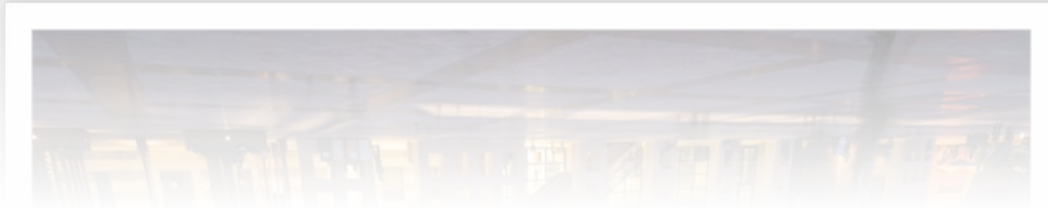


# STANDARD OPERATING PROCEDURES MANUAL

*The Office of Strategy Management & Institutional Effectiveness (SMIE)  
October 2018*



## *Abstract*

This manual hosts the main SMIE SOPs and related definitions.

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## ABOUT SMIE

The Office of Strategy Management and Institutional Effectiveness (SMIE) comprises of different functions that work together to advance AUC's mission and promote effective decision-making. Across these specializations, we offer a variety of services and products to support AUC academic and administrative units, as well as outside constituencies, with strategic planning, assessment, accreditation, research and data analysis needs. In addition, we strive to ensure that AUC is timely in reporting to U.S. and Egyptian government and accreditation bodies. SMIE reports directly to the VP for Management and Transformation and serves all aspects of the university's work.

In our role as the clearinghouse for University data, we are committed to a process of transparency, a culture of evidence and open communication in which information is made widely available to the campus community, as well as facilitating the flow of information between the central administration and campus units.

## MISSION STATEMENT

The Office of Data Analytics and Institutional Research (DAIR) advances the mission and values of the American University in Cairo by facilitating evidence-based decisions and a culture of assessment and integrated planning. DAIR is the university's official source of information about itself, its peers, and its educational environment.

### VISION

The Office of Data Analytics and Institutional Research will be recognized throughout the university community as well as in Egypt, the region, and internationally for its leadership and innovation in planning, assessment, and research and for the quality of its work.

### VALUES

**Collaboration:** Collaborating effectively with stakeholders both inside and outside the university to increase the quality and efficiency of our services.

**Creativity:** Thinking "outside the box" with our stakeholders to find creative, innovative, integrated, and effective evidence-based approaches to problems.

**Excellence:** Producing consistently high quality, highly accurate research and services representing best practices in the field and responsive to the needs of the AUC community and external stakeholders.

**Integrity:** Providing services characterized by personal and professional integrity in adherence to the highest ethical standards in the field.

**Transparency:** Fostering a culture of transparency, open communication, and evidence-based decision-making, including sharing best practices both within the university community and internationally to contribute to the development of the field.

## SOPs DEFINITIONS

The SOPs in this manual are defined as follows:

Title	the title of the specific SOP
Scope	those involved with the SOP
Responsibility	main person responsible for implementing SOP
Description	Defines the SOP
Procedure	Step by step guideline for carrying out the SOP

## BENCHMARKING

<b>SOP #</b>	SMIE-BS1	<b>TITLE</b>	<b>Peer Comparison</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Director of Institutional Research

**SCOPE** AUC Senior Administration, Department Heads, Deans and Chairs

**DESCRIPTION** This procedure refers to the steps for preparing the peer comparison

**PROCEDURE**

1. The requestor sends an email to SMIE identifying the following for the required peer comparison:
  - area required for the study
  - specific aspects of this area
2. SMIE conducts a preliminary exploratory research
3. SMIE schedules a meeting to discuss and/or understand peer comparison details
4. SMIE decides on the scope of the peer comparison, level of peers to compare against; sources of data/KPIs
5. SMIE conducts the peer comparison and prepares a report with the research, scope, rational and limitations
6. A meeting is scheduled to present the findings of the research and fine tune the comparisons
7. SMIE sends the final report to the requestor
8. SMIE updates the Data Repository with any new or updated data elements and/or definitions
9. SMIE saves the survey report, visualization representations, analysis and data electronically in a shared, secure and well-organized location with the path and a copy sent to: Director of Institutional Research and Executive Director

## BENCHMARKING

<b>SOP #</b>	SMIE-BS2	<b>TITLE</b>	<b>Ranking and International Benchmarking Surveys</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** International benchmarking and ranking surveys

**DESCRIPTION** This procedure refers to the steps for completing and submitting international benchmarking/ranking surveys such as QS, THE, US News, Petersons and others

**PROCEDURE**

1. Benchmarking and ranking surveys are received via official email
2. Depending on the nature of the request, SMIE Executive Director or IR Director will review requests and approve within a 24 hour period. After approval, request will be forwarded to the appropriate SMIE Staff member in charge of furnishing the data.
3. Data requests and surveys must be submitted in full before the deadline set by the requester. Designated staff member is responsible for seeing the request through
4. Once request is completed, it is recorded in the request log; the date the request was received, requestor name, email (if available) and organization, type of data requested, date the data was sent and the method it was sent (mail, email or by hand).

