COSMA Annual Report 2016-17

U.S. and non-U.S-based Programs

This annual report should be completed for your academic unit/sport management program and submitted electronically to COSMA by July 31 of each year. Failure to submit this completed document will result in Administrative Probation.

***General Information***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Institution’s Name: | |  | | | | | |
| Program(s)/Degree(s): | |  | | | | | |
| Address: | |  | | | | | |
| City: |  | | State: |  | | ZIP/Postal Code: |  |
| Primary Contact Name: | |  | | | | | |
| Title: |  | | | Date Submitted: |  | | |
| Telephone: | |  | | Email: |  | | |

***Accreditation Information***

A. Accreditation status of your academic unit/sport management program (mark one):

|  |  |
| --- | --- |
|  | Accredited |
|  | Candidate for Accreditation |
|  | Program Member |

B. If you have received an accreditation letter from the COSMA Board of Commissioners with “Notes” that identified areas needing corrective action, list the item for each Note in the matrix below directly from your accreditation letter. Indicate whether corrective action has already been taken or that you have made plans to do so. Attach all relevant documentation of the actions taken. You have two years to resolve Notes.

|  |  |  |
| --- | --- | --- |
| ***Commissioners’ Notes*** | ***Action Already Taken*** | ***Action Planned*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Use additional space as needed.)

***Outcomes Assessment***

C. Has your outcomes assessment plan been submitted to COSMA?

|  |  |  |
| --- | --- | --- |
|  | Yes | |
|  | No. **When will the plan be submitted to COSMA?** | **Date:** |

D. Is the original or revised outcomes assessment plan you submitted to COSMA still current or have you made changes?

|  |  |  |
| --- | --- | --- |
|  | The outcomes assessment plan we submitted is still current. | |
|  | Changes have been made and the revised plan is attached. | |
|  | We have made changes and the revised plan will be sent to the COSMA by: |  |

***Outcomes Assessment (continued)***

E. Complete the program-level student learning outcomes matrix and program-level operational effectiveness goals matrix and include it with this annual report to COSMA.

Your outcomes assessment plan must include, at minimum, two direct and two indirect measures of student learning at the program level. Including more and varied measures is encouraged. On the bottom of the matrix, space is provided where you “**close the loop**” and **show changes and improvements you made and plan to make as a result of your assessment activity**.

***Programmatic Information***

F. Identify any significant changes that have taken place in your sport management degree programs during the reporting period.

1. Did you terminate any degree programs during the reporting year?

|  |  |
| --- | --- |
|  | No |
|  | Yes. If yes, please identify terminated programs. |
|  | |

1. Were changes made in any of your sport management majors, concentrations, or emphases?

|  |  |
| --- | --- |
|  | No |
|  | Yes. If yes, please identify the changes by adding an additional page to this document. |

1. Were any new degree programs in sport management established during the academic year?

|  |  |
| --- | --- |
|  | No (skip to item G below) |
|  | Yes. If yes, please identify the new degree programs on a separate sheet; answer item F-4 below. |

1. Was approval of your regional accrediting body required for any of these programs?

|  |  |
| --- | --- |
|  | No |
|  | Yes. If yes, please attach an electronic copy of the material you sent to your regional accrediting body and identify the accrediting body you must obtain approval from. |

G. Provide the URL(s) for the page on your academic unit/sport management program’s website that makes available to the public your student learning outcomes, operational outcomes and program information profile. You are required to update this information annually. Failure to comply with this request will result in Administrative Probation.

|  |
| --- |
| URL(s): |

***Administrative Changes***

H. Identify any administrative changes that directly affect your academic unit/sport management program.

Such changes would include your sport management unit’s primary representative to COSMA, your designated alternate to COSMA, your institution’s president and academic vice president, and the head of your academic unit/sport management program (if different from the primary representative to the COSMA). If the incumbent in any of these administrative positions has changed, include the new incumbent’s name, his or her title, telephone number, and email address.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | | Name | **Title** |
|  | **Telephone** | **Email** |  |
|  | |  |  |
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***Other Issues***

I. Briefly comment on other issues pertaining to your academic unit/sport management program you would like to share with COSMA (e.g., new partnerships, innovations, etc).  
Failure to report changes may result in administrative probation.

