends a copy to the University for publication on its website.

9.8.4. A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents (OCAV), the Council of Ontario Universities (COU), and the Ministry through the Quality Council's Annual Report.

9.9. Outcomes of the Cyclical Audit

The Audit Report describes the extent to which the University is compliant with the IQAP and approximates best practice. Based on the findings in its Report, the Audit Committee will make recommendations about future oversight by the Quality Council and/or one or more of its Committees.

9.9.1. When the Audit Report finds relatively high to very high degrees of compliance and good to best practices, the Audit Committee may recommend reduced Quality Council oversight in one or more areas of the University's quality enhancement practices. The recommendation may include, but is not limited to, the elimination of the requirement for a Follow-up Response Report to the Audit Report and possibly a reduced set of documentation required for a subsequent audit.

9.9.2. Alternatively, when the Audit Report identifies deficiencies in several areas of the University's practices and/or systemic challenges, the Audit Committee may recommend increased oversight by the Quality Council. The

nature of this oversight will be determined by the Quality Council and may include one or more of the following outcomes, which are less formal than the Cyclical Audit and, thus, will not replace it:

- Increased reporting requirements;
- A focused audit (Section 9.10, below); and/or
- Any other action deemed appropriate by the Quality Council.

9.10. Focused Audit

9.10.1. When an Audit Report has identified at least one Cause for Concern, the Audit Committee will recommend to the Quality Council that the specific area(s) of concern may require closer scrutiny and further support through a Focused Audit.

9.10.2. A Focused Audit may also be triggered by the Quality Council when it has some concerns about the quality assurance processes at a particular university.

9.10.3. A Focused Audit may take the form of a desk audit and/or an additional site visit. The Audit Committee will also recommend to the Quality Council a proposed timeframe within which the Focused Audit should take place.

9.10.4. **The Focused Audit Report**

9.10.4.1. Following the conduct of a Focused Audit, the auditors will prepare a report that will be approved by the Quality Council. The report will be suitable for subsequent publication, and will meet the requirements as outlined in Section 6.3 of the QAF.

9.10.4.2. The Focused Audit Report may also include Suggestions, Recommendations, and/or Cause(s) for Concern.

9.10.4.3. The report will be published on both the Quality Council and University websites. Other standard elements associated with a Cyclical Audit, such as the requirement for a one-year response, will be determined on a case-by-case basis.

MONITORING AND REVIEW

10. These procedures will be reviewed as necessary and at least every three years. The Office of the Provost, through the Center for Institutional Quality Enhancement, coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Academic Resource Committee Terms of Reference
Program Nomenclature Directives
Protocols associated with consultation/development of Indigenous curriculum

Classification Number	ACD 1501.03
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	
Review Date	
Supersedes	ACD 1501.03 (June 20120);

NEW PROGRAM PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a consistent process for the planning and establishment for any new degree or diploma program at the University.

DEFINITIONS

2. For the purposes of these Procedures the definitions in the Policy apply.

SCOPE AND AUTHORITY

3. These procedures apply to new cost-recovery or government-funded undergraduate and graduate Degree or Diploma Programs and may apply to new Micro-credentials, whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to new Programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

4. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

Procedures for new Degree Programs involve seven components which will be undertaken in order: a project initiation discussion and submission of a Notice of Intent to be approved by the Provost that demonstrates the program's fit with the Strategic Mandate Agreement, Integrated Academic and Research Plan (or equivalent) of the university, and the academic and strategic plans of the Faculty(ies) offering the program; development of a proposal brief by the initiating program; external evaluation to

provide an assessment of program quality; internal response to assessment; internal approval of proposal; submission of proposal to the Quality Council and Ministry as appropriate; and subsequent review of the program as part of the university's program review process in accordance with the Institutional Quality Assurance Policy and the Cyclical Review and Auditing Procedures.

New Diploma Programs are normally not subject to external review. Procedures for new Diploma Programs involve five components which will be undertaken in order: a project initiation discussion and submission of a Notice of Intent to be approved by the Provost that demonstrates the program's fit with the Strategic Mandate Agreement, Integrated Academic and Research Plan (or equivalent) of the university, and the academic and strategic plans of the Faculty(ies) offering the program; development of a proposal brief by the initiating program; internal approval of proposal; submission of proposal to the Quality Council and Ministry as appropriate; and subsequent review of the program as part of the university's program review process in accordance with the Institutional Quality Assurance Policy and the Cyclical Review and Auditing Procedures.

Procedures for new Micro-credential programs are outlined in Section 8.

Individuals may use the templates provided at www.ontariotechu.ca/ciqe to assist in the planning and implementation of the components of New Program development.

5. New Degree Programs

5.1. Notice of Intent and Consultation

Faculties that wish to propose new Degree Programs will first contact the Centre for Institutional Quality Enhancement (CIQE) to conduct a project initiation meeting and for assistance with completing a Notice of Intent (NOI) form available through the CIQE website at www.ontariotechu.ca/ciqe. The Notice of Intent will facilitate the necessary consultation at the beginning of the planning stages, but will not replace ongoing communication and consultation throughout the process.

5.1.1. All NOIs must be approved by the Provost to ensure that any resource requirements are appropriately addressed before work on the proposal proceeds. Once an NOI has been approved, the new Program must be developed and approved at Academic Council within two years, or the approval will lapse and a new NOI must be submitted.

5.1.2. In the planning for any New Program, the Dean, in consultation with the Provost, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the New Program on existing Programs must also be examined, and consideration must be given to possible collaborations with other units.

5.1.3. In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation, including the Provost, the Registrar,

the Dean of Graduate and Postdoctoral Studies, and the University Librarian. Staff and faculty wishing to develop New Programs related to Indigenization and reconciliation, or that contain Indigenous content, must also consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

5.2. Proposal Briefs

Detailed proposals for all new Degree Programs must be prepared by the proponents and feedback provided by the Faculty Council(s). The proposal brief must clearly set out the rationale for the Program, including the ways in which the program advances the university's mission and mandate, and addresses the need and demand for graduates of the Program. The proposal must also detail how the Program fits within Strategic Mandate Agreement and Integrated Academic and Research Plan (or equivalent) of the University and the academic and strategic plans of the Faculty(ies), the requirements of the Program, along with details of the human, physical and financial resources required. A template for the proposal will be provided through CIQE via the website at www.ontariotechu.ca/ciqe. Proposal briefs for new Degree Programs must fully and clearly address the Evaluation Criteria as outlined in Section 2.1.2 of the Quality Assurance Framework (QAF), and answer all questions provided on the template. In addition to the Evaluation Criteria, proposal briefs must minimally include:

a) The rationale for the Program, fit with the University's and Faculty's strategic direction, background on the Program's development, a Program abstract, unique curriculum or program innovations, creative components, or significant high impact practices, and evidence of student demand and societal need. It will also note any duplication with existing post-secondary programs at other institutions.

b) A fully developed section outlining the Program learning outcomes and alignment with the provincial degree level expectations and skills and competencies; any consideration of the principles of equity, diversity, inclusion, and decolonization; admission requirements; program structure; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes. The program and course learning outcomes must be developed and aligned to the provincial degree level expectations using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the proponents participate in learning outcome development sessions hosted by CIQE and TLC; alternatively, the program and course learning outcomes must be reviewed and approved by CIQE and TLC prior to the scheduling of the External Review. Should the curriculum contain any Indigenous content, evidence of consultation and approval in accordance with the current procedures for Indigenous consultation will be provided.

c) A list of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the Program; physical resource requirements,

noting how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements. Curricula Vitae (CV) for all required faculty members will be provided for inclusion in the proposal package presented to external reviewers.

d) Summary statements of resources required to support the Program and a statement of current resource availability.

e) For Programs offered jointly by more than one Faculty, the protocol for review and approval of program and course changes after the launch of the Program. This established protocol may be revised by agreement of all parties.

5.3. External Review and Reports

5.3.1. Prior to external review, the Office of the Provost, through the Resource Committee, will review the draft proposal to ensure that all operational and financial issues and Evaluation Criteria (QAF Section 2.1.2) have been adequately considered and addressed.

5.3.2. External Reviewers

For new Degree Programs, the Dean, in consultation with the Faculty committee responsible for developing the Program, will recommend to the Provost, through CIQE, the names of at least 5 individuals who may serve as reviewers of the Program. Two reviewers will be engaged to review new Degree Programs. These reviewers must be external to the University, will normally be tenured (or equivalent) and will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes, and be at arm's length to the program under review. CIQE will provide guidance on meeting the arm's length requirement, which is defined in the Guidelines section of the Proposed External Reviewers Nomination Form and on the Quality Council's website. Recommendations for external reviewers must be accompanied by a rationale for the selection and a brief, comprehensive biographical statement for each candidate.

5.3.3. Site Visit

The Faculty, in consultation with CIQE, will organize a site visit to provide an opportunity for the reviewers to assess the standards and quality of the proposed Program. External review of new Programs will normally be conducted on-site, but, at the request of the Dean, the Provost (or delegate) may approve that the review be conducted by desk audit, virtual site visit, or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The Dean will provide a clear justification for the decision to conduct the review without an on-site visit. At the beginning of the site visit, or prior to the desk audit, the Provost or their designate will meet with the reviewer(s) to outline the process for review and the roles and responsibilities of the reviewers.

5.3.4. External Reviewers' Report

5.3.4.1. The reviewer(s) will submit to the Dean, through CIQE, using a template provided, a report that appraises the standards and quality of the proposed program and addresses the Evaluation Criteria and other requirements (QAF Section 2.1.2 and QAF Section 2.2.2). Reviewers will be invited to acknowledge any clearly innovative aspects of the proposed program together with recommendations on any essential or otherwise desirable modifications to the program. Normally, the report will be prepared within 30 days of the site visit.

5.3.4.2. Upon submission of the reviewers' report, CIQE will review the report to ensure it meets the requirements stated in Article 5.3.4.1. If additional details or clarification are needed from the reviewers, CIQE will reach out to the reviewers to request this in a revised report.

5.3.5. Response to Report

5.3.5.1. Upon receipt of the reviewers' assessment, the Dean and the program proponents will consider the recommendations of the report.

5.3.5.2. The program proponents will respond and comment on the recommendations from the external reviewer(s)' report. This program response will also include a list of changes that can be made to the proposal based on the reviewer(s)' recommendations.

5.3.5.3. The Dean will respond and comment on the recommendations and the program's responses, considering overall Faculty and University plans.

5.3.5.4. The program proponents, working with the Dean, will amend the proposal and append to it a final list of changes made based on the recommendations and the program committee's and Dean's responses to the external report.

5.4. Internal Approval Process

5.4.1. The amended proposal brief, together with the reviewers' report and the Dean's and program committee's responses will be reviewed and approved by the Faculty Council(s). If there are additional resource implications resulting from the external review, the amended proposal brief will also be reviewed by the Resource Committee.

5.4.2. The proposal brief, together with the reviewers' report and the Dean's and program committee's response will then be presented to the appropriate standing committee of Academic Council (GSC or USC) who will prepare a recommendation to Academic Council. The proposal brief will then be sent to Academic Council for review and approval. Proposals are then submitted to the University Board of Governors for final approval.

5.5. Submission of New Degree Programs to the Quality Council and the Ministry

5.5.1. Once Academic Council approval for a new Degree Program has been obtained, the program proposal must be submitted to the Quality Council for review. The submission will include the final proposal document with the date of Academic Council approval, the external reviewers' report, and the internal responses, as well as a brief commentary on the two external reviewers with regard to their qualifications (expertise in content and program delivery, connections to industry where appropriate, expertise in teaching and learning). CVs for the reviewers will be required for submission to the Quality Council.

5.5.2. Following a new Degree Program's submission to the Quality Council, and with approval of the Provost, the University may announce its intent to offer the Program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until approval is received and, where applicable, that approval by the Ministry is pending and students in the Program will not be eligible for OSAP until approval is received.

5.5.3. Once submitted to the Quality Council, the proposal will be subject to the Initial Appraisal Process and may require further development or revision prior to approval.

5.5.4. After a Degree Program is approved to commence by the Quality Council, the Program will begin within thirty-six months of that date of approval, otherwise the approval will lapse. The Quality Council may require further reporting or review, which will be noted in the new program tracking summary provided to the Resource Committee and monitored by CIQE.

5.5.5. If a review is required for funding purposes, the proposed Degree Program will also be submitted to the Ministry.

6. New Type 2 and 3 Graduate Diploma and Undergraduate Diploma Programs

6.1. Notice of Intent and Consultation

Faculties that wish to propose new Graduate Type 2 and 3 or Undergraduate Diploma Programs will first contact the Centre for Institutional Quality Enhancement (CIQE) to conduct a project initiation meeting and for assistance with completing a Notice of Intent (NOI) form available through the CIQE website at www.ontariotechu.ca/ciqe. The Notice of Intent will facilitate the necessary consultation at the beginning of the planning stages, but will not replace ongoing communication and consultation throughout the process.

6.1.1. All NOIs must be approved by the Provost to ensure that any resource requirements are appropriately addressed before work on the proposal proceeds.

6.1.2. In the planning for any New Program, the Dean, in consultation with the Provost, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the New Program on existing Programs must also be examined, and consideration must be given to possible collaborations with other units.

6.1.3. In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation, including the Provost, the Registrar, the Dean of Graduate and Postdoctoral Studies, and the University Librarian. Staff and faculty wishing to develop New Programs related to Indigenization and reconciliation, or that contain Indigenous content, must also consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

6.2. Proposal Briefs

Detailed proposals for all new Diploma Programs must be prepared by the proponents and feedback provided by Faculty Council(s). The proposal brief must clearly set out the rationale for the Program, including the ways in which the program advances the university's mission and mandate, and addresses the need and demand for graduates of the Program. The proposal must also detail how the Program fits within the strategic vision of the University and the Faculty(ies), the requirements of the Program, along with details of the human, physical and financial resources required. A template for the proposal will be provided through CIQE via the website at www.ontariotechu.ca/ciqe. Proposal briefs for new Diploma Programs must fully and clearly address the Evaluation Criteria as outlined in Section 2.1.2 of the Quality Assurance Framework (QAF), and answer all questions provided on the template. In addition to the Evaluation Criteria, proposal briefs must minimally include:

a) The rationale for the Program, fit with the University's and Faculty's strategic direction, background on the Program's development, a Program abstract, unique curriculum or program innovations, creative components, or significant high impact practices and evidence of student demand and societal need. It will also note any duplication with existing post-secondary programs at other institutions.

b) A fully developed section outlining the Program learning outcomes and alignment with the provincial degree level expectations and skills and competencies; consideration of the principles of equity, diversity, inclusion, and decolonization; admission requirements; program structure; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes. The program and course learning outcomes must be developed and aligned to the provincial degree level expectations using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the proponents participate in learning outcome development sessions hosted by CIQE and TLC; alternatively, the program and course learning outcomes must be

reviewed and approved by CIQE and TLC prior to the program proceeding through the Internal Approval Process. Should the curriculum contain any Indigenous content, evidence of consultation and approval in accordance with the current procedures for Indigenous consultation will be provided.

c) A list of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the Program; physical resource requirements, noting how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements. Faculty CVs will be provided for inclusion in the package presented to the Quality Council.

d) Summary statements of resources required to support the Program and a statement of current resource availability.

6.3. Internal Approval Process

6.3.1. The proposal brief will be reviewed and approved by the Faculty Council(s).

6.3.2. The proposal will then be presented to the appropriate standing committee of Academic Council (GSC or USC) who will prepare a recommendation to Academic Council. The proposal will then be sent to Academic Council for review and approval. Proposals are then submitted to the University Board of Governors for final approval.

6.4. Submission of New Diploma Programs to the Quality Council and the Ministry

6.4.1. Once Academic Council approval for a new Type 2 or 3 Graduate Diploma Program has been obtained, the program proposal must be submitted to the Quality Council for review. The submission will include the final proposal document with the date of Academic Council approval, and the faculty CVs.

6.4.1.1. Type 2 and 3 Graduate Diploma Programs are subject to Expedited Review at the Quality Council. Only the applicable Evaluation Criteria will be applied to the proposal. Furthermore, the Council's appraisal and approval processes are reduced, as outlined in the Quality Assurance Framework Section 3.2 Protocol for Expedited Approvals.

6.4.1.2. Following a new Type 2 or 3 Graduate Diploma Program's submission to the Quality Council, and with approval of the Provost, the University may announce its intent to offer the Program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until approval is received and, where applicable, that approval by the Ministry is pending and students in the Program will not be eligible for OSAP until approval is received.

6.4.1.3. Once submitted to the Quality Council, the proposal may require further development or revision prior to approval.

6.4.1.4. After a Type 2 or 3 Graduate Diploma Program is approved to commence by the Quality Council, the Program will begin within thirty-six months of that date of approval, otherwise the approval will lapse.

6.4.2. Undergraduate Diploma Programs are not subject to approval or audit by the Quality Council. The University may elect to submit a new Undergraduate Diploma proposal to the Quality Council for review, in which case the Program will be subject to Expedited Review. Only the applicable Evaluation Criteria will be applied to the proposal. Furthermore, the Council's appraisal and approval processes are reduced, as outlined in the Quality Assurance Framework Section 3.2. The submission will include the final proposal document with the date of Academic Council approval, the faculty CVs, and a brief cover letter providing the context and rationale for submitting the Program for Expedited Review.

6.4.3. If a review is required for funding purposes, the proposed Diploma Program will also be submitted to the Ministry.

7. New Type 1 Graduate Diploma Programs

7.1. Type 1 Graduate Diplomas require approval as Major Program Modifications following the procedures outlined in the **Curriculum Changes Procedures** document.