## DATA GOVERNANCE

<b>SOP #</b>	SMIE-DG1	<b>TITLE</b>	<b>Census Data Extraction from Banner and SAP</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** All student and faculty information on Banner and SAP

**DESCRIPTION** This procedure refers to the extraction, collection and verification processes of census information available on the Banner and SAP used for official reporting

**PROCEDURE**

1. Before census day, IR Director extracts student and faculty data from Banner and SAP to be validated using a census checklist. In case there is a problem with the data, responsible offices are contacted to solve the problem.
2. On census day, SMIE staff extract a number of standard reports capturing important data elements to be used for official reporting
3. IR Director validates census data captured on the BI dashboard on census day to make sure they align with all other official reports
4. Data is stored on individual storage devices as well as on a shared drive that only SMIE staff can access

## DATA GOVERNANCE

<b>SOP #</b>	SMIE-DG2	<b>TITLE</b>	<b>Data validation and Standard Definitions</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

- SCOPE** All information on the different University systems such as Banner, SAP, Sales Force and others
- DESCRIPTION** This procedure refers to the extraction, collection and validation processes of information available on the different University Systems
- PROCEDURE**
1. SMIE works with the offices responsible to enter the data on the systems to make sure the data is updated and complete on the different systems
  2. IR Director extracts the data to be validated. In case there is a problem with the data, responsible offices are contacted to solve the problem.
  3. IR Director works with the BI team to validate the information captured on the different dashboards and make sure they use standard clear definitions
  4. Data dictionaries for all validated data elements are revised and updated



## DATA GOVERNANCE

<b>SOP #</b>	SMIE-DG3	<b>TITLE</b>	<b>Data Collection from University Offices</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Director of Institutional Research

- SCOPE** All information and data elements needed for AUC Profile, Factbook, AUC at a Glance and other standard reporting requirements
- DESCRIPTION** This procedure refers to the collection and verification processes of information from other AUC offices and departments necessary for the AUC Profile, Factbook, AUC at a Glance and other standard reports
- PROCEDURE**
1. All data collected from other offices/departments must be requested in writing via email
  2. The SMIE staff member requesting the data must make sure to follow through with the request.
  3. The requester must clearly mention the definition of the data elements requested and how it is going to be used. The deadline to receive the data should be mentioned to allow the appropriate amount of time for the respondent to furnish the data.
  4. Data is stored on individual storage devices as well as on a shared drive that only SMIE staff can access

## DATA GOVERNANCE

<b>SOP #</b>	SMIE-DG4	<b>TITLE</b>	<b>Internal Requests for Data</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Director of Institutional Research
		Supervisor	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** Data requests made by various AUC offices for data

**DESCRIPTION** This procedure refers to the steps to process internal data requests

- PROCEDURE**
1. All requests for data must be in writing via email.
  2. Depending on the nature of the request, the Chief Strategy and Institutional Effectiveness Officer or IR Director will review requests and approve within a 24-hour period. After approval, request will be forwarded to the appropriate SMIE Staff member in charge of furnishing the data.
  3. Requests are handled on a “first come, first served” basis unless the urgency is justified by the requester and approved by SMIE Executive Director. Designated staff member is responsible for seeing the request through
  4. Once request is completed, it is recorded in the requests log; the date the request was received, requester name, email and department, type of data requested and date the data was sent.
  5. Clarification about the data furnished can be discussed with SMIE staff
  6. Decisions made based on data sent should be communicated back to SMIE

## DATA GOVERNANCE

<b>SOP #</b>	SMIE-DG5	<b>TITLE</b>	<b>Egyptian Governmental Surveys</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Director of Institutional Research

- SCOPE** Reports and information made to the Egyptian Government agencies such as The Ministry of Higher Education, CAPMAS, IDSC and others
- DESCRIPTION** This procedure refers to the steps to prepare and submit reports necessary for compliance to CAPMAS and Egyptian Government bodies
- PROCEDURE**
1. All requests for data must be in writing either on official letterheads from organizations or government agencies or via email.
  2. The request will be forwarded to the appropriate SMIE Staff member in charge of furnishing the data.
  3. Turn-around time will depend on the size and urgency of the data being requested. Designated staff member is responsible for seeing the request through
  4. Once request is completed, it is recorded in the request log; the date the request was received, requestor name, email (if available) and organization, type of data requested, date the data was sent and the method it was sent (mail, email or by hand).

