

**ACADEMIC COUNCIL MEETING**  
**Graduate Studies Committee**

**AGENDA**

**Date: May 26, 2026**

**Time: 9:00 a.m. - 10:30 a.m.**

[Zoom Videoconference Link](#) (registration required)

[GSC Meeting Schedule and Materials 2025-2026](#)

No.		Topic	Lead	Suggested Start Time
<b>PUBLIC SESSION</b>				
1.		<b>Call to Order and Land Acknowledgement</b>	Chair	9:00 a.m.
2.		<b>Agenda (M)</b>		
3.		<b>Chair's Remarks</b>		
4.		<b>Academic Policy Instruments</b>		
	4.1	Institutional Quality Assurance Process (IQAP) Policy and Procedures* (M)	K. McCartney	9:05 a.m.
	4.2	Registration and Course Selection Policy Amendments* (M)	A. Wingate	
5.		<b>Cyclical Program Review (Approval)</b>		
	5.1	18-Month Follow-up Report: Master of Information Technology Security* (M)	K. McCartney	9:25 a.m.
6.		<b>Major Program Modifications (Recommendation)</b>		
	6.1	Faculty of Engineering and Applied Science: Master of Engineering Management* (M)	D. Jawad	9:35 a.m.
	6.2	Faculty of Health Sciences: Master of Health Sciences* (M)	N. Wattie	
	6.3	Faculty of Health Sciences: Master of Science in Nursing* (M)	J. Abbass Dick	

<b>7.</b>		<b>Minor Program Adjustment (Approval)</b>		
	7.1	Faculty of Health Sciences: PhD in Health Sciences* (M)	N. Wattie	10:05 a.m.
<b>8.</b>		<b>New Graduate Scholarships, Awards, and Fellowships * (M)</b>	P. Mirza-Babaei	10:15 a.m.
<b>9.</b>		<b>Consent Agenda: (M)</b>		
	9.1	Public Minutes of the April 28, 2026 Meeting* (M)		
	9.2	Removal of Minimum Program Tuition Fee* (I)		
	9.3	Memoranda: (I) <a href="#">Gdip - Railway Engineering - Course Proposals</a>		
	9.4	Minor Curricular Changes: (I) Course Change: <a href="#">ENGR 5427G</a>		
	9.5	Associate Graduate Faculty (I) <ul style="list-style-type: none"> <li>• Education, Adam Cole, Faculty of Health Sciences</li> <li>• Health Sciences, Elizabeth Peter, Faculty of Health Sciences</li> <li>• Materials Science, Sanela Martic, Faculty of Science</li> <li>• Nursing, Crystal Garvey, Faculty of Health Sciences</li> <li>• Nursing, Michele McIntosh, Faculty of Health Sciences</li> <li>• Nursing, Leslie Malloy-Weir, Faculty of Health Sciences</li> <li>• Nursing, Rachel Elliott, Faculty of Health Sciences</li> </ul> Graduate Faculty (I) <ul style="list-style-type: none"> <li>• Education, Sharon Lauricella, Faculty of Social Science and Humanities</li> </ul>	Chair	10:25 a.m.
<b>10.</b>		<b>Termination</b>	Chair	10:30 a.m.

Sandra Grouette, Assistant University Secretary

## ACADEMIC COUNCIL COMMITTEE REPORT

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**SESSION:**

Public

**ACTION REQUESTED:**

Decision



Discussion/Direction



Information

**DATE:** 26 May 2026**FROM:** Centre for Institutional Quality Enhancement**SUBJECT:** Institutional Quality Assurance Process (IQAP) Policy and Procedures

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**MOTION FOR CONSIDERATION:**

That the Graduate Studies Committee hereby approves the updated IQAP Curriculum Change Procedures, Cyclical Review and Auditing Procedures, and New Program 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". Hence updates to the IQAP Curriculum Change Procedures, Cyclical Review and Auditing Procedures, and New Program Procedures are presented for approval to both Committees.
- In accordance with the Policy Framework, editorial amendments to the ACD category of policy instruments are approved by the policy owner. Editorial changes to the Institutional Quality Assurance Process Policy (the IQAP Policy) and associated Program Closure Procedures are therefore presented to USC and GSC for information.

**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 the 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 and reflect this alignment. Following an online consultation period of two weeks, the two policy documents that have only editorial changes were approved by the Provost in accordance with the University's Policy Framework and presented to USC and GSC for information.

The three documents, referenced above, which have changes that are non-editorial in nature were presented to both USC and GSC in April. During those meetings, and at USC in May, there were lengthy discussions and feedback was provided. Both Committees were also provided an opportunity to submit written questions/comments to CIQE. Final, revised versions of these documents are now presented for approval.

### **Summary of Feedback and Responses from the Consultation Period**

A number of comments and questions were received during the period of in-person and written consultation. A summary of the feedback, responses, and any changes made to the documents, as appropriate, is included in the attachments.

### **SUMMARY OF CHANGES:**

A high-level summary of the changes is provided in the attachments.

### **Changes to other Policy Instruments**

There are no associated changes to other policy instruments.