8. New Micro-credential Programs

8.1. The introduction of the option to complete a portion of a proposed new Degree or Diploma Program to receive an embedded for-academic-credit Micro-credential will be included with a New Program Proposal and follow the process outlined in Section 5 or 6 as appropriate.

8.2. The creation of a new for-academic-credit Micro-credential or the introduction of the option to complete a portion of an existing Degree or Diploma Program to receive an embedded for-academic-credit Micro-credential is a Minor Program Adjustment and will follow the procedures outlined in the **Curriculum Changes Procedures** document.

8.3. Those wishing to develop new, not-for-academic-credit, stand-alone Micro-credential Programs must proceed in accordance with the Policy on Micro-Credentials and Continuous Learning Offerings, or equivalent.

8.4. Submission of New Micro-credentials to the Quality Council and the Ministry

8.4.1. Micro-credentials are not subject to approval or audit by the Quality Council. Embedded Micro-credentials will be submitted with the New Program to which they are associated, when applicable.

8.4.2. Approved Micro-credentials will be submitted to the Ministry for designation as eligible for Ontario Student Assistance Program funding, if applicable.

9. Development of Joint or Collaborative Programs

9.1. Joint Programs, and other Programs offered in collaboration with other post-secondary institutions, will ensure that the required quality assurance requirements of both institutions are met.

9.2. When the program will be held jointly with an institution that does not have an IQAP that has been ratified by the Quality Council, the Ontario Tech IQAP Policy and associated Procedures will apply with Ontario Tech as the leading institution.

9.3. In cases where the program is held jointly with an institution that does have an IQAP ratified by the Quality Council, the Office of the Provost, through CIQE, will collaborate with the partner institution to develop a process and associated templates that will address all requirements of each institution's IQAP. Specifically, the collaboration will address:

a) The selection of external reviewers

b) Templates to be used for a single proposal brief and required reports from the external reviewers, program team, and Dean(s)

c) The location(s) of the site-visit(s), timing for Program development, and approval pathway

d) The development of a joint committee to develop the Program

e) The process for monitoring and reviewing the Program after approval

f) The lead institution for the purposes of submission to the Quality Council and the Ministry

10. Subsequent Monitoring and Review of Academic Programs

Degree and Diploma Programs will be reviewed and refined on an ongoing basis in accordance with the **Institutional Quality Assurance Policy** and the **Cyclical Review and Auditing Procedures**. At the time of first intake into the Program, the program will begin the monitoring process outlined in Section 7 of the **Cyclical Review and Auditing Procedures**. Approved Programs will also be entered into the schedule of cyclical program reviews and the first review

will take place no more than eight years after the start of the Program, and every eight years hence, in accordance with Section 8 of the **Cyclical Review and Auditing Procedures**.

Degree and Diploma Programs which have been approved but never launched, have been closed, or for which admission has been suspended, and stand-alone Micro-credentials are not subject to review as described in the Cyclical Review and Auditing Procedures.

QUALITY COUNCIL CYCLICAL AUDIT

11. In accordance with the Quality Assurance Framework Audit Protocol, new Undergraduate and Graduate Degree programs that have been approved in accordance with Section 5 of this document, within the period since the conduct of the previous Audit, are eligible for selection for the University's next Cyclical Audit. As such, all documents related to each step of these procedures must be retained in a designated electronic filing system for retrieval and presentation as required. An audit cannot reverse the approval of a program to commence.

12. In accordance with the Quality Assurance Framework Audit Protocol, new Undergraduate and Graduate Diploma programs, and Micro-credentials, that have been approved in accordance with Sections 6 and 8 of this document, are not normally subject to the University's Cyclical Audit.

MONITORING AND REVIEW

13. These Procedures will be reviewed as necessary and at least every three years. The Office of the Provost, through CIQE, coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Academic Resource Committee Terms of Reference
Cyclical Review and Auditing Procedures
Program Nomenclature Directives
Protocols associated with consultation/development of Indigenous curriculum
Protocols associated with the development of Micro-credentials

Classification Number	ACD 1501.04
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2020
Supersedes	ACD 1501 (June 2010); LCG 1127 Section 1 (August 2005); Quality Assurance Handbook (June 2011) Program Closure Procedures (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

PROGRAM CLOSURE PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a consistent process for defining and documenting the closure of a Program as outlined in the Institutional Quality Assurance Process (IQAP).

DEFINITIONS

2. For the purposes of these Procedures the definitions in the Policy apply.

SCOPE AND AUTHORITY

3. These procedures apply to undergraduate and graduate Degree and Diploma Programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to Degree or Diploma Programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

4. These procedures do not apply to the closure of a Program Component, Type 1 Graduate Diploma, which fall under the **Curriculum Change Procedures**, nor do they apply to Micro-credentials whether stand-alone or embedded within a Program.

5. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

The Centre for Institutional Quality Enhancement (CIQE) will provide access to an electronic workflow tracking system and electronic repository of required proposals. Individuals may use the templates provided at www.ontariotechu.ca/ciqe as a guide to assist in the planning of the changes prior to implementing proposals in the electronic system.

6. Program Closure

6.1. When, in accordance with the Institutional Quality Assurance Policy, it has been determined that a Program should be closed, the Dean or Provost will consult with and receive feedback from the applicable Faculty Council(s).

6.2. Once the Dean or Provost has received feedback, a Major Program Modification – Program Closure electronic proposal is required to be completed in its entirety by the Dean or designate.

6.3. The Major Program Modification – Program Closure will include evidence that appropriate consultation has taken place, and electronic proposals must minimally include the following:

a) A brief summary of rationale for the program removal.

b) A brief description of the program being removed and the current Calendar copy.

c) A brief background on the existing program and detailed rationale for its removal; the proposed implementation date and detailed internal transition plan including impact on faculty members, other academic and non-academic human resources, or external agencies; and planned administrative steps and communication.

d) Detailed transition plan for current and potential students; planned communication; maximum number of semesters for current students to complete the program; alternative programs and process for student transfer.

e) A complete list of any courses being closed and the transition plan for each; a list of courses which will undergo required changes but are not being removed, a transition plan for each, and attached Course Change proposals.

f) An outline of areas consulted, including an account of the process of consultation related to Indigenous content, where appropriate.

6.4. Completed proposals must be presented to the Faculty Council(s) for information and then submitted to CIQE. CIQE will prepare a detailed report of the impacts of the Program closure for presentation to the appropriate standing committee of Academic Council (USC or GSC) for discussion as part of the consultation process.

6.5. CIQE will record any concerns raised by the standing committee and prepare a report of impacts and concerns for the Provost. The Provost will also receive a copy of the Major Program Modification – Program Closure proposal.

6.6. The Provost will then submit their recommendation for Program closure, detailing the process and transition recommendations to the Academic Council for final review and approval.

6.7. When the Program closure has been approved by the Academic Council, the President will then inform the Board of Governors of the decision and the reasons for it. Major Program Modifications – Program Closure are reported annually to the Quality Council and the Ministry.

7. If Academic Council Does not Approve the Program Closure

7.1. When, in accordance with the Institutional Quality Assurance Policy, Academic Council does not approve the program closure, Academic Council will strike a three-person Committee of its members to be chaired by the President or designate.

7.2. The Committee will seek the views of the Faculty Council(s), the Dean of the Faculty or School, the Dean(s) of any related Faculty or School, the Dean of the School of Graduate and Postdoctoral Studies, if applicable, the Provost, the Registrar, and at least one assessor internal to the University but external to the Faculty(ies). The Committee will also invite all faculty members who teach in the program to comment if they wish to do so.

7.3. The Committee will, within 60 days, issue a report to the Board of Governors that presents the results of the investigation and makes one or more recommendations.

7.3.1 The Committee will discuss its conclusions with the Provost and the appropriate Dean(s) before forwarding its report to the Board of Governors.

7.4. The Board will review the Committee's report and reach a decision. The decision of the Board on the closure of the program is final.

8. Procedures for the Phase-Out of Closed Programs

8.1. In consultation with the Dean of the Faculty in which the program resides, the Registrar, or designate, will prepare an official list of all students currently enrolled in the program.

8.2. The Dean will prepare correspondence to notify all enrolled students of the closure and provide information on the following:

a) The date by which the program must be completed in order to receive the specified degree from the University;

b) A brief description of the program being removed and the current Calendar copy. The last semester and year in which each course required for the program will be offered;

c) The availability of closely related programs offered by the University to which the student may transfer;

d) The extent to which transfer credits, substitutions, etc., may be considered in meeting the requirements of the program.

8.3. Once the decision to close the program has been made, the program will no longer accept applicants and it will be removed from the website and academic calendar.

MONITORING AND REVIEW

9. This procedure will be reviewed as necessary and at least every three years. The Provost's Office, through the Center for Institutional Quality Enhancement, coordinates the day-to-day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost, or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Program Nomenclature Directives
Faculty and Staff Collective Agreements
Protocols associated with consultation/development of Indigenous curriculum

Classification Number	ACD 1501
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
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Supersedes	ACD 1501 ~~(June 2010)~~; ~~LCG 1127 Section 1 (August 2005); Quality Assurance Handbook (June 2011)~~ Institutional Quality Assurance Process Policy (June 2023~~0~~;) ~~Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)~~

Institutional Quality Assurance Process

PURPOSE

1. The purpose of this policy is to inform and guide undergraduate and graduate program development and continuous improvement at the University with regard to the ~~review and~~ approval of new programs, program modifications, program closures, and the cyclical review of existing programs.

2. The statements in this policy as approved by Academic Council, define the University's commitment to the different aspects of quality assurance and the broad level responsibilities for carrying out this commitment.

DEFINITIONS

3. For the purposes of this policy the following definitions apply:

Academic Council: the most senior academic governance body of the institution

Accreditation Review: to evaluate and measure a program against a set of principles and standards set by an external professional accreditation body

Cyclical Program Review: to critically examine the components of a program with the assistance of outside reviewers with the goal of continuous improvement. A program review's purpose is

not solely to demonstrate the positive aspects of the program, but also to outline opportunities that will lead to improvements for the future.

Degree: An academic credential awarded upon successful completion of a prescribed set and sequence of courses, combination of courses, and/or other units of study, research, and practice as specified by a ~~Degree~~ Program and that meet a standard of performance consistent with University and provincial degree level expectations.

Diploma: An academic credential awarded upon the successful completion of a prescribed set and sequence of courses, combination of courses, and/or other units of study and practice as specified by a ~~Diploma~~ Program. Diplomas are classified as concurrent and/or direct-entry.

Faculty Council: established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level.

Field: In graduate programs, an area of specialization or concentration that is related to the demonstrable and collective strengths of the program's faculty and to a new or existing program. Fields are not required at either the master's or doctoral level.

Commented [KM1]: Moved from Procedures. All definitions housed in Policy.

Graduate Diploma: A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement a graduate degree program, and to provide specialization, sub-specialization or inter- or multi- disciplinary qualification. A graduate diploma is comprised of at least 12 credit hours of graduate level study. There are three types of Graduate Diplomas as set out by the Council of Ontario Universities:

a) **Type 1:** Awarded when a candidate admitted to a master's program leaves the program after completing a prescribed proportion of the requirements. Students are not admitted directly to these programs. When new, these programs require approval through the university's protocol for Major Modification prior to their adoption. Once approved, they will be incorporated into the institution's schedule for cyclical reviews as part of the parent program.

b) **Type 2: A concurrent graduate diploma** is 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 and requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree. When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

c) **Type 3: A direct-entry graduate diploma** is 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. Ontario Tech type 3 graduate diplomas may include non-degree credit courses to a maximum of 30% of the total program credit hours. Where the program has been conceived and developed as a distinct and original entity, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

Graduate Studies Committee (GSC): a standing committee of Academic Council responsible for reviewing graduate curriculum proposals.

Major Program Modifications: modifications that constitute a significant change to the design and delivery of an existing program. The Quality Council defines major modifications to include the following program changes:

a) Requirements that differ significantly from those existing at the time of the previous cyclical program review or at the time the program was first approved;

b) Significant changes to the learning outcomes that do not, however, meet the threshold of a New Program;

c) Significant changes to the faculty engaged in delivering the program 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, online and/or hybrid delivery, inter-institutional collaboration);

~~**c)**~~

~~**d)** The addition of a new field to an existing graduate program. Note that institutions are not required to declare fields for either master's or doctoral programs.~~

For greater clarity, the Quality Council has provided examples to illustrate changes that normally constitute a significant change. These examples are provided in their Guide to Quality Assurance Processes and their application in the Ontario Tech context is outlined in Section 7 of the **Curriculum Change Procedures** ~~document~~.

Micro-credential: 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.

Ministry: the Ontario Ministry governing the affairs of Colleges and Universities.

Minor Curricular Changes: generally, those changes to individual courses and curricular offerings that do not affect the overall program requirements. Further clarification and e~~E~~xamples are provided in Section 5 of the~~outlined in the~~ **Curriculum Change Procedures** ~~document~~.

Minor Program Adjustments: changes to degree requirements and/or learning outcomes that may require a plan for transitioning cohorts of students to meet different requirements over time, but that do not constitute a significant change to the design and delivery of an existing program reaching the threshold of a Major Program Modification. Further clarification and ~~E~~examples are provided in Section 6 of the ~~outlined in the~~ **Curriculum Change Procedures** ~~document~~.

New Program: any ~~degree,~~ degree or diploma program, or major, ~~currently~~ approved by Academic Council and the Board of Governors, which has not been previously approved 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)~~. To clarify, for the purposes of this Policy, a "new program" is brand new: that is to say, the program has substantially different program objective, program requirements, and program ~~and substantially different~~ learning outcomes from those of any existing approved programs offered by Ontario Tech University. The final determination of whether a proposed offering constitutes a new program will rest with the Provost.

Program: A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice, that achieve a unique set of learning outcomes and competencies~~; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma).~~ required for the full or partial fulfillment of a degree or diploma.

Program Component: A set and sequence of courses, combination of courses, and/or other units of study, research and practice, that may or may not achieve a unique set of learning outcomes. Program Components do not stand-alone for the full or partial fulfillment of a degree or diploma. Examples include specializations, minors, fields, or other items as determined by the University's established nomenclature.

Quality Council: the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.

Resource Committee: the university Academic Resource Committee or equivalent university body.

Undergraduate Diploma: A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement an undergraduate degree

program. An undergraduate diploma is comprised of 18-30 credit hours of undergraduate ~~-~~level study

a) A **concurrent undergraduate diploma** is offered in conjunction with an undergraduate degree, which requires that the candidate be already admitted to an undergraduate degree

b) A **direct-entry undergraduate diploma** is a stand-alone, direct-entry program, developed by a unit already offering a related undergraduate or graduate

Undergraduate Studies Committee (USC): a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals.

SCOPE AND AUTHORITY

4. This policy applies to the full range of for credit curricular and programmatic endeavours at both the graduate and undergraduate levels, including Micro-credentials ~~(which may be for-credit or not-for-credit)~~. It extends to new and continuing undergraduate and graduate degree programs whether offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

5. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of this Policy and its associated Procedures, as well as ensuring that Quality Assurance policies and procedures be established and are carried out. The Provost will be the authoritative contact between the University and the Quality Council.

6. ~~Faculty~~ Deans ensure that established policies and procedures are carried out at the Faculty level. Under the leadership of the Dean, ~~p~~Programs and Faculties are responsible for initiating and maintaining P~~p~~rogram development, planning for the compilation and analysis of information, improvement and review of P~~p~~rograms, designing curricular changes, and readying them for consideration through the various levels of collegial review.

7. The Provost or designate, through the Center for Institutional Quality Enhancement (CIQE)~~,~~, coordinates the ~~day-to-day~~day-to-day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and assessing ~~academic~~ P~~p~~rograms, including coordinating internal and external appraisals and pulling together key institutional data and other indicators of program quality. The Provost~~,~~ or designate will also maintain all documentation associated with curricular changes, program modifications, new program proposals, accreditation reports, and program reviews, for a period of ten years. The documentation will then be entered into the university archives, per the Records Retention Policy, exclusive of any personal or confidential information.

8. Academic Council holds delegated authority from the Board to establish and regulate the curricular policies and procedures of the University, and the contents and curricula of all courses of study. ~~All~~ Curriculum proposals ~~put forward by Faculty Councils~~ are considered by the appropriate ~~standing committee of Academic Council, such as the GSC or the USC, which in~~

~~turn presents them to Academic Council~~governing body for approval or ~~for~~ information in accordance with Sections 13 - 15 of this Policy ~~as appropriate~~. The establishment and oversight of both the policy and procedural aspects relating to the approval of new programs, program revisions, and program review are the responsibility of the Academic Council.

9. The Board of Governors is responsible for planning, determining policies for and providing for the overall development of the university, including approving strategic plans, budgets and expenditure plans. In this context, all proposals that lead to the establishment or termination of degree programs, the establishment or de-establishment of Faculties, institutes and chairs and councils within those Faculties, and university strategic plans are subject to approval by the Board.

10. The Quality Council ratifies the Institutional Quality Assurance Process Policy and associated Procedures, and any substantive change to these procedures, and undertakes regular audits of these processes for compliance with the Provincial Framework on an eight year cycle. In addition, the Quality Council reviews and approves all proposals for new degree and diploma programs, as applicable, and reviews Final Assessment Reports of Program Reviews. It also receives an annual report of major modifications to existing programs. The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the **New Program Procedures**.

11. The Ministry reviews new programs and provides external funding approval following approval by the Quality Council.

12. The Office of the Registrar is responsible for the implementation of records relating to new programs and curricular changes once approved or reported to Academic Council, ensuring that students meet the admission requirements, and that requirements for the degree or diploma have been fulfilled upon graduation. This responsibility is shared with the School of Graduate and Postdoctoral Studies for graduate programs.