## DATA GOVERNANCE

<b>SOP #</b>	SMIE-DG6	<b>TITLE</b>	<b>International Surveys</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

- SCOPE** External surveys and data requests for international agencies and organizations
- DESCRIPTION** This procedure refers to the steps for completing and submitting surveys and data requests for international organizations such as Peterson's, The Princeton Review and others
- PROCEDURE**
1. Surveys are received via official email
  2. Depending on the nature of the request, the Chief Strategy and Institutional Effectiveness Officer or IR Director will review requests and approve within a 24 hour period. After approval, request will be forwarded to the appropriate SMIE Staff member in charge of furnishing the data.
  3. Data requests and surveys must be submitted in full before the deadline set by the requester. Designated staff member is responsible for seeing the request through
  4. Once request is completed, it is recorded in the request log; the date the request was received, requestor name, email (if available) and organization, type of data requested, date the data was sent and the method it was sent (On line portal or by email).

## DATA GOVERNANCE

<b>SOP #</b>	SMIE-DG7	<b>TITLE</b>	<b>AUC Enrollment Model</b>
<b>REVIEW DATE</b>	October 2018	<b>Responsibility</b>	Director of Institutional Research
		<b>Supervisor</b>	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** AUC Enrollment Model maintenance and forecasting – Cabinet

**DESCRIPTION** This procedure refers to the steps to maintain the AUC Enrollment Model

- PROCEDURE**
1. After census day, the IR director updates the enrollment table with census data and shares it with the Associate Provost for Strategic Enrollment Management and the Dean of Graduate Studies if requested
  2. A detailed enrollment report is generated from Banner with the breakdown requested by the Office of Student Financial Affairs and Scholarships. Figures are broken down in different sub categories including career level, new and returning students, Egyptian and non-Egyptian and fees rate
  3. When enrollment forecasting is requested by the CFO, the IR director works with the Associate Provost for Strategic Enrollment Management and the Dean of Graduate Studies to update the enrollment model with the projected admission and total enrollment figures for the required semesters.
    - Undergraduate forecasted figures are updated using built-in formulas based on census figures and averages of previous semesters
    - Graduate forecasted figures are provided by the Dean of Graduate Studies
    - Non-Degree forecasted figures are provided by the Associate Provost for Strategic Enrollment Management
  4. The detailed enrollment projection report is prepared based on the percentages calculated from the detailed census enrollment report of the previous semester/year with the same breakdown
  5. The report is sent to the Office of Student Financial Affairs and Scholarships.
  6. The Associate Director for Budgeting works with the IR Director to validate and make final adjustments
  7. The final projected enrollment figures are used by the Executive Director for Budget and Financial Planning to prepare the budget projection report

## COMPLIANCE ASSIST

SOP #	DAIR-CA1	TITLE	<b>System Administration</b>
REVIEW DATE	March 2016	RESPONSIBILITY	Administrative Assistant
		SUPERVISOR	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** All AUC representatives responsible for updating integrated plans, assessment plans, program review or MSCHE accreditation.

**DESCRIPTION** This procedure refers to the steps to maintain Compliance Assist accounts and privileges

- PROCEDURE**
- Staff member wishing to have access to compliance assist sends an email to DAIR copying his/ her supervisor with the following information:
    - First Name
    - Last Name
    - Email
    - Department (e.g. Office of the Data Analytics and Institutional Research)
    - Title (e.g. Research Analyst)
    - Existing user to replace (if any)
  - DAIR – Compliance Assist administrator verifies the authorization request and the supervisor approval
  - DAIR – Compliance Assist administrator logs in to Compliance Assist
  - DAIR – Compliance Assist administrator checks if the user already exists or is a new user

### ***User already exists***

- DAIR – Compliance Assist administrator resets password
- DAIR – Compliance Assist administrator checks assigned role(s) and department level access
- DAIR – Compliance Assist administrator revokes any previous outdated department level access and role(s)
- DAIR – Compliance Assist administrator grants the suitable department level access and role(s)

### ***New user***

- DAIR – Compliance Assist administrator creates the user with the specified details:
  - First Name
  - Last Name
  - User Name same as the email user name
- DAIR – Compliance Assist administrator assigns an initial temporary password
- If the user is a replacement for an existing user:
  - DAIR – Compliance Assist administrator assigns the existing user role to the new user
  - DAIR – Compliance Assist administrator revokes access of the existing user
- If the user role is not a replacement, a new role has to be created
  - DAIR creates a new role with the provided user title on the provided department level
  - DAIR – Compliance Assist administrator assigns the new role to the new user

5. DAIR – Compliance Assist Administrator communicates the user name and initial password to the user by email along with instructions to change the password at the first-time login.
6. Staff supervisor is responsible to notify DAIR in case change of access needs to take place for any reason
7. At the beginning of every Fall, DAIR – Compliance Assist Administrator extracts the list of existent users and assigned roles, reviews user access permissions and makes the necessary changes to keep the user information up-to-date
8. At the beginning of every Fall, DAIR – Compliance Assist Administrator reviews the organizational chart and makes the necessary changes to keep the organizational chart up-to-date