### **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 – April 2026 (consultation), May 2026 (approval)
- Academic Council (for information) – June 2026
- Quality Council (for information) – June 2026

### **NEXT STEPS:**

All approved changes will be reported to Academic Council for information and submitted to the Quality Council. The associated handbooks and templates will be updated as needed.

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### **SUPPORTING REFERENCE MATERIALS:**

- **Summary of Feedback and Responses from the Consultation Period**
- **Summary of Changes**
- **For Approval - Draft Revised Procedures:**
  - Clean Copies
    - ACD 1501.01 Curriculum Change Procedures Revised
    - ACD 1501.02 Cyclical Review and Auditing Procedures Revised
    - ACD 1501.03 New Program Procedures
  - Tracked Changes
    - ACD 1501.01 Curriculum Change Procedures Revised
    - ACD 1501.02 Cyclical Review and Auditing Procedures Revised

- ACD 1501.03 New Program Procedures
- **For Information - Revised Policy & Procedures:**
  - Clean Copies
    - ACD 1501 Institutional Quality Assurance Process Policy
    - ACD 1501.04 Program Closure Procedures
  - Tracked Changes
    - ACD 1501 Institutional Quality Assurance Process Policy
    - ACD 1501.04 Program Closure Procedures

## **Summary of Feedback and Responses from the Consultation Period**

Provided below is a summary of the feedback, responses, and any changes made to the documents, as appropriate, following the consultation period.

- Is this the right time to update the IQAP, given that the Quality Council is currently conducting an audit?
  - Yes. While the Council is currently undergoing an audit, and there is an expectation that this will lead to additional changes to the QAF for implementation as early as 2027, it is important to note that past audits and associated revisions to the QAF have not met their anticipated timelines.
  - Furthermore, at launch, the new QAF will have a long transition period to account for any unanticipated challenges and adjustments, and to allow universities to update their IQAPs.
  - Our current IQAP is due for review now, and there have been several updates to the QAF since the latest version launched in 2021. We have reached a critical mass for these changes, and the updates will have a positive impact on Faculty teams, staff, and students.
  - Our process of maintaining consistency with the QAF as minor changes occur continues to keep us current and the proposed changes align with their trends, which will likely mean fewer and less impactful changes when the new QAF is launched, ultimately creating a more efficient process.
  
- How were changes to the Policy determined to be editorial? Which items are editorial in the three Procedures being approved?
  - The Policy Office oversees the process of amending policy instruments. Proposed amendments are reviewed to determine if they are editorial in nature or if they change the purpose, scope, or substantive content of the policy instrument. Amendments that clarify language without changing the intent are considered editorial. The changes to the Policy removed processes duplicated in Procedures (those processes remained in the Procedures) and provide clarification while maintaining existing practices.
  - Any Procedure with one or more changes determined not to be editorial requires the entire Procedure to be presented to the approval authority for approval. All proposed changes are available for review in the three Procedures presented and subject to the approval of USC. This includes any changes which could be individually classified as editorial.
  
- Are the Procedures that contain both editorial and non-editorial changes (Curriculum Change, Cyclical Review, New Program) being submitted through the correct approval path?
  - Yes. The Board of Governors delegated the authority to approve Academic Procedures to USC and GSC. The Terms of Reference for the committees approved by the Board of Governors include a mandate to establish Procedures. This was done in consultation with Academic Council (AC) and following a plan recommended by AC.
  - Where a policy instrument impacts both graduate and undergraduate study/students, it must be approved by both USC and GSC.
  
- What is the Scope of the IQAP? Do these changes impact the role of Faculty Council or govern proceedings at the Faculty level?
  - The IQAP begins from the point of approval at the Faculty Council, and above. Items that ‘impact up’ may be referenced in the IQAP to ensure they make their way appropriately to the various levels of governance after the Faculty Council fulfils its role. There are Terms of Reference (ToR), mandates, and processes for Faculty Council and the associated curriculum and other committees that outline their roles and responsibilities. It is important that the IQAP does not conflict with these ToR, mandates, and processes and it is best practice to avoid redundancy.
  
- In the Policy, the FAR seems to have a new definition, being a “summary of the review”, does this contradict the QAF?
  - No, as the FAR is discussed more specifically in the Cyclical Review and Auditing Procedures. However, as the addition of this statement is unclear and unnecessary, it has been removed.

- Questions related to the Curriculum Change Procedures
  - Q: What does the term “for-academic-credit” mean? Why is this different from “for-credit” as originally listed? Does adding “academic” conflict with the QAF?
  - A: The use of the term “for-academic-credit” in place of “for-credit” is included as this new term became defined when the Micro-credentials and Continuous Learning Policy was approved by Academic Council and the simple ‘for-credit’ became confusing in our context. It is important to note that for-academic-credit applies to any courses that lead to the completion of degree and diploma programs and the use of this revised term does not change the type of courses that can be used for these programs; pass/fail and zero credit hour courses used for degree and diploma programs are still ‘for-academic-credit’ and the option to include not-for-academic-credit courses (i.e. continuous learning courses) in program requirements would require approval under the IQAP. As it is best practice not to duplicate definitions across policy documents to ensure one instance does not contradict another, a clarifying statement regarding the use of “for-academic-credit” and a footnote with a hyperlink to the Micro-credentials and Continuous Learning Policy has been added to Section 3 of the Curriculum Change Procedures.
  - A: Inclusion of “for-academic-credit” does not contradict the QAF, the alignment in this terminology isn't specific and the QAF does not expressly account for continuous learning, which we need to do in our context. The QAF does allow for university-specific context.