POLICY

The University is dedicated to ensuring the highest quality learning experience for students while maintaining the highest integrity of its academic programs. As such, the University is committed to the Quality Assurance Principles for Ontario Universities and the Quality Council (the Principles).

In meeting the Principles, the University will ensure that all academic programs:

Align with University's mission, values and strategic plans
Remain coherent, rigorous and relevant
Make the best use of resources available to them
Are subject to continuous quality improvement based on empirical evidence and collegial judgment
Draw upon and enhance existing strengths at the university

The University will ensure ongoing academic integrity in its curricula while remaining rigorous and consistent in the expansion and refinement of program offerings.

The University will promote quality assurance in the ongoing review and improvement of curriculum and courses, the periodic review of program offerings, and the development of new programs.

In the planning for the ongoing review and improvement of curriculum, proposers must take into consideration the impact the changes may have on the human, instructional, physical and financial resources of the University and provide a plan to address them.

In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation. Consultation is particularly critical in cases where the changes involve offerings that are shared among programs and/or which may affect different groups of students (e.g. changes to courses that are core courses in other programs, cross-listed courses, changes to pre-requisites, co-requisites, and degree credit exclusions). Staff and faculty wishing to develop projects and initiatives related to Indigenization and reconciliation must consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

Where there are possibilities for efficiencies to be achieved in the design and delivery of programs by collaboration among units, it is expected that these opportunities will be fully explored prior to their review by Faculty Council and that all possible avenues of cooperation will be fully considered in the initial stages. The nature and outcomes of these discussions will be included within program proposals.

The University will develop and continue to improve quality assurance policies, procedures and processes that incorporate provincial degree level expectations, and that are consistent with the Ontario Quality Assurance Framework and with the institution's own mission and mandate. CIQE will provide access to an electronic workflow tracking system for curriculum changes, and a repository for curriculum changes, program development, and cyclical program review. Individuals may use the templates and information provided at www.ontariotechu.ca/ciqe as a guide to the implementation of the quality assurance policies and procedures.

13. Curriculum Changes

13.1. Deans and Faculties must plan for the ongoing refinement and improvement of new and continuing programs and for making major and minor modifications to them when it is considered appropriate to do so. These changes may be prompted by, but not limited to, the following: feedback from students, faculty and staff participating in the program; matters arising through the course of its delivery; evolution of the discipline and/or new developments in a particular field; improvements in teaching and learning strategies; changing needs of students, society, industry, etc.; improvements in technology; or as a result of a full examination of the curriculum through accreditation or the cyclical program review process.

13.2. All modifications to existing ~~degree p~~Programs, including the introduction of the option to complete a portion of the program to receive a Micro-credential, will be subject to approval ~~by the unit's Faculty Council(s) and subsequent review and approval by the appropriate Academic Council standing committee (USC or GSC) or approval by Academic Council where appropriate,~~ in accordance with the **Curriculum Changes Procedures.** ~~prescribed procedures. In addition, m~~Major modifications to programs will ~~also~~ be subject to review by the provincial Quality Council.

13.3. Program review and improvement takes place on an ongoing basis and can result in curricular changes at three different levels: Minor Curricular Changes, Minor Program Adjustments and Major Modifications.

Minor Curricular Changes normally fall under the purview of the Faculty ~~Council purview, normally through its curriculum committee, and must be reported to USC or GSC for information.~~ Changes to courses that are core in ~~other~~ Pprograms from other Faculties must be reviewed by each Faculty~~-~~ Council responsible for the affected ~~p~~Programs. New courses and course changes must receive approval and be reported in accordance with the **Curriculum Change Procedures** prior to their implementation and inclusion in the academic calendars. The protocol for approval of new courses and changes to courses offered jointly by more than one area will be determined during New Program or course development and revised by agreement of all parties.

Minor Program Adjustments are reported for information to Academic Council through its appropriate standing committee (USC/GSC). These changes must be presented to the standing committee~~s~~ for quality review and approval following their approval by the appropriate Faculty Council. ~~-~~The committee will conduct a quality review of the program proposal ~~using the University's Program Quality Review Criteria~~in accordance with this Policy and its associated Procedures as well as the committee's terms of reference. Changes must receive ~~this~~ the standing committee's approval prior to their implementation and inclusion in the academic calendars.

Major modifications to existing programs are subject to ~~full~~ review and approval by Academic Council upon the recommendation of USC/GSC and following approval by the appropriate Faculty Council. Changes must receive Academic Council approval prior to their implementation and inclusion in the academic calendars. These changes are also reported annually to the Quality Council under the provincial Q~~q~~uality A~~a~~ssurance F~~f~~ramework.

Reporting of curricular changes must follow the procedures outlined in the **Curriculum Changes Procedures** document.

13.4. Program modifications that will result in a more substantial change to its nature and content will require review and approval in accordance with this policy and the **New Program~~s~~ Procedures**. The final institutional determination of whether a program modification constitutes a significant change or a new program will rest with the Provost. The Quality Council has final authority to decide if a Major Program

Modification constitutes a new program and, therefore, must follow the **New Program Procedures**.

14. Review of Degree and Diploma Programs

14.1. All existing Uundergraduate Ddegree Pprograms, Ggraduate Ddegree Pprograms, and for-credit dDiploma Pprograms will be subject to periodic cyclical review conducted at a minimum once every eight years that is consistent with the requirements set by the Quality Council. Deans and Faculties must plan for the review of their academic pPrograms, including the preparation of a self-study, and will follow the processes outlined in the **Cyclical – Review and Auditing Procedures**.

14.2. The Provost, or designate, in consultation with the Deans, will maintain a university-wide schedule to ensure that each academic Pprogram is subject to review once every eight years. For each eight-year review cycle, CIQE will identify the specific program or programs that will be reviewed and, where there is more than one mode or site involved in the delivery of a specific program, the distinct versions of each program to be reviewed. Accreditation Reviews will be completed separately and involve separate processes and reviewers to ensure that all criteria are met. Elements of an accreditation review will not replace parallel requirements of the cyclical review.

14.3. In the planning for the review, the process must provide for input from members of the academic community associated with the program, including faculty, staff, students, and graduates. Where appropriate, comment from the broader community, such as representatives from industry, the professions, or employers may also be sought.

14.4. Where a Pprogram involves faculty and courses from more than one Faculty unit, the Ddeans involved must confirm to the Provost the Faculty unit that will hold the locus of responsibility for the review. In addition, for those Pprograms that are offered in more than one mode, at different locations, or having complementary components (e.g., bridging options, experiential education learning options, etc.), the distinct versions of the Pprogram will be identified and reviewed.

14.5. Joint Pprograms, and other programs offered in collaboration with other post-secondary institutions will ensure that both the quality assurance requirements set out in this policy are met, as well as that of partner institutions.

14.6. Program reviews are subject to quality review by reviewers external and at arm's length to the program under review, in accordance with prescribed procedures and documentation requirements set in the **Cyclical Review and Auditing Procedures**.

14.7. Final Assessment Reports (FAR) are prepared by CIQE, using the self-study brief, the reviewers' report, the Program and Decanal response documents, and Implementation Plan and presented for review and approval in accordance with the **Cyclical Review and Auditing Procedures**. Following a review of resource

~~implications by the Resource Committee, the FAR and associated Implementation Plan, are sent to the appropriate standing committee of Academic Council (USC/GSC) for approval. Once approved, the report an Executive Summary and the Implementation Plan are is sent to Academic Council and the Board of Governors for information. The Quality Council then receives the Final Assessment Report, Executive Summary, and associated Implementation Plan. Summary Executive Summaries reports are posted on the University website~~.

15. New Diploma and Degree Programs

15.1. Deans and Faculties must plan for ongoing development of new program initiatives, including the design and delivery of the curriculum, the refinement of program requirements, the determination of learning outcomes consistent with the provincial degree level expectations, and the assessment of student achievement of the learning outcomes.

15.2. In the planning for any new program, the Dean, in consultation with the Provost in the initial stages, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the new program on existing programs must also be examined, and consideration must be given to possible collaborations with other units and the possibility of obtaining additional funds from internal or external sources. Proposals must also address the alignment with the University and Faculty strategic plans.

15.3. Joint programs, and other programs offered in collaboration with other post-secondary institutions will ensure that both the quality assurance requirements set out in this policy are met, as well as that of partner institutions, as outlined in the **New Program Procedures**.

15.4. A Notice of Intent (NOI) must be submitted for all potential new diploma and degree programs as described in the **New Program Procedures**. NOIs will be reviewed and posted for comment from the university community. Once approved, the Faculty can proceed to develop the full proposal.

15.5. New Dd~~d~~egree ~~p~~Program proposals are subject to quality review by external appraisers under the provincial quality assurance framework, and in accordance with prescribed procedures and documentation requirements set out in the **New Program Procedures**. Upon the completion of the external appraisal, the proposal will be approved by the relevant Faculty Council~~(s) of the sponsoring unit~~. These proposals are subsequently reviewed by the appropriate Academic Council standing committee (USC or GSC)~~,~~ and must be approved by Academic Council upon the recommendation of USC/GSC. Proposals ~~leading to the establishment of new degree programs~~ must also be approved by the Board of Governors (BOG) of the University. In addition, new ~~d~~Degree ~~p~~Programs are subject to review and approval by the provincial Quality Council under the ~~q~~Quality ~~a~~Assurance ~~f~~Framework. Programs seeking provincial funding are also subject to review by the Ministry.

15.6. New ~~for credit d~~Diploma P~~p~~rogram proposals are subject to quality review in accordance with prescribed procedures and documentation requirements set out in the **New Program Procedures**. Proposals are subject to presentation and approval by the relevant Faculty Council(s). These proposals are then subject to approval by Academic Council upon the full review and recommendation of USC/GSC. Proposals must also be approved by the BOG. In addition, new ~~graduate~~ Graduate ~~diploma~~ Diploma ~~p~~Program proposals are also appraised by the Quality Council under the provincial quality assurance framework through the Expedited Approval Process as described in the **New Program Procedures**. New Undergraduate Diploma Programs may also be submitted for Expedited Approval. New ~~undergraduate~~ Undergraduate and ~~graduate~~ Graduate ~~diploma~~ Diploma ~~p~~Programs may also require review by the Ministry for funding purposes.

15.7. In accordance with the University's **Cyclical Review and Auditing Procedures,** all new ~~academic~~ P~~p~~rograms will be subject to periodic reviews subsequent to their implementation. An initial assessment will occur at first intake into the program, with an additional assessment one year after the launch of the Program. Additional monitoring may be required. At the time of program launch, the program will be entered into the schedule of academic program reviews and the first full review will take place no more than eight years after the start Program.

~~**15.7.**~~**15.8.** Normally, new Diploma programs will be scheduled for review to align with the appropriate parent program to maintain a reasonable use of Faculty resources. As such, Diploma programs may be scheduled for first review earlier than eight years from program launch, or first review may be delayed should the parent program be scheduled for review before a reasonable amount of data is available.

16. New Micro-credential Programs

16.1. Deans, Faculties, and non-academic units must plan for ongoing development of new Micro-credential program initiatives, including the design and delivery of the curriculum, the refinement of program requirements, the determination of any learning outcomes, and any assessment of student achievement of the learning outcomes.

16.2. In the planning for any new Micro-credential, the human, instructional and physical resources needed to implement the program and ensure its ongoing operation must be considered. The financial impact of the new program on existing programs must also be examined, and consideration must be given to possible collaborations and the possibility of obtaining additional funds from internal or external sources.

16.3. Development of new Micro-credentials will be in accordance with the protocol described in the **New Program Procedures** or **Curriculum Change Procedures** and are subject to internal quality review. Proposals are not appraised by the Quality Council under the provincial quality assurance framework.

17. Closure of a Program

17.1. Program Closures can be initiated by the Dean of a Faculty.

17.2. Program closures can also be initiated by the Provost due to issues related to substandard academic quality as determined through a number of different assessments such as Cyclical Program Review, Key Performance Indicators, self-examination, financial exigency, admission pause for over two years, and/or a Program has not been reviewed in accordance with the Institutional Quality Assurance Policy.

17.2.1. The Provost will consult with the Faculty Dean(s) of the affected program(s) to outline the reasons for closure.

17.3. In the case of Graduate Programs, the Dean of Graduate and Postdoctoral Studies will also be consulted.

17.4. In this case of ~~p~~Programs that contain Indigenous content, consultation in accordance with the current procedures for Indigenous consultation, is required.

17.5. After all required consultation is completed, a proposal to close the Program will then proceed in accordance with the **Program Closure Procedure**s ~~document~~.

17.6. Students in a Closed Program

17.6.1. Program closure proposals must include a detailed plan for students who are enrolled in, or who may have reasonably expected to enroll in, the closed Program, as outlined in the **Program Closure Procedure**s ~~document~~.

17.6.2. Students in a closed program will be informed of the program closure according to the requirements outlined in the **Program Closure Procedure**s.

17.6.3. Closure should not result in students being unable to complete, if they so wish, the program they are registered in within the standard time to completion for that program.

17.6.4. In the specific case of students enrolled in Graduate Programs, the closure must not prevent them from completing their courses, examinations, training, and research necessary to graduate, or interfere with their commitments of financial support.

17.6.5. Not-withstanding-the-above, ~~Students~~ students wishing to graduate from a closed program must apply to do so within four years of the program closure.

17.7. Faculty in a Closed Program

17.7.1. Procedures for Tenured, Tenure Track, and Teaching Faculty who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

17.7.2. Procedures for Associate Deans or Teaching Staff Governors who are temporarily outside of the bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

17.7.3. Procedures for sessional instructors and other contract faculty who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure. Should no relevant Article exist, sessional instructors and other contract faculty will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

17.7.4. Teaching staff not part of a bargaining unit will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

17.8. Staff in a Closed Program

17.8.1. Procedures for staff who are part of a bargaining unit will be in accordance with the relevant Articles of the Collective Agreement in force at the time of Program closure.

17.8.2. Staff who are not part of a bargaining unit will be entitled to severance in accordance with Provincial or Federal legislation or may apply for other positions in the University for which they are qualified.

18. Quality Council Cyclical Audit

Quality enhancement is a function of and balance between internal and external processes and procedures. As part of the University's dedication to ensuring the highest quality learning experience for students and maintaining the highest integrity of its academic programs, Ontario Tech manages the development and continuous improvement of curricula though a rigourous governance process. External quality assurance involves the processes and procedures defined by the Quality Assurance Framework (QAF). In accordance with this Framework, the University is subject to a Cyclical Audit by the Quality Council, at least once every eight years. The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. The Cyclical Audit provides necessary accountability to post-secondary education's principal stakeholders by assessing the degree to which the University's internally defined quality assurance processes, procedures, and practices align with and satisfy the agreed upon standards, as set out in the QAF. The Audit will be conducted in accordance with the protocol as outlined in the **Cyclical Review and Auditing Procedures**.

MONITORING AND REVIEW

19. This policy will be reviewed as necessary and at least every three years. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Curriculum Change Procedures
Cyclical Review and Auditing Procedures
New Program Procedures
Program Closure Procedures
Program Nomenclature Directives
Faculty and Staff Collective Agreements
Protocols associated with consultation/development of Indigenous curriculum
Protocols associated with Micro-credential development

Classification Number	ACD 1501.01
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	TBA
Review Date	TBA
Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011); Curriculum Change Procedures (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

CURRICULUM CHANGE PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a consistent process for defining and documenting changes to courses and programs that will facilitate their review and approval under the provincial quality assurance framework.

DEFINITIONS

2. For the purposes of these Pprocedures the ~~following~~ definitions in the Policy apply.~~:~~

Commented [KM1]: Policy is now the central place for all definitions, this avoids any potential contradiction and shortens the Procedures for ease of reading.

~~**Academic Council:** the most senior academic governance body of the institution~~

~~**Faculty Council:** established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level~~

~~**Field:** In graduate programs, an area of specialization or concentration that is related to the demonstrable and collective strengths of the program's faculty and to a new or existing program. Fields are not required at either the master's or doctoral level.~~

~~**Graduate Diploma:** A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement a graduate degree program, and to provide specialization, sub-specialization or inter- or multi- disciplinary~~

qualification. A graduate diploma is comprised of at least 12 credit hours of graduate level study. There are three types of Graduate Diplomas as set out by the Council of Ontario Universities:

a) **Type 1:** Awarded when a candidate admitted to a master's program leaves the program after completing a prescribed proportion of the requirements. Students are not admitted directly to these programs. When new, these programs require approval through the university's protocol for Major Modification prior to their adoption. Once approved, they will be incorporated into the institution's schedule for cyclical reviews as part of the parent program.

b) **Type 2: A concurrent graduate diploma** is 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 and requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree. When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

c) **Type 3: A direct-entry graduate diploma** is 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. Ontario Tech type 3 graduate diplomas may include non-degree credit courses to a maximum of 30% of the total program credit hours. Where the program has been conceived and developed as a distinct and original entity, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be included in the Schedule for Cyclical Reviews and will be subject to external review during the CPR process.

Graduate Studies Committee (GSC): a standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents

Major Program Modifications: those modifications that constitute a significant change to the design and delivery of an existing program. Further clarification is provided below in Section 7.

Micro-credential: 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.

~~**Minor Curricular Changes:** those changes to individual courses and curricular offerings that do not affect the overall program requirements. Further clarification is provided below in Section 5.~~

~~**Minor Program Adjustments:** changes to program requirements and/or learning outcomes that may require a plan for transitioning cohorts of students to meet different requirements over time. Further clarification is provided below in Section 6.~~

~~**Program:** A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma).~~

~~**Quality Council:** the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.~~

~~**Undergraduate Studies Committee (USC):** a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents~~

SCOPE AND AUTHORITY

3. These procedures apply to the full range of for-academic-credit[1] curricular, that is, leading to credit toward degree and diploma programs, and programmatic endeavours at both the graduate and undergraduate levels, including Micro-credentials, whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to Programs offered in partnership, collaboration, or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

4. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration, and interpretation of these Procedures.