## COMPLIANCE ASSIST

<b>SOP #</b>	DAIR-CA2	<b>TITLE</b>	<b>Integrated Planning</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Strategy Management Director
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** All AUC representatives responsible for updating integrated plans and reports

**DESCRIPTION** This procedure refers to the steps to maintain Compliance Assist planning module and reporting

**PROCEDURE** DAIR conducts regular Compliance Assist training workshops with focus on Planning

### To Login to the Planning Module

1. Login to <https://aucegypt.compliance-assist.com>
2. Enter your credentials
3. Choose the Planning module
4. Click on "Institution" tab, then on "Strategic Plan" tab
5. Adjust your fiscal year by clicking on "Edit Filter" button
6. Choose your unit from the left pane

### To Add a new Item

1. From the right pane, click on add "New Item"
2. Choose the component required to be added from the drop down menu
3. For adding different strategic planning component, users should enter the following:
  - For a Unit Mission; title, mission statement, vision statement, values, start & end dates, and responsible roles.
  - For a Unit Environmental Scan; title, start & end dates, progress, responsible roles, strengths, weaknesses, opportunities, and threats.
  - For a Unit Strategic Goal; number, title, goal statement, start & end dates, responsible roles, and progress
  - For a Unit Objective; number, objective title, description, start & end dates, responsible roles, progress, strategies, resources required, key performance indicators, targets, results, progress, and action taken.
4. Click on "Save & Close"

### To Edit or Delete an existing item

1. Open the data item
2. Choose the Edit or Delete tab.
3. To edit, make the required changes then click on Save & Close.
4. To delete, click on delete

### To Run a report

1. Choose the "Reports" tab
2. Choose the "Unit Strategic Plan" from the right pane
3. Click on "Generate" report
4. Choose the start & end dates and the format
5. Click on "Generate Report"



## COMPLIANCE ASSIST

SOP #	DAIR-CA3	TITLE	<b>Institutional Assessment</b>
REVIEW DATE	March 2016	RESPONSIBILITY	Director of Assessment and Accreditation
		SUPERVISOR	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** All AUC representatives responsible for updating assessment plan, reports and program review

**DESCRIPTION** This procedure refers to the steps to maintain Compliance Assist (CA) assessment and program review module and reporting

**PROCEDURE** **To Login to the Planning Module**

1. Login to <https://aucegypt.compliance-assist.com>
2. Enter your credentials
3. Choose the Planning module
4. Click on "Institution" tab, then on "Academic Assessment or Non-academic Assessment" tab
5. Adjust your fiscal year by clicking on "Edit Filter" button
6. Choose your unit from the left pane

**To Add a new Item**

1. From the right pane, click on add "New Item"
2. Choose the component required to be added from the drop down menu
3. For adding different assessment planning component, users should enter the following:
  - For a Program/Unit Mission: title, mission statement, vision statement, values, start & end dates, and responsible roles.
  - For a Program/Unit Outcome; number, title, program outcome description, start & end dates, responsible roles, progress, primary learning opportunities, assessment measures, target levels and benchmarks, when assessment will be conducted, results and analysis and actions taken.
4. Click on "Save & Close"

**To Edit or Delete an existing item**

1. Open the data item
2. Choose the Edit or Delete tab.
3. To edit, make the required changes then click on Save & Close.
4. To delete, click on delete

**To Run a report**

1. Choose the "Reports" tab
2. Choose the specified program from the right pane.
3. Click on "Generate " report
4. Choose the start & end dates and the format
5. Click on "Generate Report"

## COMPLIANCE ASSIST

SOP #	DAIR-CA4	TITLE	<b>Middle States Accreditation Documentation Roadmap</b>
REVIEW DATE	March 2016	RESPONSIBILITY	Administrative Assistant
		SUPERVISOR	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** MSCHE Accreditation Steering Committee and work group co-chairs

**DESCRIPTION** This procedure refers to the steps to maintain Compliance Assist MSCHE Documentation Roadmap – *Prospective*

**PROCEDURE** **To login to the Accreditation module:**

1. Login to <https://aucegypt.compliance-assist.com>
2. Enter your credentials
3. Go to the Accreditation module on the left side

**To edit any of the content on any tab:**

- Click on the desired label you want to edit and choose the tab
- Click options on the right top of the page then click edit
- Choose save, save and close, delete or cancel

**To add a new page:**

- Click options on the right top of the page then click manage pages
- Click add page
- Choose save, save and close, delete or cancel

**To get printable copy:**

- Click options on the right top of the page
- Click printable files
- Choose the format you want, click generate then click the print icon

**To upload a document:**

- Click on periodic review label then document directory, Click options on the right top of the page
- Click manage files
- Choose either add folder or upload file