Section 5:

- Q: Why are the items in Section 5.4 no longer considered curricular items and under the purview of the Faculty Council?
  - A: The wording of the original draft implied that items in Section 5.1 are Minor Curricular Changes under the purview of the FC while items in the original 5.4 are not. The items in 5.1 are distinct and long-term, while items removed from the list are revised year by year and sometimes term by term with a requirement to be nimble with changes. Their removal does not remove them from curriculum, nor does it remove the responsibility of the Faculty Council. As this intent was unclear, the draft has been revised and Sections re-numbered to clarify that all items in Section 5 are Minor Curricular Changes and under the purview of the Faculty.
- Q: Does removing the requirement to report items in new Section 5.3 to USC/GSC by a deadline impact the Academic Calendar or the timelines for course development and preparation?
- A: No. These items will still be entered into the course record and are not front facing in the Calendars. Updates will be posted in the Curriculog system, updated in the back end of the Calendar (the course record), and reported to the Office of the Registrar. This allows faculty and programs to update the courses when it is pedagogically necessary to do so, without the limitations of having to wait for USC/GSC view before implementation, but still under Faculty Council purview.
- Q: Why have references to the curriculum committees of the Faculty Councils been removed? Is it appropriate to remove the reference to curriculum committees?
  - A: As noted, the IQAP begins after items leave the Faculty. Removing the reference to committees or other bodies below the Faculty Council removes duplication and possible conflict with the ToR and mandates of Faculty Councils and their committees. This is important to ensure Faculty autonomy to determine how decisions are made within their own context, particularly as all Faculties have a different internal structure and many have requirements specific to accreditation. Removal of reference to curriculum committees ensures Faculty autonomy is maintained, that the IQAP does not contradict any changes to ToRs or mandates at the Faculty level, and respects the nuanced structure of each individual Faculty.
- Q: Why has the term “of an individual course” been removed in reference to teaching and assessment methods? Does it imply that many courses can be changed without creating a program change?

A: Teaching and assessment methods, along with a number of other items, were moved under the bullet “Changes to for-academic-credit courses, including” therefore making further reference to “an individual course” redundant. Multiple course changes impacting a program change are shown as links in the covering memo for USC/GSC. Significant changes to many courses are appropriately captured in the existing Quality Council approved language.

#### Section 7:

- Q: How are changes to the overall mode of delivery of courses in a program, and changes to the mode of delivery of the program itself, now documented and approved?

A: Significant change to the program’s delivery is now one separate bullet covering all physical and resource changes related to program delivery, including mode of delivery. This section has been revised to align more closely with the QAF and capture items that were originally scattered throughout the Section and/or that were previously vague. The first draft included an ‘intent of permanent change’ in relation to mode of delivery, however, this was determined to be unclear and unhelpful and has been updated. When the courses begin being scheduled and taught in an altered manner across the program, including slowly over time, this is a significant change, and the revised language more effectively captures this intent.

- Q: Why does Section 7.1, bullet 3 in the Quality Council definitions refer to “essential physical resources”?

A: The bullets in this section refer directly to the definition of Major Modification in the QAF and the term is duplicated as written.

- Questions related to the Cyclical Review and Auditing Procedures

- Q: The term ‘sensitive’ has been added in relation to the creation of Final Assessment Reports, but it is unclear how this is determined, the term is not defined.

A: This term was added after some recent discussions indicated sensitivity might need to be considered when items are publicly distributed. Based on the feedback it has been deemed unnecessary and has been removed.

- Q: It appears that paraphrasing and combining recommendations and/or responses in the Final Assessment Reports would put burden on staffing resources having to check with the relevant parties that the original intent has not been altered. Should this requirement be added?

A: This has always been the practice and effective processes are in place to do this. The statement was added to codify the existing practice.

- Q: The added statement about the role of the committee is confusing, can you provide more information about this?

A: This is a shortened version of the statements that are provided at each meeting where a Final Assessment Report is presented. While it was meant to eliminate the need for this, the statement does not provide the necessary clarity, is not helpful in the IQAP, and has therefore been removed.

- Q: Should the Faculty Council be presented with the FAR and Follow Up reports after they are produced and approved?

A: The Faculty Council reviews the Program and Dean responses, the Implementation Plan, the self-study and all documents used to produce the FAR and the FAR is posted publicly multiple times throughout the governance process and at the end of the review. The Follow-up reports are related to the actions taken by the program and Dean are posted publicly multiple times throughout the governance process and at the end of the review. The program and Dean receive the final reports as required by the QAF. Further presentation is not mandated by the IQAP and is within the purview of the Faculty.

- Q: What is being referenced in the statement “summary of the progress reports” and how are these related to the Follow-up reports?  
A: This is a legacy mix of terminology and has been corrected. The referenced “progress reports” are the Follow-up reports. “Follow-up report” has now been used consistently.