PROCEDURES

Modifications to existing Programs range from changes to individual courses and curricular offerings, through minor adjustments to programs and regulations, to major modifications, such as the introduction of new specializations and fields. The Centre for Institutional Quality Enhancement will provide access to an electronic workflow tracking system and repository for curricular changes. Individuals may use the templates provided at www.ontariotechu.ca/ciqe as a guide to assist in the planning of the changes prior to creating formal electronic proposals for approval in the electronic system.

5. Minor Curricular Changes

[1] For-Academic-Credit is defined in the Policy on Micro-credentials and Continuous Learning Offerings.

Commented [KM2]: Section 5 revised following feedback. Faculty Council structure and internal governance defined in Terms of Reference and mandates: https://secretariat.ontariotechu.ca/academic-council/faculty-councils.php. Combined original 5.1 and 5.2 into new 5.1 shown here, clarifying these items are reported to USC/GSC for information after approval at Faculty Council before being implemented and added to the Calendar.
Editorial revisions to Section 5, which refers to courses only, align the definition and examples with Quality Council guidelines.

5.1. The following Minor Curricular Changes fall under the purview of the relevant Faculty(ies ~~Council(s)~~, ~~normally through its curriculum committee or similar body, and include~~ and:~~Minor Curricular Changes~~ will be approved at the Faculty Council (s). ~~Minor Curricular Changes~~Approved changes must be reported to the appropriate standing committee of Academic Council (USC or GSC) for information using the appropriate electronic proposal by the end of January each year for implementation in the upcoming Academic Calendar.

- The creation ~~of new elective courses~~ and ~~the~~closure ~~deletion of elective~~ of for-academic-credit courses
- Changes to for-academic-credit courses, including:
  - course titles, ~~and~~ course descriptions,
  - ~~Changes to~~ course numbers, credit hours~~weighting of elective courses~~, grade mode, total ~~and~~ contact hours, ~~Changes to~~ prerequisites, co-requisites, cross-listed courses, credit restrictions and/or credit exclusions,
- ~~Changes in the design, mode of delivery,~~ course learning outcomes, ~~core~~ competencies, and teaching and assessment methods ~~of an individual course~~
  - o
- The addition or deletion of a ~~in~~ lecture, lab, tutorial or other course component~~s~~
  - ~~o Changes to prerequisites, co-requisites, cross-listed courses, credit restrictions and/or credit exclusions~~
  - ~~o Changes in the design, mode of delivery, course learning outcomes, teaching and assessment methods of an individual course~~
- Changes to, or the addition of, experiential learning components, which are part of the course delivery
  - ~~o Other minor changes to individual course offerings that do not affect the overall program requirements~~

5.2. ~~Minor Curricular Changes will be approved at the Faculty Council. Minor Curricular Changes must be reported to the appropriate standing committee of Academic Council (USC or GSC) using the appropriate electronic proposal by the end of January each year for implementation in the upcoming Academic Calendar.~~

5.3. Consultation with other Faculty Councils is required if the course being modified is core to another program. Consultation, in accordance with the current procedures for Indigenous consultation, is required if the new ~~elective~~ course or course being modified has or will contain Indigenous content.

5.4. Minor Curricular Changes not listed in Section 5.1 are the responsibility of the Faculty Council(s) ~~administrative in nature and relevant Deans, Associate Deans, Program Directors~~ in accordance with any relevant policies and procedures.

~~5.3.1.~~5.4.1. Changes or additions to the mode of delivery (in-person, online, hybrid) of a course must be submitted using the appropriate electronic proposal to update the official course record.

6. Minor Program Adjustments

6.1. Minor Program Adjustments will include a full electronic proposal brief and are submitted to the appropriate standing committee of Academic Council for approval. Minor Program Adjustments include:

- ~~The introduction of new required courses~~
- ~~The deletion of required courses~~
- Editorial changes to degree requirements, ~~or~~ program learning outcomes, or core competencies which may include those completed as a result of a cyclical review
- New academic requirements or changes to existing requirements, including the addition or deletion of required courses
- ~~Changing the delivery mode of some courses~~
- The introduction of the option to complete a portion or portions of an existing program to receive a for-academic-credit Micro-credential
- The creation of a new, stand-alone, for-academic-credit Micro-credential related to the Program
- The creation of a new Minor program where an existing Major already exists
- A change in the name of a Diploma, Major, or Program Component (e.g. Minor, Specialization, or Field) that does not result in a change to the degree designation or the Program Learning Outcomes

For clarity, changes to degree requirements will be defined as Minor Program Adjustments when ~~:~~

- ~~T~~the introduction, deletion, or modification of courses or requirements equals no more than one-third of the total course credit hours of the Program.

6.2. Minor Program Adjustments must be presented directly to the USC or GSC for consideration and approval following their recommendation by Faculty Council. Any changes must receive ~~this committee's~~USC or GSC approval prior to their implementation and inclusion in the academic calendars. The outcome is subsequently reported to Academic Council for information.

6.2.1. To be included in the academic calendars for the subsequent academic year, proposals must be received by ~~the Committees~~USC or GSC no later than the end of January.

Commented [KM3]: Aligning/correcting definition and examples related to QC requirements and to provide clarity of language.

6.2.2. Proposals that include the creation or introduction of a Micro-credential will also be reported to the appropriate micro-credential committee. Approved Micro-credentials will be submitted to the Ministry for designation as eligible for Ontario Student Assistance Program funding, if applicable.

6.3. Minor Program Adjustment proposal briefs must minimally include the following information:

a) A summary of the proposed change, setting out the rationale and context for it, including any consideration of the principles of equity, diversity, inclusion, and decolonization.

b) A description of the ways in which the proposed change will enhance the academic opportunities for students, or the issues or challenges that the proposed change are intended to address.

c) An account of the process of consultation with other units and measures taken to minimize the impact of the change on students if the proposed change involves students/faculty from other programs or courses. An account of the process of consultation related to Indigenous content is required if the proposed change has or will contain Indigenous content.

d) A timeline for the implementation of the proposed change and transition plan for current students if applicable.

e) An analysis of the resource and enrolment implications, including support for any proposed online or hybrid delivery.

f) Calendar copy and program maps for the proposed change that clearly highlight the revisions to be made to the existing curriculum.

g) Completed proposals for all new courses and changes to existing courses that result from the change.

7. Major Program Modifications

7.1. The Quality Council defines Major Program Modifications as "~~to include~~ "significant changes" to existing academic programs where "the impact on the quality of the program and degree of significance can be measured qualitatively and/or quantitatively." These include: ~~the following Program changes:~~

- Requirements that differ significantly from those existing at the time of the previous cyclical program review or at the time the program was first approved

Commented [KM4]: Changes to Section 7 align the definition and examples with QC requirements and simplify language to avoid ongoing confusion. In the majority of cases, items have been moved or wording condensed. Items that are considered Minor Program Adjustments have been removed from this section and are in the section above to align with QC requirements.

- Significant changes to the learning outcomes ~~that do not, however, meet the threshold of a new program~~
- Significant changes to the faculty engaged in delivering 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, online delivery, inter-institutional collaboration) ~~and/or online/hybrid delivery)~~
- ~~Change in program name and/or degree nomenclature, when this results in a change in learning outcomes~~
- ~~Addition of a single new field to an existing 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 New Program Expedited Protocol~~

Examples from the Quality Council are provided in the Quality Assurance Guide.

For greater clarity, in the Ontario Tech context, the following examples illustrate changes that normally constitute a significant change and would therefore be considered a Major Program Modification:

- Significant ~~C~~changes to the academic requirements and program content, including the introduction, deletion, or permanent modification of courses or requirements~~, including changing the mode of delivery, comprising a significant~~ that equals more than ~~(~~i.e.,~~ ~~one-third of the total credit hours of the Program, but that do not meet the threshold for a new ~~or more) proportion of the~~ Program
- ~~Other~~Significant changes to one or more of the program ~~content that affect the~~ learning outcomes that alter the meaning of the learning outcome(s) that do not, however, ~~, but do not~~ meet the threshold of a 'new Program'; changes to the course configuration that impact the learning outcomes (e.g. a course that meets a learning outcome is moved to the list of electives)
- ~~Substantive changes to the Program learning outcomes, which may include those completed as a result of a cyclical review~~
- The merger of two related ~~or more~~ Programs in the absence of any other significant changes (e.g., no changes to the degree designation, learning outcomes, etc. that may meet the threshold for a New Program)
- New ~~bridging~~ formal pathways options, i.e. bridging or advanced entry, to or from another ~~for~~ college or university ~~diploma graduates~~
- Significant change in the laboratory time of an undergraduate Program
- The introduction or deletion of an undergraduate thesis or capstone project
- The introduction or deletion of a Program-level work experience, cooperative education, internship, ~~or~~ practicum, or portfolio

- At the master's level, the introduction or deletion of a research project, research essay or thesis option, course-only option, co-operative education, internship, or practicum option
- The creation or~~,~~ deletion~~, or re-naming~~ of a Type 1 Graduate Diploma
- ~~The creation, deletion, or re-naming of a field in a graduate Program~~The ~~A~~addition of a single new field to an existing 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 New Program Expedited Protocol
- The creation~~,~~ or deletion~~, or re-naming of a specialization~~ of a ~~or~~ minor where no corresponding Major exists
- Any ~~C~~change~~s~~ to or the addition or deletion of ~~the~~ requirements for graduate program candidacy examinations, field studies, ~~or~~ residency requirements, and/or comprehensive examinations
- ~~Changes to courses, including changing the mode of delivery, comprising a significant (i.e., one-third or more) proportion of the Program~~
- ~~Other changes to program content that affect the learning outcomes, but do not meet the threshold of a 'new Program'~~
- ~~Substantive changes to the Program learning outcomes, which may include those completed as a result of a cyclical review~~
- Significant changes to the Program's delivery, including:
    - Changes to the Faculty delivering the Program that alter the areas of research and teaching interests (e.g. a large proportion of the faculty retires; new hires)
    - A change in the language of Program delivery
    - The introduction of inter-institutional collaboration or the establishment of an existing Program at another institution or location, including new dual Degree options
    - To the mode of delivery of the Program (e.g. ~~he~~ offering ~~of~~ an existing Program substantially online where it had previously been offered in face-to-face mode, or vice versa; the creation of multi-modal options) that meaningfully affects the student experience
    - Change to, or add, full- or part-time program options~~, or vice versa~~ where one did not previously exist
    - Changes to the essential resources, where these changes impair the delivery of the ~~approved~~ Program
- Change in the degree designation; change in the ~~program~~ name of a Major or Program Component (e.g. Specialization, Minor, or Field)~~ and/or degree nomenclature~~, when this results in a change in learning outcomes

~~Program m~~Modifications that will result in a more substantial change to ~~its~~ the Program's nature and content will require review and approval in accordance with the New Program Procedure. The final determination of whether a Program

modification constitutes a significant change or a new Program will rest with the Provost. The Quality Council has final authority to decide if a Major Program Modification constitutes a new program and, therefore, must follow the New Program Procedures.

7.2. Major Program Modifications will include full electronic proposals and must include evidence that appropriate consultation has taken place. Once proposals are approved by Faculty Council, they will be subject to review by the appropriate standing committee of Academic Council (USC or GSC). The standing committee will submit its recommendation for approval to ~~the Executive Committee of Academic Council, and subsequently to~~ the Academic Council for final review and approval. Major Program Modifications are reported annually to the Quality Council.

Commented [KM5]: Should have been removed in previous version, EC no longer exists. Steering Committee Terms of Reference does not include program approvals. TOR changes approved by Board on recommendation of AC.

7.2.1. To be included in the academic calendars for the subsequent academic year, Major Program Modifications must be received by USC/GSC no later than the last working day in December.

7.3. Major Program Modification electronic proposals must minimally include the following:

a) A brief background on the existing program and rationale for the modification, including any consideration of the principles of equity, diversity, inclusion, and decolonization.

b) Overview of the modification, indicating the opportunities for graduates and evidence of fit with the mission, mandate and strategic plans of the University and the Faculty Description of how the new program component fits into the broader array of Program offerings, particularly areas of teaching and research strengths and complementary areas of study.

c) A fully developed section outlining: any new or modified program learning outcomes; the alignment of the change with the program learning outcomes and the provincial degree level expectations and universal competencies; new or modified admission requirements; program structure Calendar copy and program maps, where relevant, for the new program component showing courses and/or research components offered each semester and indicating courses currently offered, new courses, and required courses provided by other units; the impact the modification/new component has on students and how it will improve the student experience; any experiential or other applied learning opportunities that are part of the new program component; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes.

d) A list of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the modifications; physical resource requirements, with how current facilities will be used and what, if any, new resources may be required; and for graduate Programs, any student support (funding) requirements.

e) An outline of areas consulted, which must include an account of mandatory feedback from students and recent graduates, and the process of consultation regarding Indigenous content, where appropriate.

f) A summary statement of funding required to support the Program and a statement of current resource availability.

g) When changing the mode of delivery to online/hybrid for all or a significant portion of a Program, the following must also be addressed:

- Describe the adequacy of the technological platform to be used for online delivery
- Describe how the quality of education will be maintained
- Describe how the program objectives will be met
- Describe how the program learning outcomes will be met
- Describe the support services and training for teaching staff that will be made available
- Describe the sufficiency and type of supports that will be available to students

8. Admissions Changes

8.1. Changes made exclusively to admission requirements in the absence of other program changes will proceed through the governance structure to various levels of approval based on the nature and impact of the change.

Commented [KM6]: Adding items in Section 8 for clarity only.

8.1.1. Changes to admission requirements at the University level require final approval by Academic Council following recommendation by the USC/GSC. Changes of this nature are normally completed as a change to the relevant policy instrument.

8.1.2. Changes to admission requirements at the Faculty level require approval by the USC/GSC and are reported for information to Academic Council; this update is generally completed as a Minor Program Adjustment.

8.1.3. Changes to admission requirements at the individual program level are reported to the USC/GSC for information following approval by Faculty Council(s).

All decisions concerning admissions made within the scope of existing requirements are considered administrative decisions and can be approved by the Registrar or designate in consultation with the Dean.

QUALITY COUNCIL CYCLICAL AUDIT

9. In accordance with the Quality Assurance Framework, curricular changes as outlined in these Procedures are not normally subject to the University's Cyclical Audit.

MONITORING AND REVIEW

10. This procedure will be reviewed as necessary and at least every three years. The Provost's Office, through the Center for Institutional Quality Enhancement coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Program Nomenclature Directives
Protocols associated with consultation/development of Indigenous curriculum
Protocols associated with the development of Micro-credentials

Classification Number	ACD 1501.02
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2023
Supersedes	ACD 1501 (June 2010); Quality Assurance Handbook (June 2011) Cyclical Program Review Procedures (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

CYCLICAL REVIEW AND AUDITING PROCEDURES

PURPOSE

1. The purpose of these Procedures is to set out the process for conducting the monitoring of new ~~degree~~ Degree and ~~diploma~~ Diploma ~~programs~~ Programs and the cyclical review of existing ~~degree~~ Degree and ~~diploma~~ Diploma ~~programs~~ Programs to ensure that they continue to meet provincial quality assurance requirements and to support their ongoing rigour and coherence. Further, these procedures set out the process for the cyclical audit conducted by the Quality Council, which reviews the University's institutional quality enhancement Polices, Procedures and processes. New ~~programs~~ Programs are monitored at the time of first intake and at least one year after the launch of the ~~program~~Program. Cyclical reviews of established ~~programs~~ Programs and the University audit occur at least once every 8 years.

DEFINITIONS

2. For the purposes of these Procedures the definitions in the Policy ~~following definitions~~ apply.~~:~~

~~**Academic Council:** the most senior academic governance body of the institution~~

~~**Degree:** An academic credential awarded upon successful completion of a prescribed set and sequence of requirements as specified by a program and that meet a standard of performance consistent with University and provincial degree level expectations~~

Commented [KM1]: Policy is now the central place for all definitions, this avoids any potential contradiction and shortens the Procedures for ease of reading.

Diploma: An academic credential awarded upon the successful completion of a prescribed set of degree credit courses as specified by a program. Diplomas are classified as concurrent and/or direct entry

Faculty Council: established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level

Graduate Studies Committee (GSC): A standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents.

Ministry: the Ontario Ministry governing the affairs of Colleges and Universities.

New Program: any degree, degree program, or major, currently approved by Academic Council and the Board of Governors, which has not been previously approved 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). To clarify, for the purposes of these Procedures, a "new program" is brand new: that is to say, the program has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by Ontario Tech University. The final determination of whether a proposed offering constitutes a new program will rest with the Provost.

Program: A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma)

Quality Council: the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.

Resource Committee: the university Academic Resource Committee or equivalent university body

Undergraduate Studies Committee (USC): A standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents.

SCOPE AND AUTHORITY

3. These Procedures apply to undergraduate and graduate ~~degree~~ Degree and D~~d~~iploma P~~p~~rograms and the associated governance processes, whether the P~~p~~rograms are offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to D~~d~~egree and D~~d~~iploma programs offered in partnership, collaboration or other such

arrangement with other post-secondary institutions including colleges, universities or other institutes.

4. For those Pprograms that are offered in more than one mode, at different locations, or having complementary components (e.g., bridging options, experiential education options, etc.), the distinct versions of the program will be identified and reviewed during new program monitoring and cyclical program review. The self-study brief will encompass all modes, locations, and components in one report.