**To add a folder:**

- Click add folder, choose a name, click create folder
- To add files to the folder, click upload files to selected folder
- To rename, add or delete folder, right click on the folder

**To upload file:**

- Click upload file
- Choose either to upload a single file or multiple files
- Upload the file

**To view the standards and requirements of affiliation:**

- Click periodic review label then click the arrow next to it

- Select self-study 2018
- Go to compliance report tab to check the standards or to requirements of affiliation

## INSTITUTIONAL ACCREDITATION

<b>SOP #</b>	DAIR-AC1	<b>TITLE</b>	<b>MSCHE Accreditation ALO Communication</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Chief Strategy and Institutional Effectiveness Officer
		<b>SUPERVISOR</b>	VP for Information Management

**SCOPE** All student service departments and area

**DESCRIPTION** This procedure refers to the communication, budgeting and reporting related to Middle States Commission on Higher Education (MSCHE)

**PROCEDURE**

- All communication regarding to MSCHE accreditation must go through the Accreditation Liaison Officer (ALO).
- The ALO monitors the MSCHE web site to stay current on changes in standards or procedures necessary to maintain compliance
- The ALO communicates regularly with senior administration regarding all accreditation issues and status
- The ALO coordinates and manages the accreditation budget and resources
- The ALO is responsible for:
  - preparing, coordinating and submitting Substantial Change reports on behalf of the institution
  - preparing, coordinating and submitting the Progress Review Report on behalf of the institution
  - preparing, coordinating and submitting any feedback in response to MSCHE reports
  - preparing, coordinating and submitting the accreditation self-study design document on behalf of the accreditation steering committee and institution
  - preparing, coordinating and submitting the accreditation self-study report

## INSTITUTIONAL ACCREDITATION

<b>SOP #</b>	DAIR-AC2	<b>TITLE</b>	<b>MSCHE Accreditation IP</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** Annual Middle States Institutional Profile

**DESCRIPTION** This procedure refers to the steps for completing and submitting Annual Middle States Institutional Profile

**PROCEDURE**

1. The link to the IP is received via official email announcing that it is open for data entry and clearly stating the submission deadline
2. Data requested in all sections is prepared and entered by the IR Director on the on-line form
3. Data for the financial section is prepared based on the Audited Financial Report received from the Controller's Office
4. The Financial section is sent via email to the EVP for Administration and Finance to check and approve
5. Once all data is entered and validated, the IP is locked and submitted on line
6. The Audited Financial Report as well as a document with the link to the University Catalog are attached to the IP as per MSCHE's request
7. Once the IP is submitted, it is recorded in the request log; the date it was received and the date it was submitted

## INSTITUTIONAL ASSESSMENT

SOP #	DAIR-AS1	TITLE	Academic Assessment
REVIEW DATE	March 2016	RESPONSIBILITY	Director of Assessment and Accreditation
		SUPERVISOR	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** All academic degree-seeking programs

**DESCRIPTION** This procedure refers to the academic assessment cycle

- PROCEDURE**
1. DAIR communicates with all department chairs to develop/update their assessment plans.
    - a. Each academic program will review its assessment plan and file an assessment report every year. It is expected that programs/units will routinely gather and analyze assessment data and make appropriate changes.
    - b. Each academic program should specify a set of student learning outcomes for the students who graduate with the degree or certificate. Each program should also identify multiple measures to assess those learning outcomes. At least one assessment measure used by a program must be direct.
  2. DAIR conducts training sessions and provide consultation on assessment planning and reporting, and support with the Planning and Assessment software (Compliance-Assist).
  3. DAIR develops and disseminates assessment plan and report templates, guidelines and timeline to all departments.
  4. All programs submit their plans on Compliance-Assist according to the timeline. Assessment plans submitted should include the following elements:
    - *Mission Statement;*
    - *Program/Unit Goals;*
    - *Program/Unit (Learning) Outcomes/Objectives;*
    - *Learning opportunities;*
    - *Assessment methods/measures;*
    - *Target levels/benchmarks; and*
    - *When assessment will be conducted and reviewed*
  5. DAIR sends a report to deans and area heads with all submitted plans and reports on Compliance-Assist after the deadline.
  6. One year later, DAIR sends a follow-up email to all department heads to report on results of their plans.
  7. All programs submit their reports, including analysis and action items based on results, on Compliance-Assist according to the timeline. Reports submitted should include the following elements:
    - *Results/Findings;*
    - *How results will be used and communicated; and*
    - *Follow up on last year's recommended changes based on assessment results*
  8. DAIR sends a report to deans and area heads with all submitted reports on Compliance-Assist.
- GUIDELINES**
- The department chair, or designee, is responsible for initiating assessment planning and reporting within the department/program.