## Summary of Changes

### Editorial Changes (for information)

- ❖ *IQAP Policy*
- ❖ *Program Closure Procedures*
  
- *Inclusion/revision of definitions pulled from the revised QAF, the Program Nomenclature Directives, or other Ontario Tech policy instruments, that provide clarity and consistency within the University and with other universities across the province; inclusion of terms used for clarity; removal of duplication of definitions across multiple documents*
- *Changes to ensure consistency across all documents, where appropriate, to eliminate redundancy, or to clarify items that were unclear once they were put into practice*
- *Formatting and proofreading edits*
- *Updated web links for the Quality Council/QAF elements*

### Editorial and Non-Editorial Changes (for approval)

- ❖ *Curriculum Change Procedures*
- ❖ *Cyclical Review and Auditing Procedures*
- ❖ *New Program Procedures*
  
- *Inclusion/revision of definitions pulled from the revised QAF, the Program Nomenclature Directives, or other Ontario Tech policy instruments, that provide clarity and consistency within the University and with other universities across the province; inclusion of terms used for clarity; removal of duplication of definitions across multiple documents*
- *Changes to ensure consistency across all documents, where appropriate, to eliminate redundancy, or to clarify items that were unclear once they were put into practice*
- *Formatting and proofreading edits*
- *Updated web links for the Quality Council/QAF elements*
- *Changes to reflect updates to the QAF to ensure established practices has been codified, or to correct errors and omissions in the last version of the documents*

Changes have been tracked and comments included throughout the documents as needed to describe the nature of the change.



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<sup>1</sup> 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

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<sup>1</sup> 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](http://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 Policies, 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](http://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](http://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](http://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](http://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 Chief 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](http://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](http://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 Chief 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](http://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



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Parent Policy	Institutional Quality Assurance Process
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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 ~~following definitions in the Policy~~ apply.:

~~**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~~

**Commented [KM1]:** Policy is now the central place for all definitions, this avoids any potential contradiction and shortens the Procedures for ease of reading.

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<sup>1</sup> 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](http://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**

<sup>1</sup> 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~~
      -
  - ~~The addition or deletion of a in~~ lecture, lab, tutorial or other course components
    - ~~Changes to prerequisites, co-requisites, cross-listed courses, credit restrictions and/or credit exclusions~~
    - ~~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
    - ~~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:

- ~~• 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 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 ~~Changes 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.

**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.

**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.

- 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).

Commented [KM6]: Adding items in Section 8 for clarity only.

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 Policies, Procedures and processes. New ~~programs-Programs~~ are monitored at the time of first intake and at least one year after the launch of the ~~programProgram~~. 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~~iploma ~~P~~programs and the associated governance processes, whether the ~~P~~programs are offered in full, in part, or conjointly by any institutions federated or affiliated with the university. It also applies to ~~D~~egree and ~~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 ~~P~~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 ~~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](http://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](http://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 ~~the 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 ~~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 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.

**Commented [KM4]:** Clarifying process and showing alignment with QC in Section 8.5, no changes to existing requirements.

## 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 [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 SA 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).~~

~~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:

**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.

- 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 2012); 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 Procedures the following definitions in the Policy apply:

~~**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~~

**Commented [KM1]:** Policy is now the central place for all definitions, this avoids any potential contradiction and shortens the Procedures for ease of reading.

**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. -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.

**Commented [KM2]:** Removing redundant language; M-Cs are defined in the relevant policy instruments.

### 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.

**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.

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](http://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 complete a Notice of Intent (NOI) form available through the Centre for Institutional Quality Enhancement (CIQE) website at [www.ontariotechu.ca/ciqe](http://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 developmentsNOIs 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 Chief 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](http://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~~.
- 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 ~~D~~egree ~~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.
- 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.

**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.

#### **5.5. Submission of New Degree Programs to the Quality Council and the Ministry**

- 5.5.1.** Once ~~internal Academic Council~~ approvals for ~~a~~ new Degree Programs ~~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.
- 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.

Commented [KM9]: Has always been required, adding for clarity.

## 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](http://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 developmentNOIs 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 Chief 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](http://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~~ approvals for a new Type 2 ~~and-or~~ 3 Graduate Diploma Programs ~~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
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](http://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.** Notwithstanding 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 through a rigorous 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 1501.04
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](http://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



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## 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);
- e) —
- 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 examples 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 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, ~~Programs~~ and Faculties are responsible for initiating and maintaining ~~P~~program development, planning for the compilation and analysis of information, improvement and review of ~~P~~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~~ 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~~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 documentations 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](http://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 p~~programs 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 committees 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 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 Programs 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 ~~for credit~~ 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 ~~faculty and courses from~~ more than one Faculty unit, the Deans involved must confirm to the Provost the Faculty unit 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 ~~education-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, ~~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 ~~D~~egree ~~p~~rogram 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~~egree ~~p~~rogram proposals are subject to review and approval by the provincial Quality Council under the ~~q~~uality ~~a~~ssurance ~~f~~ramework. Programs seeking provincial funding are also subject to review by the Ministry.

**15.6.** New ~~for credit~~ ~~Diploma~~ ~~P~~ 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~~ 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~~ 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.