5. Degree and Diploma Programs which have been approved but never launched, have been closed, or for which admission has been suspended, are not subject to these Procedures. Stand-alone Micro-credentials are also not subject to these Procedures.

6. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

7. Monitoring of New Academic Programs

7.1. At the time of first intake into the Program, CIQE, working with the Office of Institutional Research and Analysis, will prepare an initial report that will review admissions and enrolment data and report on any changes made to the program since it was approved. This report will be reviewed by the Office of the Provost, through the Resource Committee, to assess any issues that may arise and determine if alternate plans are required to ensure the overall success of the Program.

7.2. One year after the launch of the Program, CIQE, working with the Academic Unit, will prepare a report that will review: enrolment and admissions data; success in realizing the program objectives, requirements, and learning outcomes; any changes made to the program since approval; and other key metrics to assess New Program effectiveness. This report will be reviewed by the ~~Office of the~~ Provost, through the Resource Committee, to assess any issues and determine if alternate plans are required to ensure the overall success of the Program.

7.3. Should any recommendations arise from the one-year report, additional monitoring and review may be required at the request of the ~~Office of the~~ Provost or the Resource Committee. An additional monitoring report, if required, will analyze key curricular and student data (e.g. student evaluations, GPA, retention data, etc.) as well as address the recommendations from the initial report. Pending review, further documentation may be required for ongoing monitoring.

7.4. Should the Quality Council require any follow-up reports, as indicated at the time of approval, these shall be completed in accordance with the requirements outlined in the approval letter from the Quality Council.

7.5. ~~New~~ Programs will then be reviewed and refined on an ongoing basis in accordance with the Institutional Quality Assurance Policy. Specifically, approved Programs will be entered into the schedule of academic program reviews and the first review will take place no more than eight years after the start of the Program, and every eight years hence, in accordance with Section 8 of these Procedures. The first cyclical review will take into consideration the outcomes of the intake, one-year, and any additional reports, as well as any aspects highlighted by the Quality Council as required during the program review.

8. Cyclical Review of Degree and Diploma Programs

Procedures for program reviews involve six components: the review and enhancement of program learning outcomes and assessment of core competencies; the development of a self-study brief by the program under review; external evaluation to provide recommendations on program quality improvement; internal response to ~~review~~ the external evaluation and recommendations; preparation and approval of a final assessment report and implementation plan; and subsequent reporting on the implementation of recommendations. Individuals may use the templates provided at www.ontariotechu.ca/ciqe as a guide to assist in the planning and implementation of the components of the cyclical review. It is expected that, unless otherwise specified below, all information, documents, and reports are not publicly accessible and will be afforded an appropriate level of confidentiality.

8.1. Appointment of Internal Assessment Team

8.1.1. Upon notification that a program is up for review, the Faculty Dean will appoint an Internal Assessment Team (IAT), comprised of faculty, staff and students (current or recent graduate of the program). The Dean will also appoint a faculty member from the IAT to act as Chair. A faculty co-chair may be appointed, if necessary.

8.1.2. The proposed IAT will be submitted to CIQE~~,~~ and will be approved by the Provost.

8.2. Review and Enhancement of Program Learning Outcomes

The IAT chair, in consultation with the IAT, will review and enhance the program learning outcomes, and map them to the degree level expectations (either undergraduate or graduate) set out by the Ministry.

8.2.1. The IAT will engage in a program learning outcome enhancement process where they will review and revise their program learning outcomes. These

revisions will lay the groundwork for the program for the upcoming seven years. The program and course learning outcomes must be reviewed and revised using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the IAT and other program faculty participate in learning outcome sessions hosted by CIQE and TLC; alternatively, the revised program learning outcomes must be reviewed and approved by CIQE and TLC prior to the scheduling of the External Review. The IAT will then map the revised program learning outcomes to the appropriate degree level expectations (DLEs) with related skills and competencies using resources provided by CIQE and the Teaching and Learning Centre (TLC).

8.2.2. After the map to the degree level expectations is complete, the IAT will map their current course offerings to the revised program learning outcomes and analyze the results.

8.2.3. The revised program learning outcomes and DLE map, once ~~approved~~ finalized by the IAT, will be an appendix to the self-study document.

8.3. Self-Study Briefs

The self-study brief will form the basis of the program review and must clearly set out the indicators of program quality, as outlined in the Evaluation Criteria, against which the program is to be assessed. The brief may also identify specific aspects of the program on which feedback is sought. A template for the proposal will be provided through the Centre for Institutional Quality Enhancement via the website at www.ontariotechu.ca/ciqe.

8.3.1. Self-study briefs for each program under review must be prepared and reviewed by a Program Review Internal Assessment Team (IAT).

8.3.2. The IAT will work in collaboration with the Centre for Institutional Quality Enhancement (CIQE) to pull together key institutional data and other indicators of program quality that will inform the self-study.

8.3.3. The brief should be broad-based, reflective and forward-looking and should demonstrate how the program advances the University's mission.

8.3.4. The brief must also present evidence to support an assessment of the program requirements, program learning outcomes and degree level expectations with related skills and competencies, along with the human and physical resources involved.

8.3.5. The brief should address any concerns and recommendations raised in previous reviews.

8.3.6. The brief will include a short description of the process by which the self-study was prepared, including faculty, staff, and student input and involvement.

8.3.7. The brief will also identify specific aspects of the program on which feedback is sought, including any consideration of the principles of equity, diversity, inclusion, and decolonization; areas requiring improvement and those that hold promise for enhancement; any unique curriculum or program innovations, creative components, or significant high impact practices; as well as academic services that directly contribute to the academic quality of the program. The brief will incorporate feedback sought from representatives from industry, the professions or employers, where appropriate.

8.3.8. Upon its completion, the Faculty~~,~~ and the Dean~~,~~ will review the self-study brief to ensure that it presents the full range of evidence to support an assessment of program quality. The Dean may also highlight any areas of opportunity or institutional constraints that may need to be taken into account as part of the review.

8.4. External Review and Reporting

8.4.1. The Dean, in consultation with the IAT, will recommend to the Provost, at least 5 individuals to serve as external reviewers of the Program.

8.4.1.1. Reviewers must be external to the University, will normally be tenured (or equivalent) and will have suitable disciplinary expertise, qualifications and program management experience at another university, including an appreciation of pedagogy and learning outcomes, ~~tenured or equivalent, have program management experience at another university,~~ and be at arm's length to the program under review, as outlined in the Proposed External Reviewer's form and on the Quality Council's website.

8.4.1.2. For undergraduate programs, two reviewers are required, with both being external to the university. At least one of the reviewers must currently be at a Canadian post-secondary institution.

8.4.1.3. For graduate programs, at least two reviewers external to the university are required. At least one of the reviewers must currently be at a Canadian post-secondary institution. A third internal reviewer, external to the program, may additionally be included.

8.4.1.4. For each External reviewer candidate, the recommendation must be accompanied by a rationale for the selection and a detailed biographical statement, prepared by the IAT, that outlines their academic expertise, administrative experience, accomplishments, and research.

Commented [KM2]: Codifying the current practice.

8.4.1.5. External reviewer forms are sent to CIQE to be reviewed and subsequently approved by the Provost. ~~CIQE~~ The Office of Planning and Analysis will contact approved proposed reviewers to maintain arms-length process and ensure that the required number of reviewers are engaged to review the Program.

8.4.2. CIQE, in consultation with the Faculty, will organize a site visit to provide an opportunity for the reviewers to assess the standards and quality of the program and to prepare a report that addresses the University's program quality review Evaluation Criteria.

8.4.2.1. External review of doctoral program must incorporate an on-site visit except in exceptional circumstances as determined by the Provost. External review of undergraduate ~~programs, and certain,~~ Master's, ~~programs (e.g. professional Master's programs, fully online)~~ and Graduate Diploma programs will normally be conducted on-site, but at the request of the Dean, the Provost (or delegate) may ~~propose~~ approve that the review be conducted by desk audit, virtual site visit, or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The ~~Provost~~ Dean~~(or delegate)~~ will ~~also~~ provide a clear justification for the ~~decision~~ request to ~~use these alternatives~~conduct the review without an on-site visit. ~~An on-site visit is required for all other proposed master's programs.~~

Commented [KM3]: Aligning with updated QC guidelines and requirements and to provide clarity on process where discretion is possible.

8.4.2.2. In advance of the site visit, or prior to the desk audit, CIQE will send to the reviewers the ~~unit's~~ Program's self-study brief~~, a cover letter by the Dean, along with~~and any additional material or information that may be needed to inform the assessment.

8.4.2.3. ~~On the first morning~~At the beginning of the site visit, or prior to the desk audit, the Provost or their designate will meet with the reviewer(s) to outline the process for review and the roles and responsibilities of the reviewers.

8.4.2.4. During the site visit, reviewers will have an opportunity to meet with the IAT, and with other faculty, students, staff, senior academic administrators, and any others who can most appropriately provide informed comment, such as representatives from industry, the

professions or employers, to discuss aspects of the self-study in the context of the program quality review criteria.

8.4.2.5. Reviewers will be required to respect the confidentiality of all aspects of the process and recognize the institution's autonomy to determine priorities for funding, space, and faculty allocation. Commentary or recommendations on issues such as faculty complement and/or space requirements, that are within the purview of the university's budgetary decision-making processes, must be tied directly to issues of program quality or sustainability.

8.4.3. Reviewers will submit a report to the Dean, through CIQE, which addresses the substance of the self-study and the program quality review Evaluation Criteria. A template for the report will be provided by CIQE.

8.4.3.1. Normally, the report will be prepared jointly by the reviewers and will contain at least three recommendations.

8.4.3.2. Reviewers will be invited to acknowledge and provide evidence of any clearly innovative aspects of the program, including in the content and/or delivery of the program relative to other such programs, together with recommendations on specific steps to be taken to improve the program, distinguishing between those the program can itself take, and those that require external action.

8.4.3.3. Reviewers will also be asked to identify and commend notably strong and creative attributes of the program; describe the program's strengths, areas for improvement, and opportunities for enhancement; and identify distinctive attributes of each discrete program/mode of delivery/site, where applicable.

8.4.3.4. Normally, the report will be completed within 30 days of the site visit.

8.4.3.5. Upon submission, CIQE will review the external reviewers' report to ensure it meets the requirements stated in Article 8.4.3. If additional details or clarification are needed from the reviewers, CIQE will reach out to the reviewers to request this in a revised report.

8.5. Response to Report

8.5.1. Upon receipt of the reviewers' report(s), the Dean and the IAT will consider its recommendations, including consideration of any financial or other resource implications.

8.5.1.1. The IAT Chair will solicit feedback from ~~p~~Program faculty and, in consultation with the IAT, will prepare and send to ~~the Dean~~CIQE the Program's response to the reviewers' report that will include a summary of the program strengths, opportunities for improvement and a response to the recommendations put forward by the reviewers. A template for the ~~p~~Program's response report will be provided through CIQE.

8.5.1.2. Using the Program's response report as a guideline, the Dean, using a template provided by CIQE and working in consultation with the Office of the Provost, will prepare a separate decanal response to the reviewers' report. The response will include the Dean's assessment and prioritization of the recommendations and an Implementation Plan (IP) including resource requirements, a timeline for acting on and monitoring the implementation of the recommendations, and persons/area responsible for acting on the recommendations. A template for the decanal response and ~~Implementation Plan~~IP will be provided through CIQE. The Dean ~~will~~ must solicit ~~Faculty~~ feedback on the Implementation Plan through Faculty Council.

8.5.1.3. The ~~Implementation Plan~~IP will be reviewed by the Provost, through the Resource Committee, to examine resource implications and allocations. The Resource Committee will create a brief summary ~~report~~ of its review.

8.6. Approval Process

8.6.1. Using the self-study brief, together with the reviewers' report(s), the Dean's and Program's responses, the ~~Implementation Plan~~IP, and the Resource Committee's summary ~~report~~, CIQE will prepare a Final Assessment Report (FAR). If confidential information is presented in any of the documentation used to prepare the FAR this information will be included only in an appendix. The appendix will be afforded the appropriate level of confidentiality within the Office of the Provost and the Faculty and will be withheld from distribution.

8.6.1.1. The FAR will synthesize the reports and recommendations resulting from the review and~~,~~ identify the strengths of the program as well as the opportunities for program improvement and enhancement.

8.6.1.2. The FAR will list all recommendations of the external reviewers and the associated separate internal responses and assessments from the Program and the Dean. The list of recommendations and/or responses may be paraphrased and combined under themes within the FAR to facilitate clear tracking and monitoring. Explanation for

Commented [KM4]: Clarifying process and showing alignment with QC in Section 8.5, no changes to existing requirements.

Commented [KM5]: Adjustment of unclear language in Sections 8.6 and 8.7 to provide more clarity in document titling and content and to avoid confusing approval paths; ensures proper alignment with QC wording.

reviewer recommendations not selected for further action ~~in the Implementation Plan~~, as well as any additional recommendations that the Program, the Dean and/or the university may have identified as requiring action ~~as a result of the program's review~~, will be included in the FAR.

8.6.1.3. ~~CIQE~~ The FAR will include an ~~will also prepare an~~ Executive Summary ~~to the FAR~~ as to be suitable for publication.

8.6.2. The FAR (excluding the confidential appendix, if applicable)~~, Executive Summary,~~ and ~~Implementation Plan~~IP, will be presented to the appropriate standing committee of Academic Council (USC or GSC) for approval.

8.6.3. In those cases where the program review cycle includes both undergraduate and graduate programs, separate reviews will be conducted, and ~~reports~~ FARs will be submitted to the USC and GSC concerning the reviews relevant to the mandate of each committee.

~~8.6.3.~~8.6.4. The Executive Summary to the FAR and the IP are then posted on the Ontario Tech corporate website.

~~8.6.4. It is expected that the reports and recommendations will be afforded an appropriate level of confidentiality.~~

8.6.5. ~~The Executive S~~A summary of all reviews including each FAR (excluding the confidential appendices) and IP ~~and Implementation Plan is provided~~ will be distributed to Academic Council and the Board of Governors for information.

~~8.6.5.~~8.6.6. ~~The FAR, Executive Summary, and Implementation Plan~~A summary report of all reviews completed during the year, with a link to the Executive Summaries and IPs, will be sent to the Quality Council as required under the Quality Assurance Framework.

~~8.6.6.~~8.6.7. The approved FAR, including confidential information, and the final IP ~~Implementation Plan~~ will be provided to the Faculty(ies), through the Dean(s), as primary owner. These will serve as the basis for the continuous improvement and monitoring of the program. The Faculty is responsible for subsequent reporting and monitoring of the ~~Implementation Plan~~ IP, as outlined in Section 8.7.

8.7. Subsequent Reporting and Monitoring of the Implementation of Recommendations

8.7.1. Eighteen months following the completion of the review, the Office of the Provost will request from the Dean ~~of the Faculty~~ a brief follow-up report that outlines the progress that has been made in implementing the agreed upon plans for improvement. The report will be sent to the Resource Committee for review.

8.7.2. If outstanding items remain ~~from the Implementation Plan~~ at the time of the ~~eighteen-month~~follow-up report, the Resource Committee will review these outstanding items with the Dean ~~of the Faculty~~. The Resource Committee may recommend further monitoring of these items on a case-by-case basis.

~~8.7.2.~~8.7.3. The follow-up report, excluding any confidential information, is then posted on the Ontario Tech corporate website.

~~8.7.3.~~8.7.4. A summary of the ~~progress~~ follow-up reports will be distributed to the appropriate standing committee of Academic Council (USC/GSC), to Academic Council, and to the Board of Governors, for information. ~~approved by the appropriate standing committee of Academic Council (USC or GSC).~~

Commented [KM6]: The only substantive change to the procedures. There is no requirement for the follow-up report to be approved by USC/GSC under the QC requirements, nor is there an ability to change a progress report at the committee level. This is often confusing to committee. It is important that updates from the action plan be provided for information.

~~8.7.4.~~8.7.5. ~~A summary of the progress report will be included in the reporting to Academic Council on program reviews.~~

~~8.7.5.~~8.7.6. ~~The summary report is then posted on the Ontario Tech corporate website.~~ A summary of all follow-up reporting completed during the year, with a link to the reports, will be sent to the Quality Council as required under the Quality Assurance Framework.

8.8. Review of Joint or Collaborative Programs

8.8.1. Joint programs, and other programs offered in collaboration with other post-secondary institutions, will ensure that the required quality assurance requirements of both institutions are met.

8.8.2. When the program is held jointly with an institution that does not have an IQAP that has been ratified by the Quality Council, the Ontario Tech IQAP Policy and associated Procedures will apply with Ontario Tech as the leading institution.

8.8.3. In cases where the program is held jointly with an institution that does have an IQAP ratified by the Quality Council, the Office of the Provost, through CIQE, will collaborate with the partner institution to develop a process and associated templates that will address all requirements of each institution's IQAP. Specifically, the collaboration will address:

a) The selection of external reviewers

b) Templates to be used for a single self-study and required reports from the external reviewers, program team, and Dean(s)

c) The location(s) or the site visit(s), timing for program review, and subsequent reporting

d) The development of a joint committee to review the program

e) The process for monitoring and reporting on the implementation of recommendations after the review

f) The lead institution for the purposes of submission to the Quality Council

9. Quality Council Cyclical Audit

In accordance with the Quality Assurance Framework (QAF), the University is subject to a Cyclical Audit by the Quality Council, at least once every eight years. The Quality Council has established the schedule of institutional participation in the audit process within the eight-year cycle and publishes the agreed schedule on its website. The Cyclical Audit provides necessary accountability to post-secondary education's principal stakeholders by assessing the degree to which the University's internally-defined quality assurance processes, procedures, and practices align with and satisfy the agreed upon standards, as set out in the QAF.