***Data Collection***

**To be completed by accredited programs only**

J. Please fill out the matrix below. The data will be collected each year and included in a dashboard on the COSMA website. All data will be kept anonymous.

|  |  |
| --- | --- |
| **Dashboard Data** | |
| Total Sport Management Enrollment (majors, minors, tracks) in all programs (UG, master’s) | # of SM students |
| Total Number of Full-time, Tenured or Tenure Track Sport Management Faculty | # FT faculty |
| Total Number of Part Time/Adjunct Sport Management Faculty | # adjunct/PT faculty |
| Approximate Number of Students Selecting Sport Management Program Due to Accreditation Status | # selecting accredited program |
| Number of students/parents requesting information about your SM program | # requesting information |
| Number of students/parents attending information sessions about your SM program | # attending information sessions |
| Number of inquiries from business/industry about the accreditation status of your SM program | # business/industry inquiries |

Program-Level Student Learning Outcomes Matrix – Academic Year 2016 – 2017

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identify Each Student Learning Outcome and Measurement Tool(s)** | **Identify the Benchmark** | **Total Number of Students Observed** | **Total Number of Students Meeting Expectation** | **Assessment Results:**  **Percentage of Students Meeting Expectation** | **Assessment Results:**  **1. Does not meet expectation**  **2. Meets expectation**  **3. Exceeds expectation**  **4. Insufficient data** |
| **SLO 1 -** Develop critical thinking models that include qualitative and quantitative techniques and be able to analyze and solve problems using these models in an ethical context. | | | | | |
| **Internship Evaluation (indirect)** | 80% of students will receive scores of 4 or higher |  |  |  |  |
| **Senior Capstone Project (direct)** | 80% of students will receive scores of 80/100 or higher |  |  |  |  |
| **SLO 2** |  |  |  |  |  |
| **Measure 1** |  |  |  |  |  |
| **Measure 2** |  |  |  |  |  |
| **SLO 3** |  |  |  |  |  |
| **Measure 1** |  |  |  |  |  |
| **Measure 2** |  |  |  |  |  |
| **SLO 4** |  |  |  |  |  |
| **Measure 1** |  |  |  |  |  |
| **Measure 2** |  |  |  |  |  |
| **SLO 5** |  |  |  |  |  |
| **Measure 1** |  |  |  |  |  |
| **Measure 2** |  |  |  |  |  |
| ***\*\*Explanation of course action for intended outcomes not realized:*** | | | | | |

*Notes: 1) If you are using different direct and indirect measures for different degree programs, please replicate this form, using one form for each program that has different measures. If different programs use the same measures, only one copy of this form is needed.* 2) *At a minimum, you are required to use two direct and two indirect measures to assess all of your student learning outcomes. You are not required to measure each student learning outcome with more than one measure, though it is encouraged. This matrix offers space to show that you have more than one measure for each SLO, but it is not required.*

Program-Level Operational Effectiveness Goals Matrix

|  |  |  |  |
| --- | --- | --- | --- |
| **Identify Each Operational Effectiveness Goal and Measurement Tool(s)** | **Identify the Benchmark** | **Data Summary** | **Assessment Results:**  **1. Does not meet expectation**  **2. Meets expectation**  **3. Exceeds expectation**  **4. Insufficient data** |
| OEG 1 - To optimize enrollment and retention | | | |
| Graduation/retention rates from registrar’s office |  |  |  |
| Senior graduation survey |  |  |  |
| **OEG 2** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
| **OEG 3** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
| **OEG 4** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
| **OEG 5** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
| ***\*\*Explanation of course action for intended outcomes not realized:*** | | | |

*Notes: 1) Provide all explanations of this table that follows. 2) If you are using different operational outcomes measures for different degree programs, please replicate this form, using one form for each program that has different measures. 3) If different programs use the same measures, only one copy of this form is needed.*

PROGRAM INFORMATION PROFILE

This profile offers information about the performance of a program in the context of its basic purpose and key features.

**Name of Institution**

Institution:

Program Accreditor:

Institutional Accreditor:

Date of Next Comprehensive Program Accreditation Review:

Date of Next Comprehensive Institutional Accreditation Review:

*To learn more about the accredited status of the program, click here:*

**Program Context and Mission**

Program Mission:

Program Goals:

Brief Description of Student Population:

Admissions Requirements:

**Indicators of Effectiveness with Undergraduates As Determined by the Program**

1. Graduation

Year: # of Graduates: Graduation Rate:

1. Completion of Educational Goal (other than certificate or degree – if data collected)

# of Students Surveyed: # Completing Goal:

1. Average Time to Certificate or Degree

1-Year Certificate: \_\_\_\_\_ 2-Year Degree: \_\_\_\_\_ 4-Year Degree: \_\_\_\_\_

1. Annual Transfer Activity

Year: \_\_\_\_\_ # of Transfers: \_\_\_\_\_ Transfer Rate: \_\_\_\_\_

1. Graduates Entering Graduate School

Year: \_\_\_\_\_ # of Graduates: \_\_\_\_\_ # Entering Graduate School: \_\_\_\_\_

1. Job Placement (if appropriate)

Year: \_\_\_\_\_ # of Graduates: \_\_\_\_\_ # Employed: \_\_\_\_\_

1. Licensure/Certification Examination Results:
2. Additional Indicators, if any:

*Form developed by the Council for Higher Education Accreditation. © updated 2015*