~~15.7-15.8.~~ 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 pPrograms 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**~~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 Procedures**~~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 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.** ~~Notwithstanding 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 through a rigorous 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 1501.04
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:

~~**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.~~

**Commented [KM1]:** Policy is now the central place for all definitions, this avoids any potential contradiction and shortens the Procedures for ease of reading.

~~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 ~~D~~egree and ~~D~~iploma ~~P~~rograms whether offered in full, in part, or conjointly by any institutions federated or affiliated with the University. It also applies to ~~D~~egree or ~~D~~iploma ~~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.~~
5. The Provost, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of these Procedures.

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.

### 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](http://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 ~~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:

Commented [KM4]: Per the IQAP Policy, the Provost may also initiate the decision.

- 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.
- 7.3. The Committee will, within 60 days, issue a report to the Board of Governors that presents the results of the investigations 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.

Commented [KM6]: Added for clarity, old language potentially implied someone external to the University.

## 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:
- The date by which the program must be completed in order to receive the specified degree from the University;
  - 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~~ ~~dayday-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

## GRADUATE STUDIES COMMITTEE REPORT

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### ACTION REQUESTED:

Recommendation   
Decision   
Discussion/Direction   
Information

DATE: May 26, 2026

PRESENTED BY: Adam Wingate, Associate Registrar and Director, Records and Scheduling

SUBJECT: Registration and Course Selection Policy Amendments

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### 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 Graduate Studies Committee has a mandate of maintaining the academic standards set by Academic Council and to serve as deliberative bodies for academic policy instruments.

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

### MOTION FOR CONSIDERATION:

That GSC hereby recommends to Academic Council the approval of the revised Registration and Course Selection Policy for approval by Academic Council.

### 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 resources required.

**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 deliberation by the Graduate Studies Committee, this policy will be presented to Academic Council for approval and become effective as of the date of approval.

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.docx

# 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	<del>November 2025</del> <u>January 2026</u>
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.

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## 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

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- 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

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study.

- 11.3 For application instructions, eligibility requirements, and restrictions, students should visit [ontariotechu.ca/lop](http://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

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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.

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

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- d. Last day to drop Courses.
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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;
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- 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.

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- 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.

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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**

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### **Related policies, procedures & documents**

23. Undergraduate Fees  
and Charges Policy  
Graduate Fees and  
Charges Policy  
Graduate Academic  
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Undergraduate  
Academic Calendar

## GRADUATE STUDIES COMMITTEE REPORT

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### ACTION REQUESTED:

Recommendation   
Decision   
Discussion/Direction   
Information

DATE: 27 May 2026

FROM: Centre for Institutional Quality Enhancement

SUBJECT: Cyclical Program Review - 18-Month Follow-up – Master of Information Technology Security

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### 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.

### MOTION FOR CONSIDERATION:

That GSC hereby approves the 18-Month Follow-Up Report from the Master of Information Technology Security Cyclical Program Review, as presented.

### 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 approval of GSC, the report will be sent to Academic Council for information and posted to the University's 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



				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	<i>Evaluate current specializations and report on their performance and possible new specializations</i>	<i>2026-2027 academic year (after we have a track record for the newer specializations)</i>	6. COMPLETE AND CONTINUOUS.	<ul style="list-style-type: none"> <li>- Added Governance Specialization. Interest in all 3 specializations is healthy (market relevance is good).</li> <li>- New Specializations are being considered such as MITS-Online.</li> <li>- 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 in the Fall for Cybersecurity in FinTech.</li> </ul>
7	<i>Continue to work with the RO and SGPS to streamline application processing</i>  <i>Hire additional graduate program staff member at FBIT</i>	<i>Report on progress after 2025-2026 admission cycle</i>  <i>Early 2025</i>	7. COMPLETE.	<p>Only non-standard applicants are handled directly by FBIT.</p> <p>&lt;see above&gt; RE: Graduate assistant.</p>
8	<i>Develop a plan for the 2025-2026 course offerings</i>	<i>May 2025 for the 25-26 academic year and then May 2026 for the year after</i>	8. CONTINUOUS.	<p>The Dean is working to introduce a new six module Certificate with continuous learning to launch in the Fall for Cybersecurity in FinTech.</p> <p>Currently progressing a TF Finance hire with the potential for scope to provide coverage for cybersecurity in Finance course.</p>
9	<i>Plan networking and orientation events for the 2025-2026</i>	<i>Have plan ready for July 2025</i>	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	<i>Develop a framework for coop and internship resources</i>	<i>Framework ready by December 2025</i>	10. IN PROGRESS	Internship framework is in development by experiential central (CEELD) within the University and is applicable to the MITS program.