Specifically, the Cyclical Audit will:

- Review institutional changes made in policy, process, and practice in response to the recommendations from the previous audit
- Confirm the University's practice is in compliance with its IQAP as ratified by the Quality Council and note any misalignment of its IQAP with the Quality Assurance Framework; and
- Review institutional quality enhancement practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews

9.1. The Audit Team

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, conduct the Cyclical Audit. These auditors will be at arm's length from the University undergoing the audit. Members of the Quality Assurance Secretariat accompany the auditors on their site visit and constitute the remainder of the Audit Team.

9.2. Scope of the Audit

9.2.1. The Audit Team will independently select a sample of programs for audit that represent the development of new Degree programs under the New Program Procedures (normally two examples of new programs) and Section 8 of the Cyclical Review and Auditing Procedures (normally three or four examples of programs that have undergone a Cyclical Program Review). New Degree programs and Cyclical Program Reviews undertaken within the period since the previous Audit are eligible for selection.

9.2.2. Diploma Programs and Micro-credentials that have been developed under the New Program Procedures and changes made under the Curriculum Change Procedures or Program Closure Procedures will not normally be subject to audit.

9.2.3. A small sample of new programs still in development and/or cyclical program reviews that are still in progress may also be selected, in consultation with the University. If so, documentation associated with these in-progress processes will not be required for submission for audit. Instead, the auditors will ask to meet with the program representatives to gain a better understanding of current quality practices.

9.2.4. Specific areas of focus may also be added to the audit when an immediately previous audit has documented Causes for Concern, or when the Quality Council so requests. The University will be informed of the specific areas of focus in the letter from the Quality Assurance Secretariat that also details the programs selected for audit. The University itself may also request that specific programs and/or quality enhancement elements be audited.

9.3. Pre-Audit Orientation and Briefing

The Quality Assurance Secretariat will schedule an in-person, half-day briefing approximately one year prior to the University's scheduled Cyclical Audit. During this briefing, the Quality Assurance Secretariat and a member of the Audit Team will provide an orientation on what to expect from the Cyclical Audit to the University Key Contact, key CIQE staff members, and any other relevant stakeholder(s) as determined by the Provost or designate.

9.4. Self-Study

9.4.1. In consultation with the Provost, CIQE will prepare a self-study, which reflects on past and current policies and practices and the extent to which the University demonstrates a focus on continuous improvement in the development of new programs and the cyclical review of existing ones. The

self-study will present and assess the quality enhancement processes, including challenges and opportunities, within its own institutional context and pay particular attention to issues, if any, flagged in the previous Audit.

9.4.2. CIQE will also prepare a package of all relevant documentation for each program selected for audit, including all items related to each step outlined in the Procedures. The self-study and document packages are submitted by CIQE to the Quality Assurance Secretariat in advance of the desk audit.

9.4.3. The documentation to be submitted for audit will include, but is not limited to:

- All templates, proposal briefs/self-studies, reports and responses, minutes of meetings, and any other relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
- A record of any revisions of the university's IQAP, as ratified by the Quality Council; and
- The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

9.5. Audit Team Review

9.5.1. **Desk Audit**

The auditors will first undertake a desk audit of the University's quality enhancement practices, which will determine whether the University's practice is in compliance with the IQAP and will also note any misalignment of the IQAP with the QAF. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit. The auditors will undertake to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection of Privacy Act (FIPPA).

9.5.2. **Site Visit**

After the desk audit, auditors will normally visit the University over two or three days. The principal purpose of the on-site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of the IQAP in the pursuit of continuous improvement of programs. Further, the site visit will serve to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality enhancement practices contribute to continuous improvement.

9.5.2.1. CIQE, in consultation with the Office of the Provost and the auditors, will establish the program and schedule for the site visit. In the course of the site visit, the auditors speak with the university's senior academic leadership including those who the IQAP identifies as having important roles in the governance process.

9.5.2.2. The auditors also meet with representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success.

9.6. Audit Report

9.6.1. Following the conduct of an audit, the auditors will prepare a report that will be approved by the Quality Council. The report, which is to be suitable for publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement and will meet the requirements as outlined in Section 6.2.7 of the QAF. The report shall not contain any confidential information.

9.6.2. A separate addendum will provide the University with detailed findings related to the audited programs. This addendum is not subject to publication. The report may include findings in the form of Suggestions, Recommendations, and/or Causes for Concern.

9.6.3. The Audit Report also includes recommendations for the Quality Council to take one or more steps, as appropriate, as outlined in Section 6.2.7 of the QAF. This may include participation in a Focused Audit, as described in Section 9.10 below.

9.6.4. The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage.

9.6.5. The Quality Assurance Secretariat provides a copy to the University, via the Provost, for fact checking. This consultation is intended to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report. CIQE will prepare a report, for submission by the Provost, on the factual accuracy of the draft report within 30 days. If needed, the Provost can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record and the audit team may use it to revise their report. However, the fact checking response

will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

9.6.6. Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the university with an indication of the timing for any required follow-up.

9.7. University Response to Report

9.7.1. When a Follow-up Response Report is required, the University, through CIQE, will submit the Report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern.

9.7.2. If the Audit Team is satisfied with the University's Follow-up Response Report, it will draft a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration.

9.7.3. If the Audit Team is not satisfied with the response, the Audit Team will consult with the University, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. In so doing, the University will be asked to make any necessary changes to the follow-up response within a specified timeframe.

9.7.4. The Audit Committee will submit a recommendation to the Quality Council to accept the university's follow-up response and associated auditors' report.

9.8. Publication of the Results of the Audit

9.8.1. The Quality Assurance Secretariat will publish the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the recommendations on the Quality Council's website.

9.8.2. The University will also publish the report (absent the previously specified addendum) on its website.

9.8.3. The Quality Assurance Secretariat publishes any Follow-up Response Report and the auditors' report on the scope and adequacy of the university's response on the Quality Council website and sends a copy to the University for publication on its website.

9.8.4. A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents (OCAV), the Council of Ontario Universities (COU), and the Ministry through the Quality Council's Annual Report.

9.9. Outcomes of the Cyclical Audit

The Audit Report describes the extent to which the University is compliant with the IQAP and approximates best practice. Based on the findings in its Report, the Audit Committee will make recommendations about future oversight by the Quality Council and/or one or more of its Committees.

9.9.1. When the Audit Report finds relatively high to very high degrees of compliance and good to best practices, the Audit Committee may recommend reduced Quality Council oversight in one or more areas of the University's quality enhancement practices. The recommendation may include, but is not limited to, the elimination of the requirement for a Follow-up Response Report to the Audit Report and possibly a reduced set of documentation required for a subsequent audit.

9.9.2. Alternatively, when the Audit Report identifies deficiencies in several areas of the University's practices and/or systemic challenges, the Audit Committee may recommend increased oversight by the Quality Council. The nature of this oversight will be determined by the Quality Council and may include one or more of the following outcomes, which are less formal than the Cyclical Audit and, thus, will not replace it:

- Increased reporting requirements;
- A focused audit (Section 9.10, below); and/or
- Any other action deemed appropriate by the Quality Council.

9.10. Focused Audit

9.10.1. When an Audit Report has identified at least one Cause for Concern, the Audit Committee will recommend to the Quality Council that the specific area(s) of concern may require closer scrutiny and further support through a Focused Audit.

9.10.2. A Focused Audit may also be triggered by the Quality Council when it has some concerns about the quality assurance processes at a particular university.

9.10.3. A Focused Audit may take the form of a desk audit and/or an additional site visit. The Audit Committee will also recommend to the Quality Council a proposed timeframe within which the Focused Audit should take place.

9.10.4. **The Focused Audit Report**

9.10.4.1. Following the conduct of a Focused Audit, the auditors will prepare a report that will be approved by the Quality Council. The report will be suitable for subsequent publication, and will meet the requirements as outlined in Section 6.3 of the QAF.

9.10.4.2. The Focused Audit Report may also include Suggestions, Recommendations, and/or Cause(s) for Concern.

9.10.4.3. The report will be published on both the Quality Council and University websites. Other standard elements associated with a Cyclical Audit, such as the requirement for a one-year response, will be determined on a case-by-case basis.

MONITORING AND REVIEW

10. These procedures will be reviewed as necessary and at least every three years. The Office of the Provost, through the Center for Institutional Quality Enhancement, coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Academic Resource Committee Terms of Reference
Program Nomenclature Directives
Protocols associated with consultation/development of Indigenous curriculum

Classification Number	ACD 1501.03
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	~~June 2020~~
Review Date	~~June 2023~~
Supersedes	ACD 1501.03 ~~(~~June 201200~~)~~; ~~Quality Assurance Handbook (June 2011); New Program Procedures (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)~~

NEW PROGRAM PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a consistent process for the planning and establishment for any new degree or diploma program at the University.

DEFINITIONS

2. For the purposes of these P~~p~~rocedures the ~~following~~ definitions in the Policy apply.~~:~~

Commented [KM1]: Policy is now the central place for all definitions, this avoids any potential contradiction and shortens the Procedures for ease of reading.

~~**Academic Council:** the most senior academic governance body of the institution~~

~~**Academic Unit:** a Faculty or combination of Faculties offering a Program~~

~~**Cyclical Program Review (CPR):** to critically examine the components of a program with the assistance of outside reviewers with the goal of improving the quality of the program for students. A program review's purpose is not solely to demonstrate the positive aspects of the program, but also to outline the challenges and concerns that will lead to improvements for the future~~

Degree Program: a complete set and sequence of courses, combination of courses and/or other units of study, research and practice prescribed by the university to fulfill the requirements for a particular degree

Diploma Program: a complete set and sequence of courses, combination of courses and/or other units of study and practice prescribed by the university to fulfill the requirements for a particular diploma

Faculty Council: established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level

Graduate Diploma: A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement a graduate degree program, and to provide specialization, sub-specialization or inter- or multi- disciplinary qualification. A graduate diploma is comprised of at least 12 credit hours of graduate-level study. There are three types of Graduate Diplomas as set out by the Council of Ontario Universities:

a) **Type 1:** Awarded when a candidate admitted to a master's program leaves the program after completing a prescribed proportion of the requirements. Students are not admitted directly to these programs. When new, these programs require approval through the university's protocol for Major Modification prior to their adoption. Once approved, they will be incorporated into the institution's schedule for cyclical reviews as part of the parent program.

b) **Type 2: A concurrent graduate diploma** is 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 and requires advanced level, usually interdisciplinary, study, at least 50% of which is in addition to the general requirements for the degree. When new, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be incorporated into the university's schedule for cyclical reviews as part of the parent program.

c) **Type 3: A direct-entry graduate diploma** is 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. Ontario Tech type 3 graduate diplomas may include non-degree credit courses to a maximum of 30% of the total program credit hours. Where the program has been conceived and developed as a distinct and original entity, these programs require submission to the Quality Council for an Expedited Approval (no external reviewers required) prior to their adoption. Once approved, they will be included in the Schedule for

Cyclical Reviews and will be subject to external review during the CPR process.

Graduate Studies Committee (GSC): a standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents

Micro-credential: 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.

Ministry: the Ontario Ministry governing the affairs of Colleges and Universities

New Program: any degree, degree program, or major, currently approved by Academic Council and the Board of Governors, which has not been previously approved 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). To clarify, for the purposes of these Procedures, a "new program" is brand new: that is to say, the program has substantially different program requirements and substantially different learning outcomes from those of any existing approved programs offered by Ontario Tech University. The final determination of whether a proposed offering constitutes a new program will rest with the Provost.

Program: A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma)

Quality Council: the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government

Resource Committee: the university Academic Resource Committee or equivalent university body

Undergraduate Diploma: A prescribed set of degree credit courses and/or other forms of study that can be undertaken as a stand-alone program or to complement an undergraduate degree program. An undergraduate diploma is comprised of 18-30 credit hours of undergraduate-level study

a) A **concurrent undergraduate diploma** is offered in conjunction with an undergraduate degree, which requires that the candidate be already admitted to an undergraduate degree

~~**b)** A **direct-entry undergraduate diploma** is a stand-alone, direct-entry program, developed by a unit already offering a related undergraduate or graduate program~~

~~**Undergraduate Studies Committee (USC):** a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents~~

SCOPE AND AUTHORITY

3. These procedures apply to new cost-recovery or government-funded undergraduate and graduate Degree or Diploma Programs~~,~~ and may apply to new Micro-credentials ~~(which may be for academic credit or not for academic credit)~~, whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. ~~I~~t also applies to new Programs offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

4. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

Procedures for new Degree Programs involve seven components which will be undertaken in order: a project initiation discussion and submission of a Notice of Intent to be approved by the Provost that demonstrates the program's fit with the Strategic Mandate Agreement, Integrated Academic and Research Plan (or equivalent) of the university, and the ~~Academic~~ academic and strategic plans~~Plan~~ of the Faculty(ies) offering the program; development of a proposal brief by the initiating program; external evaluation to provide an assessment of program quality; internal response to assessment; internal approval of proposal; submission of proposal to the Quality Council and Ministry as appropriate; and subsequent review of the program as part of the university's program review process in accordance with the Institutional Quality Assurance Policy and the Cyclical Review and Auditing Procedures.

New Diploma Programs are normally not subject to external review. Procedures for new Diploma Programs involve five components which will be undertaken in order: a project initiation discussion and submission of a Notice of Intent to be approved by the Provost that demonstrates the program's fit with the Strategic Mandate Agreement, Integrated Academic and Research Plan (or equivalent) of the university, and the a ~~A~~cademic and ~~Plan~~strategic plans of the Faculty(ies) offering the program; development of a proposal brief by the initiating program; internal approval of proposal; submission of proposal to the Quality Council and Ministry as appropriate; and subsequent review of the program as part of the university's program review process in accordance with the Institutional Quality Assurance Policy and the Cyclical Review and Auditing Procedures.

Procedures for new Micro-credential programs are outlined in Section 8.

Individuals may use the templates provided at www.ontariotechu.ca/cige to assist in the planning and implementation of the components of New Program development.

Commented [KM2]: Removing redundant language; M-Cs are defined in the relevant policy instruments.

Commented [KM3]: Adding initiation, which has been done in practice to assist with development of the NOI and in guiding direction of proposals to ensure institutional memory.

Adding the name of the IARP, which outlines University priorities, for specificity and ensuring the planning process at the Faculty level is clear.

5. New Degree Programs

5.1. Notice of Intent and Consultation

Faculties that wish to propose new Degree Programs will first contact the Centre for Institutional Quality Enhancement (CIQE) to conduct a project initiation meeting and for assistance with completing ~~complete~~ a Notice of Intent (NOI) form available through the ~~Centre for Institutional Quality Enhancement (~~CIQE~~)~~ website at www.ontariotechu.ca/ciqe. The Notice of Intent will facilitate the necessary consultation at the beginning of the planning stages, but will not replace ongoing communication and consultation throughout the process.

Commented [KM4]: Updates throughout Sections 5 and 6 for added clarity/accuracy with established practice.

5.1.1. All ~~New Program developments~~NOIs must be approved by the Provost ~~through the NOI~~ to ensure that any resource requirements are appropriately addressed before work on the proposal proceeds. Once an NOI has been approved, the new Program must be developed and approved at Academic Council within two years, or the approval will lapse and a new NOI must be submitted.

5.1.2. In the planning for any New Program, the Dean, in consultation with the Provost, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the New Program on existing Programs must also be examined, and consideration must be given to possible collaborations with other units.

5.1.3. In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation, including the Provost, the Registrar, ~~or~~ the Dean of Graduate and Postdoctoral Studies, and the University Librarian. Staff and faculty wishing to develop New Programs related to Indigenization and reconciliation, or that contain Indigenous content, must also consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

5.2. Proposal Briefs

Detailed proposals for all new Degree Programs must be prepared by the proponents and feedback provided by the Faculty Council(s). The proposal brief must clearly set out the rationale for the Program, including the ways in which the program advances the university's mission and mandate, and addresses the need and demand for graduates of the Program. The proposal must also detail how the Program fits within Strategic Mandate Agreement and Integrated Academic and Research Plan (or equivalent) ~~the strategic vision~~ of the University and the academic and strategic plans of the Faculty(ies), the requirements of the Program, along with details of the human, physical and financial resources required. A template for the proposal will be provided through CIQE via the website at www.ontariotechu.ca/ciqe. Proposal briefs for new Degree Programs must fully and clearly address the Evaluation Criteria as outlined in Section 2.1.2 of the Quality Assurance Framework (QAF), and answer all questions

provided on the template. In addition to the Evaluation Criteria, proposal briefs must minimally include:

a) The rationale for the Program, fit with the University's and Faculty's strategic direction, background on the Program's development, a Program abstract, unique curriculum or program innovations, creative components, or significant high impact practices, and evidence of student demand and societal need. It will also note any duplication with existing post-secondary programs at other institutions.

b) A fully developed section outlining the Program learning outcomes and alignment with the provincial degree level expectations and skills and competencies; any consideration of the principles of equity, diversity, inclusion, and decolonization; admission requirements; program structure; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes. The program and course learning outcomes must be developed and aligned to the provincial degree level expectations using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the proponents participate in learning outcome development sessions hosted by CIQE and TLC; alternatively, the program and course learning outcomes must be reviewed and approved by CIQE and TLC prior to the scheduling of the External Review. Should the curriculum contain any Indigenous content, evidence of consultation and approval in accordance with the current procedures for Indigenous consultation will be provided.

c) A list ~~will be provided~~ of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the Program; physical resource requirements, ~~with~~ noting how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements. ~~Faculty~~ Curricula Vitae (CV) ~~CVs~~ for all required faculty members will be provided for inclusion in the proposal package presented to external reviewers.

d) Summary statements of resources required to support the Program and a statement of current resource availability ~~will be included~~.