- Assessment of a program is the responsibility of those who provide the program, beginning from the development of outcomes or objectives, establishment of criteria for success, and development of systematic ways to improve student learning based upon the results of an assessment.
- Assessment plans and reports are to be submitted on Compliance Assist (Planning & Assessment Software) and updated periodically, and in particular after major changes to a program's curriculum.
- Assessment results will be used in planning and implementing program improvements. Program faculty are expected to document their assessment activities; i.e., how they have analyzed, reviewed, and used the assessment results to enhance their programs.

## INSTITUTIONAL ASSESSMENT

SOP #	DAIR-AS2	TITLE	<b>General Education Assessment</b>
REVIEW DATE	March 2016	RESPONSIBILITY	Director of Assessment and Accreditation
		SUPERVISOR	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** All general education courses and program

**DESCRIPTION** This procedure refers to the assessment cycle for the Core Curriculum.

**PROCEDURE** *Prospective*



## INSTITUTIONAL ASSESSMENT

SOP #	DAIR-AS3	TITLE	<b>Non-Academic Assessment</b>
REVIEW DATE	March 2016	RESPONSIBILITY	Director of Assessment and Accreditation
		SUPERVISOR	Chief Strategy and Institutional Effectiveness Officer

- SCOPE** All administrative, academic support and executive education departments
- DESCRIPTION** This procedure refers to the assessment and KPIs needed and integral of the Integrated Planning cycle
- PROCEDURE**
1. DAIR communicates with all department heads to develop/update their assessment plans.
    - a. Each non-academic unit will review its assessment plan and file an assessment report every year. It is expected that units will routinely gather and analyze assessment data and make appropriate changes.
    - b. Each non-academic unit should specify a set of outcomes for the service or function they are providing. Each unit should also identify multiple measures to assess those outcomes. At least one assessment measure must be direct.
  2. DAIR conducts training sessions and provide consultation on assessment planning and reporting, and support with the Planning and Assessment software (Compliance-Assist).
  3. DAIR develops and disseminates assessment plan and report templates, guidelines and timeline to all non-academic units.
  4. All units submit their plans on Compliance-Assist according to the timeline. Assessment plans submitted should include the following elements:
    - *Mission Statement;*
    - *Unit Goals;*
    - *Unit Outcomes/Objectives;*
    - *Assessment methods/measures;*
    - *Target levels/benchmarks; and*
    - *When assessment will be conducted and reviewed*
  5. DAIR sends a report to area heads with all submitted plans and reports on Compliance-Assist after the deadline.
  6. One year later, DAIR sends a follow-up email to all department heads to report on results of their plans.
  7. All units submit their reports, including analysis and action items based on results, on Compliance-Assist according to the timeline. Reports submitted should include the following elements:
    - *Results/Findings;*
    - *How results will be used and communicated; and*
    - *Follow up on last year's recommended changes based on assessment results*
- GUIDELINES**
- DAIR sends a report to deans and area heads with all submitted reports on Compliance-Assist.
  - The executive director or director is responsible for initiating assessment planning and reporting within the non-academic unit.
  - Assessment of a service is the responsibility of those who provide the services, beginning from the development of outcomes or objectives, establishment of criteria for success, and

development of systematic ways to improve student services based upon the results of an assessment.

- Assessment plans and reports are to be submitted on Compliance Assist (Planning & Assessment Software) and updated periodically, and in particular after major changes to a unit's structure or function.
- Assessment results will be used in planning and implementing program improvements. Units are expected to document their assessment activities; i.e., how they have analyzed, reviewed, and used the assessment results to enhance their services or functions.

## INSTITUTIONAL DASHBOARD

<b>SOP #</b>	DAIR-DS1	<b>TITLE</b>	<b>Institutional Effectiveness Dashboard</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Planning Manager
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** AUC Senior Administration and Board of Trustees

**DESCRIPTION** This procedure refers to the steps for preparing the Institutional Effectiveness Dashboard presented every fall to the President, Cabinet and Board of Trustees

- PROCEDURE**
1. DAIR reviews the previous fall Institutional Effectiveness Dashboard to see if changes in KPIs or definitions is needed
  2. DAIR updates the IE Dashboard and IE Dashboard definitions with data collected as part of the Data Collection process
  3. DAIR shares the IE Dashboard with President and Cabinet members for review, alignment and feedback
  4. DAIR collects any data and makes updates to IE resulting from Presidential and Cabinet review
  5. DAIR updates the Data Repository with any new or updated data elements and/or definitions
  6. DAIR saves the survey report, visualization representations, analysis and data electronically in a shared, secure and well-organized location with the path and a copy sent to: DAIR Administrative Assistant, Director of Assessment and Accreditation, Director of Institutional Research, Planning Manager and Executive Director
  7. Executive Director shares the reviewed and approved IE Dashboard with President and Cabinet

## INSTITUTIONAL DASHBOARD

<b>SOP #</b>	DAIR-DS2	<b>TITLE</b>	<b>Special-Purpose Dashboard</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Strategy Director
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** AUC area and school level