	<i>and support available to MITS students</i>			
11	<i>Establish a new advisory board with clear mandate and meeting plans</i>	<i>Progress report by July 2025 and advisory board in place by January 2026</i>	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**

## GRADUATE STUDIES COMMITTEE

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### ACTION REQUESTED:

- Recommendation   
Decision   
Discussion/Direction   
Information

DATE: 26 May 2026

FROM: Faculty of Engineering and Applied Science

SUBJECT: Major Program Modification – Master of Engineering Management

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### 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 GSC hereby recommends to Academic Council the approval of 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 option in addition to 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 and 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](#)

## GRADUATE STUDIES COMMITTEE

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### ACTION REQUESTED:

- Recommendation**   
**Decision**   
**Discussion/Direction**   
**Information**

**DATE:** 26 May 2026

**FROM:** Faculty of Health Sciences

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

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### 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 GSC hereby recommends to Academic Council the approval of 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 proposed changes provide 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](#)

## GRADUATE STUDIES COMMITTEE

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### ACTION REQUESTED:

- Recommendation   
Decision   
Discussion/Direction   
Information

**DATE:** 26 May 2026

**FROM:** Faculty of Health Sciences

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

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### 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 GSC hereby recommends to Academic Council the approval of 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 MPM proposed 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), we propose the following changes to the program.

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 credits
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 our 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 course 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](#)

## GRADUATE STUDIES COMMITTEE REPORT

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### ACTION REQUESTED:

- Recommendation   
Decision   
Discussion/Direction   
Information

DATE: 26 May 2026

FROM: Faculty of Health Sciences

SUBJECT: Minor Program Adjustment – PhD in Health Sciences

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### 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.

### MOTION FOR CONSIDERATION:

That GSC hereby approves the Minor Program Adjustment to PhD in Health Sciences to update elective offerings.

### BACKGROUND/CONTEXT & RATIONALE:

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:**

Pending the approval of GSC, 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](#)

**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](#)

## GRADUATE STUDIES COMMITTEE REPORT

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**SESSION:**

Public   
Non-Public

**ACTION REQUESTED:**

Decision   
Discussion/Direction   
Information

Financial Impact  Yes  No

Included in Budget  Yes  No

**DATE:** May 26, 2026

**FROM:** School of Graduate & Postdoctoral Studies (SGPS)

**PRESENTED BY:** Pejman Mirza-Babaei, SGPS Dean

**SUBJECT:** New Graduate Scholarships, Awards, and Fellowships

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**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.” This memo introduces several new graduate scholarships, awards, and fellowships.

**MOTION FOR CONSIDERATION:**

That GSC hereby approves the establishment of the following new graduate awards, fellowship and scholarships:

- 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

**BACKGROUND/CONTEXT & RATIONALE:**

This memo introduces several new graduate scholarships, awards, and fellowships for GSC’s review and approval. 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 Dean’s Graduate Scholarship

- master's level (DGSM), Dean's Graduate Scholarship - doctoral level (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:**

- ✓ 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:**

Pending approval from GSC, these will be presented at Academic Council for information and any necessary administrative updates 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 TAsip 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.

**ACADEMIC COUNCIL  
GRADUATE STUDIES COMMITTEE (GSC)**

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**Minutes of the Public Session of the April 28, 2026 Meeting  
via Videoconference  
9:00 a.m. - 10:04 a.m.**

**Graduate Studies Committee Agenda & Materials 2025-2026**

**Present:**

Pejman Mirza-Babaei,  
Chair  
Akramul Azim  
Dario Bonetta  
Carla Cesaroni  
Krystina Clarke  
Nicola Crow  
Catherine Davidson  
Franco Gaspari

Leigh Harkins  
Shahram Heydari  
Mehdi Hossein-Nejad  
Les Jacobs  
Dima Jawad  
Karolina Krystyniak  
Xianke Lin  
Holly MacPherson  
Olga Marques

Kimberley McCartney  
Thomas McMorrow  
Diana Petrarca  
Faisal Qureshi  
Ghaus Rizvi  
Lennaert van Veen  
Nick Wattie  
Ken Wilson  
Adam Wingate

**Regrets:**

JoAnne Arcand  
Amanda Cooper  
Jennifer Abbass Dick  
Sayyed Ali Hosseini

Hossam Kishawy (on leave)  
Lori Livingston  
Carolyn McGregor  
Scott Nokleby

Carol Rodgers  
Andrea Slane  
Akira Tokuhira

**Staff and Guests:**

Sandra Grouette (Secretary)

**1. Call to Order and Land Acknowledgement**

The Chair called the Public Session of the Graduate Studies Committee (GSC) Meeting to order at 9:00 a.m. and N. Crow provided their personal Land Acknowledgement.

**2. Approval of Agenda**

*Upon a motion duly made by F. Gaspari and seconded by A. Azim, the GSC Agenda was approved as presented, including approving and receiving the Consent Agenda and its contents.*

**3. Chair's Remarks**

The Chair shared several updates and acknowledgements related to graduate student achievements and scholarship successes over the previous two months. The Chair highlighted the successful completion of the annual Three Minute Thesis (3MT®) competition, which

included approximately 20 student participants. The Chair extended congratulations to Jessica Biasin from the Faculty of Social Science and Humanities, the first place competition winner and who will represent the University at the upcoming provincial competition at Brock University; Melissa Handford from the Faculty of Social Science and Humanities, who was second place; and Sonia Mirza from the Faculty of Health Sciences, who received the People's Choice Award. Appreciation was expressed to SGPS staff, supervisors, and all individuals who supported the event and participating students.