~~**d)**~~**e)** For Programs offered jointly by more than one Faculty, the protocol for review and approval of program and course changes after the launch of the Program. This established protocol may be revised by agreement of all parties.

Commented [KM5]: Adding what is done in practice for transparency.

5.3. External Review and Reports

5.3.1. Prior to external review, the Office of the Provost, through the Resource Committee, will review the draft proposal to ensure that all operational and financial issues and Evaluation Criteria (QAF Section 2.1.2) have been adequately considered and addressed.

5.3.2. External Reviewers

For new Degree Programs, the Dean, in consultation with the Faculty ~~curriculum~~ committee responsible for developing the Program, will recommend to the Provost, through CIQE, the names of at least 5 individuals who may serve as reviewers of the Program. Two reviewers will be engaged to review new Dd~~e~~egree P~~p~~rograms. ~~All~~ These reviewers must be external to the University, will normally be tenured (or equivalent) and will have suitable disciplinary expertise, qualifications and program management experience, including an appreciation of pedagogy and learning outcomes, and be at arm's length to the program under review. CIQE will provide guidance on meeting the arm's length requirement, which is defined in the Guidelines section of the Proposed External Reviewers Nomination Form and on the Quality Council's website. Recommendations for external reviewers must be accompanied by a rationale for the selection and a brief, comprehensive biographical statement ~~and/or *curriculum vitae*~~ for each candidate.

Commented [KM6]: If maintaining arms-length in the process, the Faculty will not normally have access to the CVs.

5.3.3. Site Visit

~~The Office of the Provost, through the~~ The Faculty, in consultation with CIQE, will organize a ~~two-day~~ site visit to provide an opportunity for the reviewers to assess the standards and quality of the proposed Program. ~~External review of a new doctoral program must incorporate an on-site visit.~~ External review of new ~~undergraduate~~ pPrograms~~, and certain new Master's programs (e.g. professional Master's programs, fully online)~~ will normally be conducted on-site, but, at the request of the Dean, the Provost (or delegate) may ~~propose~~ approve that the review be conducted by desk audit, virtual site visit, or an equivalent method if the external reviewers are satisfied that the off-site option is acceptable. The ~~Provost~~ Dean~~(or delegate)~~ will ~~also~~ provide a clear justification for the decision to ~~use these alternatives~~conduct the review without an on-site visit. ~~An on-site visit is required for all other proposed master's programs.~~ At the beginning of the site visit, or prior to the desk audit, the Provost or their designate will meet with the reviewer(s) to outline the process for review and the roles and responsibilities of the reviewers.

Commented [KM7]: Updated to align with Quality Council guidelines and requirements and to provide clarity on process where discretion is possible.

5.3.4. External Reviewers' Report

5.3.4.1. The reviewer(s) will submit to the Dean, through CIQE, using a template provided, a report that appraises the standards and quality of the proposed program and addresses the Evaluation Criteria and other requirements (QAF Section 2.1.2 and QAF Section 2.2.2). ~~-~~Reviewers will be invited to acknowledge any clearly innovative aspects of the proposed program together with recommendations on

any essential or otherwise desirable modifications to the program. ~~-~~Normally, the report will be prepared within 30 days of the site visit.

5.3.4.2. ~~-~~Upon submission of the reviewers' report, CIQE will review the report to ensure it meets the requirements stated in Article 5.3.4.1. If additional details or clarification are needed from the reviewers, CIQE will reach out to the reviewers to request this in a revised report.

5.3.5. Response to Report

5.3.5.1. Upon receipt of the reviewers' assessment, the Dean and the program proponents will consider the recommendations of the report.

5.3.5.2. The program proponents will respond and comment on the recommendations from the external reviewer(s)' report. This program response will also include a list of changes that can be made to the proposal based on the reviewer(s)' recommendations.

5.3.5.3. The Dean will respond and comment on the recommendations and the program's responses, considering overall Faculty and University plans.

5.3.5.4. The program proponents, working with the Dean, will amend the proposal and append to it a final list of changes made based on the recommendations and the program committee's and Dean's responses to the external report.

5.4. Internal Approval Process

5.4.1. The amended proposal brief, together with the reviewers' report and the Dean's and program committee's responses will be reviewed and approved by the Faculty Council(s). If there are additional resource implications resulting from the external review, the amended proposal brief will also be reviewed by the Resource Committee.

Commented [KM8]: When new resource expectations are added after the external review, the Committee will have another look at the proposal. This has been the practice, adding here for clarity.

5.4.2. The proposal brief, together with the reviewers' report and the Dean's and program committee's response will then be presented to the appropriate standing committee of Academic Council (GSC or USC) who will prepare a recommendation to Academic Council. The proposal brief will then be sent to Academic Council for review and approval. Proposals are then submitted to the University Board of Governors for final approval.

5.5. Submission of New Degree Programs to the Quality Council and the Ministry

5.5.1. Once ~~internal~~ Academic Council approval~~s~~ for a new Degree Program~~s have~~ has been obtained, the program proposal must be submitted to the Quality Council for review. The submission will include the final proposal document with the date of Academic Council approval, the external reviewers' report, and the internal responses, as well as a

brief commentary on the two external reviewers with regard to their qualifications (expertise in content and program delivery, connections to industry where appropriate, expertise in teaching and learning). CVs for the reviewers will be required for submission to the Quality Council.

5.5.2. Following a new Degree Program's submission to the Quality Council, and with approval of the Provost, the University may announce its intent to offer the Program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until approval is received and, where applicable, that approval by the Ministry is pending and students in the Program will not be eligible for OSAP until approval is received.

Commented [KM9]: Has always been required, adding for clarity.

5.5.3. Once submitted to the Quality Council, the proposal will be subject to the Initial Appraisal Process and may require further development or revision prior to approval.

5.5.4. After a Degree Program is approved to commence by the Quality Council, the Program will begin within thirty-six months of that date of approval, otherwise the approval will lapse. The Quality Council may require further reporting or review, which will be noted in the new program tracking summary provided to the Resource Committee and monitored by CIQE.

5.5.5. If a review is required for funding purposes, the proposed Degree Program will also be submitted to the Ministry.

6. New Type 2 and 3 Graduate Diploma and Undergraduate Diploma Programs

6.1. Notice of Intent and Consultation

Faculties that wish to propose new Graduate Type 2 and 3 or Undergraduate Diploma Programs will first contact the Centre for Institutional Quality Enhancement (CIQE) to conduct a project initiation meeting and for assistance with completing ~~complete~~ a Notice of Intent (NOI) form available through the ~~Centre for Institutional Quality Enhancement (~~CIQE~~)~~ website at www.ontariotechu.ca/ciqe. The Notice of Intent will facilitate the necessary consultation at the beginning of the planning stages, but will not replace ongoing communication and consultation throughout the process.

6.1.1. All ~~New Programs development~~NOIs must be approved by the Provost ~~through the NOI~~ to ensure that any resource requirements are appropriately addressed before work on the proposal proceeds.

6.1.2. In the planning for any New Program, the Dean, in consultation with the Provost, must also determine the human, instructional and physical resources needed to implement the program and ensure its ongoing operation. The financial impact of the New Program on existing Programs must also be examined, and consideration must be given to possible collaborations with other units.

6.1.3. In addition, there must be broad consultation with members of the academic community, including faculty, staff and students who may be affected by the initiative, and with those who are key to its implementation, including the Provost, the Registrar, ~~or~~ the Dean of Graduate and Postdoctoral Studies, and the University Librarian. Staff and faculty wishing to develop New Programs related to Indigenization and reconciliation, or that contain Indigenous content, must also consult in a Good Way, in accordance with the current procedures for Indigenous consultation.

6.2. Proposal Briefs

Detailed proposals for all new Diploma Programs must be prepared by the proponents and feedback provided by Faculty Council(s). The proposal brief must clearly set out the rationale for the Program, including the ways in which the program advances the university's mission and mandate, and addresses the need and demand for graduates of the Program. The proposal must also detail how the Program fits within the strategic vision of the University and the Faculty(ies), the requirements of the Program, along with details of the human, physical and financial resources required. A template for the proposal will be provided through CIQE via the website at www.ontariotechu.ca/ciqe. Proposal briefs for new ~~Degree~~ Diploma Programs must fully and clearly address the Evaluation Criteria as outlined in Section 2.1.2 of the Quality Assurance Framework (QAF), and answer all questions provided on the template. In addition to the Evaluation Criteria, proposal briefs must minimally include:

a) The rationale for the Program, fit with the University's and Faculty's strategic direction, background on the Program's development, a Program abstract, unique curriculum or program innovations, creative components, or significant high impact practices and evidence of student demand and societal need. It will also note any duplication with existing post-secondary programs at other institutions.

b) A fully developed section outlining the Program learning outcomes and alignment with the provincial degree level expectations and skills and competencies; consideration of the principles of equity, diversity, inclusion, and decolonization; admission requirements; program structure; and program content including course outlines, descriptions, modes of delivery and teaching methods, and assessment with a linkage between the course learning outcomes and the program learning outcomes. The program and course learning outcomes must be developed and aligned to the provincial degree level expectations using resources provided by CIQE and the Teaching and Learning Centre (TLC). It is strongly recommended that the proponents participate in learning outcome development sessions hosted by CIQE and TLC; alternatively, the program and course learning outcomes must be reviewed and approved by CIQE and TLC prior to the program proceeding through the Internal Approval Process. Should the curriculum contain any Indigenous content, evidence of consultation and approval in accordance with the current procedures for Indigenous consultation will be provided.

c) A list ~~will be provided~~ of required faculty members, including current core faculty and required new faculty; additional academic and non-academic human resources that may be required to launch and maintain the Program; physical resource requirements, ~~with~~ noting how current facilities will be used and what, if any, new resources may be required; and for graduate programs, any student support (funding) requirements. Faculty CVs will be provided for inclusion in the package presented to the Quality Council.

d) Summary statements of resources required to support the Program and a statement of current resource availability ~~will be included~~.

6.3. Internal Approval Process

6.3.1. The proposal brief will be reviewed and approved by the Faculty Council(s).

6.3.2. The proposal will then be presented to the appropriate standing committee of Academic Council (GSC or USC) who will prepare a recommendation to Academic Council. The proposal will then be sent to Academic Council for review and approval. Proposals are then submitted to the University Board of Governors for final approval.

6.4. Submission of New Diploma Programs to the Quality Council and the Ministry

6.4.1. Once ~~internal~~ Academic Council approval~~s~~ for a new Type 2 ~~and~~ or 3 Graduate Diploma Program~~s~~ has~~have~~ been obtained, the program proposal must be submitted to the Quality Council for review. The submission will include the final proposal document with the date of Academic Council approval, and the faculty CVs.

6.4.1.1. Type 2 and 3 Graduate Diploma Programs are subject to Expedited Review at the Quality Council. Only the applicable Evaluation Criteria will be applied to the proposal. Furthermore, the Council's appraisal and approval processes are reduced, as outlined in the Quality Assurance Framework Section 3.2 Protocol for Expedited Approvals.

6.4.1.2. Following a new Type 2 or 3 Graduate Diploma Program's submission to the Quality Council, and with approval of the Provost, the University may announce its intent to offer the Program, provided that clear indication is given that approval by the Quality Council is pending and that no offers of admission will be made until approval is received and, where applicable, that approval by the Ministry is pending and students in the Program will not be eligible for OSAP until approval is received.

6.4.1.3. Once submitted to the Quality Council, the proposal may require further development or revision prior to approval.

6.4.1.4. After a Type 2 or 3 Graduate Diploma Program is approved to commence by the Quality Council, the Program will begin within thirty-six months of that date of approval, otherwise the approval will lapse.

6.4.2. Undergraduate Diploma Programs are not subject to approval or audit by the Quality Council. The University may elect to submit ~~the~~ a new Undergraduate Diploma proposal to the Quality Council for review, in which case the Program will be subject to Expedited Review. Only the applicable Evaluation Criteria will be applied to the proposal. Furthermore, the Council's appraisal and approval processes are reduced, as outlined in the Quality Assurance Framework Section 3.2. The submission will include the final proposal document with the date of Academic Council approval, the faculty CVs, and a brief cover letter providing the context and rationale for submitting the Program for Expedited Review.

6.4.3. If a review is required for funding purposes, the proposed Diploma Program will also be submitted to the Ministry.

7. New Type 1 Graduate Diploma Programs

7.1. Type 1 Graduate Diplomas require approval as Major Program Modifications following the procedures outlined in the **Curriculum Changes Procedures** document.

8. New Micro-credential Programs

8.1. The introduction of the option to complete a portion of a proposed new Degree or Diploma Program to receive an embedded for-academic-credit Micro-credential will be included with a New Program Proposal and follow the process outlined in Section 5 or 6 as appropriate.

Commented [KM10]: Aligns with definition in M-C policy.

8.2. The creation of a new for-academic-credit Micro-credential or the introduction of the option to complete a portion of an existing Degree or Diploma Program to receive an embedded for-academic-credit Micro-credential is a Minor Program Adjustment and will follow the procedures outlined in the **Curriculum Changes Procedures** document.

8.3. Those wishing to develop new, not-for-academic-credit, stand-alone Micro-credential Programs must proceed in accordance with the Policy on Micro-Credentials and Continuous Learning Offerings, or equivalent.

8.4. Submission of New Micro-credentials to the Quality Council and the Ministry

8.4.1. Micro-credentials are not subject to approval or audit by the Quality Council. Embedded Micro-credentials will be submitted with the New Program to which they are associated, when applicable.

8.4.2. Approved Micro-credentials will be submitted to the Ministry for designation as eligible for Ontario Student Assistance Program funding, if applicable.

9. Development of Joint or Collaborative Programs

9.1. Joint Programs, and other Programs offered in collaboration with other post-secondary institutions, will ensure that the required quality assurance requirements of both institutions are met.

9.2. When the program will be held jointly with an institution that does not have an IQAP that has been ratified by the Quality Council, the Ontario Tech IQAP Policy and associated Procedures will apply with Ontario Tech as the leading institution.

9.3. In cases where the program is held jointly with an institution that does have an IQAP ratified by the Quality Council, the Office of the Provost, through CIQE, will collaborate with the partner institution to develop a process and associated templates that will address all requirements of each institution's IQAP. Specifically, the collaboration will address:

a) The selection of external reviewers

b) Templates to be used for a single proposal brief and required reports from the external reviewers, program team, and Dean(s)

c) The location(s) of the site-visit(s), timing for Program development, and approval pathway

d) The development of a joint committee to develop the Program

e) The process for monitoring and reviewing the Program after approval

f) The lead institution for the purposes of submission to the Quality Council and the Ministry

10. Subsequent Monitoring and Review of Academic Programs

Degree and Diploma Programs will be reviewed and refined on an ongoing basis in accordance with the **Institutional Quality Assurance Policy** and the **Cyclical Review and Auditing Procedures**. At the time of first intake into the Program, the program will begin the monitoring process outlined in Section 7 of the **Cyclical Review and Auditing Procedures**. Approved Programs will also be entered into the schedule of cyclical program reviews and the first review will take place no more than eight years after the start of the Program, and every eight years hence, in accordance with Section 8 of the **Cyclical Review and Auditing Procedures**.

Degree and Diploma Programs which have been approved but never launched, have been closed, or for which admission has been suspended, and stand-alone Micro-credentials are not subject to review as described in the Cyclical Review and Auditing Procedures.

QUALITY COUNCIL CYCLICAL AUDIT

11. In accordance with the Quality Assurance Framework Audit Protocol, new Undergraduate and Graduate Degree programs that have been approved in accordance with Section 5 of this document, within the period since the conduct of the previous Audit, are eligible for selection for the University's next Cyclical Audit. As such, all documents related to each step of these procedures must be retained in a designated electronic filing system for retrieval and presentation as required. An audit cannot reverse the approval of a program to commence.

12. In accordance with the Quality Assurance Framework Audit Protocol, new Undergraduate and Graduate Diploma programs, and Micro-credentials, that have been approved in accordance with Sections 6 and 8 of this document, are not normally subject to the University's Cyclical Audit.

MONITORING AND REVIEW

13. These Procedures will be reviewed as necessary and at least every three years. The Office of the Provost, through CIQE, coordinates the day to day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Academic Resource Committee Terms of Reference
Cyclical Review and Auditing Procedures
Program Nomenclature Directives
Protocols associated with consultation/development of Indigenous curriculum
Protocols associated with the development of Micro-credentials

Classification Number	ACD 1501.04
Parent Policy	Institutional Quality Assurance Process
Framework Category	Academic
Approving Authority	Academic Council
Policy Owner	Provost
Approval Date	June 2020
Review Date	June 2020
Supersedes	ACD 1501 (June 2010); LCG 1127 Section 1 (August 2005); Quality Assurance Handbook (June 2011) Program Closure Procedures (June 2020); Not-for-Academic Credit Digital Badges, Microcredentials, and Stackable Credentials Policy (July 2021)

PROGRAM CLOSURE PROCEDURES

PURPOSE

1. The purpose of these Procedures is to establish a consistent process for defining and documenting the closure of a Program as outlined in the Institutional Quality Assurance Process (IQAP).

DEFINITIONS

2. For the purposes of these ~~p~~Procedures the ~~following~~ definitions in the Policy apply~~:~~

Commented [KM1]: Policy is now the central place for all definitions, this avoids any potential contradiction and shortens the Procedures for ease of reading.