**DESCRIPTION** This procedure refers to the steps for preparing the dashboards requested by area heads and/or deans

**PROCEDURE**

1. The requestor sends an email to DAIR specifying the following for the required dashboard:
  - KPIs (key performance indicators)
  - The number of years
2. DAIR extracts/collects the requested data
3. DAIR prepares and confirms the definitions
4. DAIR develops the dashboard based on the specific need and sends it back to the requestor with the definitions, source clearly labeled.
5. DAIR updates the Data Repository with any new or updated data elements and/or definitions
6. DAIR saves the survey report, visualization representations, analysis and data electronically in a shared, secure and well-organized location with the path and a copy sent to: DAIR Administrative Assistant, Director of Assessment and Accreditation, Director of Institutional Research, Planning Manager and Executive Director

## INSTITUTIONAL SURVEYS

<b>SOP #</b>	DAIR-SR1	<b>TITLE</b>	<b>Institutional Survey Calendar</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Director of Assessment and Accreditation

- SCOPE** Institutional Survey Calendar hosts:
- institutional surveys that are conducted in coordination with international survey bodies such as NSSE/CIRP
  - institutional surveys adapted from international surveys
  - institutional surveys designed in-house with high impact on decision making, policy issuing, assessment and/or planning

**DESCRIPTION** This procedure refers to the maintenance of the Institutional Survey Calendar

- PROCEDURE**
1. DAIR maintains a calendar for cyclic institutional surveys to ensure surveys are:
    - aligned with Institutional Effectiveness (IE) best practices
    - minimize survey fatigue
    - diverse coverage of key stakeholders
    - well dispersed during the academic year for effective resource allocation
  2. The calendar is revisited annually in the spring semester to include updates and modifications for the following year. The review process is based on:
    - IE trends
    - AUC strategic direction
    - Key stakeholder preferences and needs
  3. The calendar of surveys is reviewed and approved by Director of Assessment and Accreditation and the Executive Director of DAIR.
  4. The calendar is submitted to the Planning and Assessment Committee.
  5. Budget is revised and allocated either within DAIR, survey requestor's area or other.

**TIMELINE** Survey calendar is maintained all through the year. It is revised and approved in the spring to inform budgeting of the following year.

## INSTITUTIONAL SURVEYS

<b>SOP #</b>	DAIR-SR2	<b>TITLE</b>	<b>Cyclic In-House Institutional Surveys</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Director of Assessment and Accreditation

- SCOPE** Institutional surveys that are hosted in the Institutional Survey Calendar and are adapted from international surveys or completely in-house designed/administered periodically with a significant impact on institutional decision making, policy issuing, assessment and/or planning
- DESCRIPTION** This procedure refers to surveys designed within DAIR based on IE best practices in support of institutional decision making, assessment, planning and policy issuing.
- PROCEDURE**
1. In accordance with the Institutional Survey Calendar, planning for the survey starts.
  2. One month before the administration of any survey, concerned entities are invited to review the survey questions to make sure that they are still relevant and cover their research needs.
  3. Final survey with feedback and changes is reviewed and approved.
  4. DAIR will send the survey out to the target list of recipients as per the specified date in the calendar of Institutional surveys, and send the survey reminders where necessary.
  5. DAIR will close the survey as per the specified date in the calendar of Institutional surveys.
  6. DAIR will provide basic analysis of survey responses unless further requirements are specified, and report is provided in a PDF format.
  7. DAIR disseminates the survey analysis report to all entities that would find these results interesting and useful for performance improvement.
  8. DAIR updates the Survey Repository and Log file with the necessary details.
  9. Entities who received the survey results are required to share with DAIR how the results were utilized and/or impacted decisions.
- TIMELINE** Timeline for survey preparation, administration and analysis depends on the nature of the institutional survey and the urgency or priority for decision-making.

## INSTITUTIONAL SURVEYS

<b>SOP #</b>	DAIR-SR3	<b>TITLE</b>	<b>Cyclic International Institutional Surveys</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Director of Assessment and Accreditation

<b>SCOPE</b>	Institutional surveys that are hosted in the Institutional Survey Calendar and are implemented in coordination with an international Higher Education (HE) survey body such as NSSE/CIRP
<b>DESCRIPTION</b>	This procedure refers to surveys internationally used by HE institutions such as NSSE and CIRP to allow for benchmarking. These support of institutional decision-making, assessment, planning and policy issuing.
<b>PROCEDURE</b>	<ol style="list-style-type: none"> <li>1. In accordance with the Institutional Survey Calendar, DAIR coordinates with international entities responsible for administering the survey to prepare for administration, monitoring and follows up with delivery of report.</li> <li>2. DAIR disseminates the survey analysis report to all entities that would find these results interesting and useful for performance improvement</li> <li>3. DAIR updates the Survey Repository and Log file with the necessary details</li> <li>4. Entities who received the survey results are required to share with DAIR how the results were utilized and/or impacted decisions.</li> </ol>
<b>TIMELINE</b>	Timeline is coordinated and is contingent on the international survey body schedule