The Chair also recognized recipients of several SGPS awards who were: Martin Agelin-Chaab from the Faculty of Engineering and Applied Science who received the SGPS Award of Excellence in Graduate Supervision; Maria Joelma from the Faculty of Health Sciences who received the SGPS Postdoctoral Fellow Excellence Award; and Jessica Biasin from the Faculty of Social Science and Humanities who received the Graduate-Level Presidential Award of Excellence in Student Leadership. The Chair thanked all individuals involved in the nomination and adjudication processes.

The Chair further announced increases in scholarship allocations for the upcoming year, including an increase to thirty Ontario Graduate Scholarship (OGS) awards and an increase to eight Queen Elizabeth Scholarship awards. The Chair also noted that three students received Vector Institute of AI scholarships, including students from the MITS, MBAI, and Computer Science programs. Recognition was given to course-based graduate programs for supporting students in obtaining external scholarship funding.

#### **4. Academic Policy Instruments**

##### **4.1 Examination and Grading Policy Amendments\* (M)**

A. Wingate provided an overview of the amendments, noting that the proposed revisions primarily address repeated deferred examinations within undergraduate programs. The amendments clarify that in most circumstances, students who miss a deferred examination will not be permitted an additional deferred examination opportunity and may instead pursue consideration for late withdrawal in cases involving transitory illness or injury. The revisions also preserve accommodation processes related to disability and other protected grounds.

In response to a question on the governance and approval process for policies that apply across both undergraduate and graduate studies, it was noted that the Policy had already been reviewed and recommended by the Undergraduate Studies Committee (USC), and, if recommended by GSC, would proceed to Academic Council for approval. Regarding a question on the frequency of deferred examinations within graduate programs, A. Wingate advised that deferred examinations at the graduate level are rare and that the policy changes primarily target issues arising within undergraduate studies.

*Upon a motion duly made by S. Heydari and seconded by G. Rizvi, that GSC hereby recommends to Academic Council the approval of the revised Examination and Grading Policy for approval by Academic Council.*

#### **4.2 Institutional Quality Assurance Process (IQAP) Policy and Procedures\* (D)**

The Chair shared that this item is coming for discussion at GSC following discussion at USC last week and the established public consultation process. The Chair also noted that GSC was asked to submit questions in advance, with one submission received.

K. McCartney provided an overview of the proposed changes and the process to date, including addressing questions that were raised at last week's USC meeting and the advance questions submitted by a GSC Member. She confirmed that the materials were presented for discussion at this meeting with the matter coming back in May for approval at both USC and GSC.

K. McCartney advised that the updates were responding to the provincial Quality Assurance Framework (QAF), the implementation experience to date with these policy instruments, and alignment with other institutional policy instruments. She noted that the proposed changes aim to improve clarity, reduce duplication across policies, and support more flexible and responsive academic processes while maintaining faculty-level governance responsibilities. It was also reported that attention was given to streamlining curriculum-related processes to allow faculties greater agility in implementing course-level changes, while ensuring that matters affecting programs and institutional oversight continue to follow established approval pathways.

During K. McCartney's overview, further clarification was provided regarding cyclical review procedures, including revised reporting processes intended to strengthen clarity and collegial oversight while reducing unnecessary approval requirements.

The Committee discussed the approval pathway for policies and procedures, the timing of updates in relation to anticipated provincial QAF changes, and the distinction between curricular and administrative course changes. Concerns were expressed regarding the wording of provisions related to faculty council authority and the interpretation of "for academic credit" courses.

In response, K. McCartney explained that the approval process is consistent with established institutional processes. It was also reaffirmed that the current revisions were being advanced to address immediate operational needs, despite anticipated future provincial updates, which are not expected to require substantial further revisions when they are eventually known given the timeline for which is uncertain.

K. McCartney noted that course-level changes identified as administrative would still remain under faculty-level governance processes, even if they no longer require broader institutional governance steps. She clarified the use of the term "for academic credit," including its relationship to micro-credentials and degree program requirements.

In conclusion, it was reiterated that this item would return for formal approval in May.

## 5. Outstanding Thesis Award Amendments\* (M)

C. Cesaroni explained that the proposed revisions were developed in response to feedback received from previous award adjudication committees. She noted that comparing these across disciplines had proven challenging and that the revised process would allow each Faculty to identify and recognize its own outstanding thesis recipients. The amendments also formalize an existing practice whereby nominations may originate not only from external examiners prior to the defence, but also from examining committees during the defence process itself.

The Committee discussion focused on the nomination process and the importance of ensuring fairness and avoiding perceived conflicts of interest during defence deliberations. Some concerns were expressed regarding the potential pressures associated with nomination discussions occurring during thesis examinations. It was also noted that faculty-level selection committees would continue to provide an additional layer of review and adjudication. Discussion also addressed whether nominations should require majority or unanimous support from examining committees. Following discussion, the Committee agreed to include a friendly amendment requiring unanimous support from the examining committee for nomination eligibility.

*Upon a motion duly made by C. Cesaroni and seconded by O. Marques, that GSC hereby approves the amendments to the Outstanding Thesis Award, as amended.*

## 6. Consent Agenda\* (M)

The Chair confirmed that the contents of the Consent Agenda were approved and received under Agenda Item # 2. With respect to the Graduate Thesis Completion Course in the Consent Agenda, the Chair highlighted the updates related to the process in this regard. Appreciation was extended to colleagues in the Office of the Registrar, SGPS, and the tuition working group for their contributions to the initiative.