~~**Faculty Council:** established by Academic Council to approve new programs and courses, policies (including admissions), academic standards, curriculum and degree requirements, and long-range academic plans, at the Faculty level~~

~~**Graduate Studies Committee (GSC):** a standing committee of Academic Council responsible for reviewing graduate curriculum proposals and documents.~~

~~**Program**: A complete set and sequence of courses, combination of courses, and/or other units of study, research and practice; the successful completion of which qualifies the candidate for a formal credential (degree with or without major; diploma).~~

~~**Major Program Modifications:** those modifications that constitute a significant change to the design and delivery of an existing program.~~

~~**Ministry:** the Ontario Ministry governing the affairs of Colleges and Universities.~~

~~**Quality Council:** the Ontario Universities Council on Quality Assurance, established by the Council of Ontario Universities in July 2010, responsible for oversight of the Quality Assurance Framework processes for Ontario Universities. The Council operates at arm's length from both Ontario's publicly assisted universities and the Ontario government.~~

~~**Undergraduate Studies Committee (USC):** a standing committee of Academic Council responsible for reviewing undergraduate curriculum proposals and documents.~~

SCOPE AND AUTHORITY

3. These procedures apply to undergraduate and graduate Dd~~d~~egree and Dd~~d~~iploma Pp~~p~~rograms whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to Dd~~d~~egree or Dd~~d~~iploma Pp~~p~~rograms offered in partnership, collaboration or other such arrangement with other post-secondary institutions including colleges, universities, or other institutes.

4. These procedures do not apply to the closure of a Program Component~~specialization, minor,~~, Type 1 Graduate Diploma, ~~or Micro-credential,~~ which fall under the **Curriculum Change Procedures**, nor do they apply to Micro-credentials whether stand-alone or embedded within a Program.

Commented [KM2]: Using definition for clarity.

Commented [KM3]: Curriculum Change Procedures do not discuss removal of M-Cs, these are handled through M-C policy. Adding clarification here based on the separately approved policy.

5. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

PROCEDURES

The Centre for Institutional Quality Enhancement (CIQE) will provide access to an electronic workflow tracking system and electronic repository of required proposals. Individuals may use the templates provided at www.ontariotechu.ca/ciqe as a guide to assist in the planning of the changes prior to implementing proposals in the electronic system.

6. Program Closure

6.1. When, in accordance with the Institutional Quality Assurance Policy, it has been determined that a Program should be closed, the Dean or Provost will consult with and receive feedback from the applicable Faculty Council(s).

Commented [KM4]: Per the IQAP Policy, the Provost may also initiate the decision.

6.2. Once the Dean or Provost has received feedback ~~from Faculty Council~~, a Major Program Modification – Program Closure electronic proposal is required to be completed in its entirety by the Dean or designate ~~within the Faculty~~.

6.3. The Major Program Modification – Program Closure will include evidence that appropriate consultation has taken place, and electronic proposals must minimally include the following:

a) A brief summary of rationale for the program removal.

b) A brief description of the program being removed and the current Calendar copy.

c) A brief background on the existing program and detailed rationale for its removal; the proposed implementation date and detailed internal transition plan including impact on faculty members, other academic and non-academic human resources, or external agencies; and planned administrative steps and communication.

d) Detailed transition plan for current and potential students; planned communication; maximum number of semesters for current students to complete the program; alternative programs and process for student transfer.

e) A complete list of any courses being closed and the transition plan for each; a list of courses which will undergo required changes but are not being removed, a transition plan for each, and attached Course Change proposals.

f) An outline of areas consulted, including an account of the process of consultation related to Indigenous content, where appropriate.

~~**6.3.1.** To be removed from the academic calendars for the subsequent academic year, the Major Program Modification – Program Closure must be received by the Centre for Institutional Quality Enhancement (CIQE) no later than the end of November.~~

Commented [KM5]: There is no deadline for this, 6.3.1 was included in error.

6.4. Completed proposals must be presented to the Faculty Council(s) for information and then submitted to CIQE. CIQE will prepare a detailed report of the impacts of the Program closure for presentation to the appropriate standing committee of Academic Council (USC or GSC) for discussion as part of the consultation process.

6.5. CIQE will record any concerns raised by the standing committee and prepare a report of impacts and concerns for the Provost. The Provost will also receive a copy of the Major Program Modification – Program Closure proposal.

6.6. The Provost will then submit their recommendation for Program closure, detailing the process and transition recommendations~~, to the Executive Committee of Academic Council, and subsequently~~ to the Academic Council for final review and approval.

6.7. When the Program closure has been approved by the Academic Council, the President will then inform the Board of Governors of the decision and the reasons for it. Major Program Modifications – Program Closure are reported annually to the Quality Council and the Ministry.

7. If Academic Council Does not Approve the Program Closure

7.1. When, in accordance with the Institutional Quality Assurance Policy, Academic Council does not approve the program closure, Academic Council will strike a three-person Committee of its members to be chaired by the President or designate.

7.2. The Committee will seek the views of the Faculty Council(s), the Dean of the Faculty or School, the Dean(s) of any related Faculty or School, the Dean of the School of Graduate and Postdoctoral Studies, if applicable, the Provost, the Registrar, and at least one ~~external~~ assessor internal to the University but external to the Faculty(ies). The Committee will also invite all faculty members who teach in the program to comment if they wish to do so.

Commented [KM6]: Added for clarity, old language potentially implied someone external to the University.

7.3. The Committee will, within 60 days, issue a report to the Board of Governors that presents the results of the investigation~~s~~ and makes one or more recommendations.

7.3.1 The Committee will discuss its conclusions with the Provost and the appropriate Dean(s) before forwarding its report to the Board of Governors.

7.4. The Board will review the Committee's report and reach a decision. The decision of the Board on the closure of the program is final.

8. Procedures for the Phase-Out of Closed Programs

8.1. In consultation with the Dean of the Faculty in which the program resides, the Registrar, or designate, will prepare an official list of all students currently enrolled in the program.

8.2. The Dean will prepare correspondence to notify all enrolled students of the closure and provide information on the following:

a) The date by which the program must be completed in order to receive the specified degree from the University;

b) A brief description of the program being removed and the current Calendar copy. The last semester and year in which each course required for the program will be offered;

c) The availability of closely related programs offered by the University to which the student may transfer;

d) The extent to which transfer ~~work~~credits, substitutions, etc., may be considered in meeting the requirements of the program.

8.3. Once the decision to close the program has been made, the program will no longer accept applicants and it will be removed from the website and academic calendar.

MONITORING AND REVIEW

9. This procedure will be reviewed as necessary and at least every three years. The Provost's Office, through the Center for Institutional Quality Enhancement, coordinates the ~~day to day~~day-to-day management of the quality assurance process, and works in collaboration with Deans and units to implement the procedures for developing and accessing academic programs. The Provost, or successor thereof, is responsible to monitor and review this Policy.

RELATED POLICIES, PROCEDURES & DOCUMENTS

Ontario Universities Council on Quality Assurance - Quality Assurance Framework
Institutional Quality Assurance Policy
Program Nomenclature Directives
Faculty and Staff Collective Agreements
Protocols associated with consultation/development of Indigenous curriculum

ACADEMIC COUNCIL REPORT

SESSION:

Public ☒

ACTION REQUESTED:

Decision ☐
Discussion/Direction ☐
Information ☒

TO: **Academic Council**

DATE: **June 23, 2026**

FROM: **Andra Drinkwalter, Director, Student Financial Assistance and Enrolment Services**

SUBJECT: **Update on Scholarships and Major Award recipients**

BACKGROUND/CONTEXT & RATIONALE:
The Committee finalized the selection of recipients for the major scholarship awards for 2026-27, and the following is the status of their application and scholarship:

Chancellor's Scholarship:

Emily Rice, Scotland, ON (Waterford District High School)
Conditional Offer Accepted to Health Sciences in Kinesiology
Scholarship Accepted

President's Scholarship:

Clara Capkun, Oshawa, ON (Trafalgar Castle School)
Conditional Offer Accepted to Nuclear Engineering & Co-op
Scholarship Accepted

Joshua Kuchmak, Oshawa, ON (Eastdale Collegiate & Vocation)
Conditional Offer Accepted to Electrical Engineering & Co-op
Scholarship Accepted

Founder's Scholarship:

Zoha Naqvi, Oshawa, ON (Sinclair Secondary School)
Conditional Offer Accepted to Health Sciences in Human Health
Scholarship Accepted

Arunraj Gnanaseelan, Oshawa (Maxwell Heights Secondary School)
Conditional Offer Accepted to Biological Science & Co-op
Scholarship Accepted

FIRST Robotics Scholarship:	**Kirill Kulaev, Ajax, ON (J. Clarke Richardson Collegiate)** Conditional Offer Accepted to Electrical Engineering & Co-op *Scholarship Accepted*
Global Leadership Scholarship:	**Rittan Preet K Chahal, Arusha, Tanzania (Arusha Meru International School)** Conditional Offer Accepted to Computer Science, Co-op *Scholarship acceptance pending*

Major Scholarships
The Committee reviewed 92 complete domestic applications for the major scholarship awards that exceeded the grade qualification of 85% minimum based on completed and mid-term U/M level or equivalent courses. Each applicant was first read independently by three committee members and scored based on the evaluation rubric. The top 25 scoring applications were then read by six evaluators, resulting in a ranking of these individuals and offers being made. Alternate offers of the scholarships were made to the next eligible candidates if the scholarship offers were declined.

Global Leadership Award (GLA)
A different Committee reviewed 48 complete international applications for the Global Leadership Scholarship that exceeded the grade qualification of 90% minimum based on completed and mid-term U/M level or equivalent courses. Each qualified applicant was read independently by three committee members, scored based on an evaluation rubric and resulted in a ranking of these individuals and offers being made. The Global Leadership Award was offered to the next eligible candidates if the scholarship offer(s) were declined.

International Merit Award (IMA)
The International Merit Award (IMA) for international students is valued at $20,000 CDN over four years ($5,000 CDN x four years). These are automatically awarded to the top international applicants with the highest-grade point average entering an undergraduate program at Ontario Tech.

International Emergency Bursary (IEB)
The International Emergency Bursary (IEB) was created in 2021-22 in response to the war in Ukraine and is intended to support students transferring to Ontario Tech due to war or environmental catastrophe. To date, for 2025-26, no new incoming students will receive the bursary valued at $20,000 per year for up to four years.

ACADEMIC COUNCIL REPORT

SESSION:		**ACTION REQUESTED:**	
Public	☒	**Decision**	☐
Non-Public	☐	**Discussion/Direction**	☐
		Information	☒

TO: **Academic Council**

DATE: **June 23, 2026**

FROM: **Graduate Studies Committee**

PRESENTED BY: **Pejman Mirza-Babaei, GSC Chair & SGPS Dean**

SUBJECT: **New Graduate Scholarships, Awards, and Fellowships**

COMMITTEE MANDATE:

In accordance with the Graduate Studies Committee (GSC) terms of reference, GSC has the responsibility to "Review and approve terms of reference for all graduate scholarships, bursaries and other academic awards and prizes and to report its decisions on these matters to Academic Council." The following item is thus brought to Academic Council for information.

BACKGROUND/CONTEXT & RATIONALE:

This memo and its accompanying summary document outline the introduction of several new graduate scholarships, awards, and fellowships:

- Provost's Graduate Entrance Scholarship
- International Scholar-at-Risk Graduate Scholarship
- Public Scholar Graduate Fellowship
- Graduate Career Enhancement Award
- Graduate In-Program Scholarship
- Graduate Professional Development Award
- Dean's Scholarship

These are intended to help enhance graduate student support, improve flexibility, and better align internal funding opportunities with the University's graduate education priorities and evolving funding model.

As part of the transition to implement these new graduate scholarships, awards, and fellowships, a number of existing funding opportunities, namely the master's and doctoral-level Dean's Graduate Scholarship master's level (DGSM and DGSD), Graduate International Tuition Scholarship (GITS), and the Conference Travel Award, will continue during a transition period to support current student cohorts under the existing funding framework and will gradually be phased

out as those students complete their studies. The newly introduced awards and scholarships are intended to replace and modernize parts of the current funding structure moving forward.

CONSULTATION AND APPROVAL:

- ✓ Discussion with Faculty Deans & Senior Leadership regarding new funding model: Fall 2025
- ✓ Colleagues' Exchange regarding new funding model: December 2025
- ✓ Discussion with SAFA & RO regarding revised Graduate Student Funding Terms and Conditions: April 2026
- ✓ Graduate Studies Committee (approval): May 26, 2026
- ➢ Academic Council (information): June 23, 2026

NEXT STEPS:

Any necessary administrative updates will be undertaken in readiness for implementation in the 2026-2027 academic year.

SUPPORTING REFERENCE MATERIALS:

- New Scholarships, Awards, and Fellowships

NEW SCHOLARSHIPS, AWARDS, AND FELLOWSHIPS

Provost's Graduate Entrance Scholarship

The Provost's Graduate Entrance Scholarship is awarded by SGPS to outstanding students at the time of admission. Students are selected based on academic excellence, research potential, reference letters, and demonstrated success in securing external funding and scholarships. No separate application is required for this scholarship.

The scholarship is valued at $10,000 and is awarded for one year. Normally, to be considered for this award, students must apply for admission to the university in advance of the posted scholarship consideration deadline.

International Scholar-at-Risk Graduate Scholarship

The International Scholar-at-Risk Graduate Scholarship is awarded by SGPS to international applicants to full-time thesis-based graduate programs who are already enrolled in graduate studies at an institution outside Canada. This scholarship is reserved for students affected by hardships which jeopardize their safety or ability to complete their studies, including displacement, war, political oppression, and the climate crisis. Recipients are selected based on academic excellence, research potential, hardship, and financial need. Students must apply to be considered for this award, normally before admission to the university.

Awards are normally determined at the time of admission. The value of this scholarship is determined based on applicants' individual circumstances. This scholarship is normally awarded for the remainder of the student's standard program length as determined from the start date of their studies outside Canada, normally up to a total of two years for master's students and four years for doctoral students.

Public Scholar Graduate Fellowship

The Public Scholar Graduate Fellowship is awarded by SGPS to students based on community contributions and a commitment to university engagement. Students must apply to be considered for this award.

This award supports students wishing to pursue public and community engagement at the university. Fellows will be mentored in public engagement and will represent SGPS and the university at internal events including Open Houses and external events such as the Ontario University Fair. Fellows will also participate in communications such as social media, articles, and podcasts regarding graduate education and research excellence. The engagement commitments required in a given term will be shared with the recipient prior to accepting the award. Funding may be suspended, forfeited, or require repayment in the event of unfulfilled requirements or inappropriate conduct.

The value of this award is $2,500 for one term. Previous recipients remain eligible to apply for the award in future terms throughout their standard program length, normally up to two years for master's students and four years for doctoral students. The award is normally determined in June for the Fall term, October for the Winter term, and February for the Spring/Summer term.

Graduate Career Enhancement Award

The Graduate Career Enhancement Award is awarded by SGPS to students in their final year based on a student's career goals and proven professional opportunities. Such opportunities may include securing an internship or industry research collaboration, having publications in progress, or planning to start a business. Students must apply to be considered for this award.

This award is conferred for between one and three terms during a student's final year of study. Its value is determined based on the amount needed to replace the TAship component of a student's funding package for the duration of the award. Recipients are required to waive their guaranteed TAship during this period.

Graduate In-Program Scholarship

The Graduate In-Program Scholarship is awarded by a student's home Faculty to help meet the university's minimum funding commitment when other sources of funding are insufficient. Normally, to be eligible, students are expected to have applied for applicable external funding opportunities, such as federal or provincial graduate scholarships (e.g., tri-agency CGRS Master's/Doctoral, OGS, or equivalent programs). No separate application is required for this scholarship.

Awards are normally determined annually in June for Fall intake students, October for Winter intake students, and February for Spring/Summer intake students. The value of this scholarship is determined based on the level of additional support required to meet the minimum funding commitment and may be reduced or adjusted if alternate sources of funding become available during the award period. The minimum award value is $500 per term and may be increased in increments of $500. The scholarship is awarded for one year at a time and may be renewed throughout the standard length of the program, normally up to two years for master's students and four years for doctoral students.

The distribution of individual scholarships from the total scholarship budget allocated to the Faculty is at the discretion of the Faculty Dean. The Graduate In-Program Scholarship may be used to support domestic or international students.

Graduate Professional Development Award

The Graduate Professional Development Award is awarded by SGPS to support students' professional opportunities including but not limited to conference admission and travel, open-access publication fees, patent filing, or business start-up costs. Recipients are selected based on proving the availability of a valuable professional opportunity. Students must apply to be considered for this award.

The value of the award is determined by the amount required to cover or partially cover the cost of a professional opportunity, normally to a maximum of $500. Awards are determined on a rolling basis throughout the year.

The Professional Development Award is considered separate from a student's funding package.

Dean's Scholarship

The Dean's Scholarship is awarded by a student's home Faculty based on academic excellence and research potential. To be eligible, students must have applied for applicable external funding opportunities, such as federal or provincial graduate scholarships (e.g., tri-agency CGRS Master's/Doctoral, OGS, or equivalent programs). No separate application is required for this scholarship.

Awards are normally determined annually in June for Fall intake students, October for Winter intake students, and February for Spring/Summer intake students. The minimum award value is $500 per term and may be increased in increments of $500, normally up to a maximum of $5,000 per term or $15,000 per academic year. The scholarship is awarded for one year at a time and may be renewed throughout the standard length of the program, normally up to two years for master's students and four years for doctoral students.

The distribution of individual scholarships from the total scholarship budget allocated to the Faculty is at the discretion of the Faculty Dean. The Dean's Scholarship may be used to support domestic or international students.