### 6.1 Public Minutes of the February 24, 2026 Meeting\* (M)

#### 6.2 Associate Graduate Faculty (I)

- Business Analytics and AI, Catherine Inbihunu, Faculty of Business and Information Technology
- Computer Science, Meaghan Charest-Finn, Faculty of Engineering and Applied Science
- Computer Science, Agnes Grudniewicz, Faculty of Business and Information Technology
- Computer Science, Saiqa Aleem, Faculty of Business and Information Technology
- Computer Science, Shih-Chia Huang, Faculty of Business and Information Technology
- Computer Science, Priyamvada Tripathi, Faculty of Business and Information Technology
- Computer Science, Michael Miljanovic, Faculty of Science
- Criminology, Jennifer Lavoie, Faculty of Social Science and Humanities
- Education, Diane Tepylo, Frazer Faculty of Education
- Education, Alison Mann, Frazer Faculty of Education
- Education, Katie Higginbottom, Frazer Faculty of Education
- Education, Margaret Robinson, Frazer Faculty of Education
- Education, Sherra Robinson, Frazer Faculty of Education
- Health Sciences, Sara Allin, Faculty of Health Sciences

- Health Sciences, Kirsten Burgomaster, Faculty of Health Sciences
- Health Sciences, Shabnam Pejhan, Faculty of Engineering and Applied Science
- Information Technology Security, Shih-Chia Huang, Faculty of Business and Information Technology
- Nursing, Rasha Wahid, Faculty of Health Sciences

**Graduate Faculty (I)**

- Electrical and Computer Engineering & Software Engineering, Kundi Yao, Faculty of Engineering and Applied Science

**Emeritus Graduate Faculty (I)**

- Modelling and Computational Science, Anatoli Chkrebti, Faculty of Science

**6.3 Graduate Thesis Completion Course\* (I)**

**7. Termination**

There being no other business, and upon a motion to terminate by F. Qureshi, the GSC Meeting terminated at 10:04 a.m.

Sandra Grouette, Assistant University Secretary

## GRADUATE STUDIES COMMITTEE REPORT

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**SESSION:**

Public   
Non-Public

**ACTION REQUESTED:**

Decision   
Discussion/Direction  
Information

Financial Impact  Yes  No

Included in Budget  Yes  No

**DATE:** May 26, 2026

**FROM:** School of Graduate and Postdoctoral Studies (SGPS)

**PRESENTED BY:** Pejman Mirza-Babaei, SGPS Dean

**SUBJECT:** Removal of Minimum Program Tuition Fee

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**COMMITTEE MANDATE:**

In accordance with the Graduate Studies Committee Terms of Reference, the following process update regarding graduate student finances is provided to GSC for information.

**BACKGROUND/CONTEXT & RATIONALE:**

The Minimum Program Tuition Fee (MPTF) was introduced in 2009 in response to a growing number of graduate students who were completing their program before the end of the standard program length. This phenomenon stemmed primarily from domestic part-time students progressing at a full-time rate.

To curb potential revenue losses, two measures were put into place:

**1. The MPTF**

- Calculated based on tuition rates at the start of the student's academic program
- Equivalent of 5 full-time terms for a Master's program
- Equivalent of 9 full-time terms for a Doctoral program

**2. Restriction of part-time course loads**

- Typically 3 credit hours (1 course) per term for thesis-based students
- Typically 6 credit hours (2 courses) per term for course-based students
- Per-Faculty/program restrictions are specified on the [Registrar's Office website](#)

Over time, the Grad Finance team has observed that course restrictions alone are generally sufficient to ensure that part-time students do not complete their program abnormally early. The MPTF does not yield a notable revenue gain and carries a substantial administrative burden.

The interval used to calculate the MPTF does not fit neatly with related constructs; it is shorter than the standard program length used to determine funding commitments, and longer than the minimum program completion time established in the [Graduation and Conferral of Degrees Policy](#).

Since information on the MPTF is public (online) but not highly visible, graduate students are often unaware of the MPTF and do not understand how it is determined. Historically, when it was invoked, the MPTF was often charged after the student had disengaged with the university due to the timing of degree completion, resulting in late fees and appeals. In combination, these factors create significantly negative experiences for affected students.

There are very few cases each year which would meet the criteria to exercise the MPTF, resulting in minimal revenue recuperation. When measured against the administrative burden and the experience of impacted students, the MPTF does not provide a net benefit to the university. Over the past several years, it has normally not been exercised due to these concerns. Thus, we are formally removing the MPTF as of Spring 2026.

**CONSULTATION:**

- ✓ Discussion with SAFA and RO: April 2026
- Graduate Studies Committee (information): May 26, 2026

**COMPLIANCE WITH POLICY/LEGISLATION:**

The MPTF is not linked to any policies.

**NEXT STEPS:**

The MPTF will be discontinued as of Spring 2026. References to the MPTF will be removed from the SGPS website and the Graduate Student Funding Terms and Conditions.

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