## INSTITUTIONAL SURVEYS

SOP #	DAIR-SR4	TITLE	<b>Non-Cyclic Institutional Surveys</b>
REVIEW DATE	March 2016	RESPONSIBILITY	Research Analyst
		SUPERVISOR	Director of Assessment and Accreditation

- SCOPE** Institutional surveys conducted sporadically to aid with research and decision-making in a particular situation
- DESCRIPTION** This procedure refers to surveys that target a census or a broad sample of a population but are not administered periodically and, therefore, not listed on the Institutional Calendar of surveys. These surveys are usually conducted based on IE needs for decision making, policy issuing, assessment and/or planning such as assessing the need for an institution-wide service or measuring the level of satisfaction with a provided institutional service.
- PROCEDURE**
- The individual or group wishing to conduct the survey sends a survey application form that should include the following:
    - the purpose of the survey and the survey requestor details;*
    - what data is to be collected and the survey target population;*
    - the survey delivery method;*
    - the planned timelines, Survey opening date, closing date and any reminders;*
  - DAIR will review the application form and respond back within 10 working days with a decision after taking the following points into consideration:
    - the possibility of using alternative methods for collecting the same information such as focus groups;*
    - the availability of any other surveys/ data sources that can be used to provide the same information;*
    - the possibility of merging this survey with other planned surveys;*
    - the optimal timing to launch the survey to ensure that it does not interfere with other main institutional surveys (**Main institutional surveys planned on the Institutional calendar of surveys will take precedence over other survey requests.**)*
  - If the need to conduct this survey was justified based on the prior considerations, the Office of the DAIR will have to discuss the following items with the survey requestor:
    - the design of the survey to make sure that it follows the best practices;*
    - the desired method for collecting responses to the survey (e.g. email collector or web link collector);*
    - proper timeline for opening and closing the survey and participation reminders;*
    - the message body and title to be sent out to invite for participation;*
    - the reminder message body and title;*
    - possible incentives (if any)*



4. The requestor secures permission to email the targeted population from the senior officer responsible for that population and sends a copy of the approval letter or email to DAIR.
5. If the target list of recipients is anything other than all undergraduate students, all graduate students, all students or all AUC, the requestor will be required to provide DAIR with the emails of the target list of recipients.
6. DAIR will design the survey on the survey tool, and will share a preview link with the survey requestor for final confirmation on the survey design.
7. The survey requestor will send a final confirmation.
8. DAIR will send the survey out to the target list of recipients on the agreed-upon survey opening date and will send the survey reminders at the agreed-upon dates.
9. DAIR will close the survey on the agreed-upon survey closing date
10. DAIR will provide basic analysis of survey responses unless further requirements are specified, and report will be delivered in a PDF format. If the survey requestor finds it more useful to have the results in a different format, a clear justification should be submitted for approval of the Executive Director of the Office of DAIR.
11. DAIR disseminates the survey analysis report to all entities that would find these results interesting and useful for performance improvement.
12. DAIR updates the Survey Repository and Log file with the necessary details
13. Entities who received the survey results are required to share with DAIR how the results were utilized.

**TIMELINE**

Surveys should be submitted to the DAIR department for review at least one month prior to the desired date of launching the survey.

Surveys should be kept open for at least 2 weeks to allow for sufficient response time with one reminder sent mid-way through and one right before the deadline.

If DAIR is responsible for submitting survey results analysis then the time needed to complete the survey analysis will be agreed upon on a case-by-case basis according to the amount of workload and queue of requests at a minimum of ten days.

## INSTITUTIONAL SURVEYS

SOP #	DAIR-SR5	TITLE	<b>Non-Institutional Surveys</b>
REVIEW DATE	March 2016	RESPONSIBILITY	Research Analyst
		SUPERVISOR	Director of Assessment and Accreditation

- SCOPE** Departmental/Program level surveys that do not have a significant impact on institutional decision making, assessment or planning
- DESCRIPTION** This procedure refers to surveys designed, and/or administrated for specific departmental or program-level surveys and are only reviewed by DAIR for consultancy on design and recommendation of possible data sources that can provide same information.
- PROCEDURE**
1. DAIR will review the survey request taking the following into consideration:
    - The possibility of using alternative methods for collecting the same information such as focus groups
    - The availability of any other surveys/ data sources that can be used to provide the same information
  2. If information needed by the requestor do not exist as part of any other existent surveys/ data sources and conducting a survey is the best method to collect this information:
  3. DAIR provides:
    1. guidance on where to find possible resources that can be useful in designing the survey
    2. feedback on your design of the survey provided that the requestor submits a clear structure of questions and possible answer choices
    3. advice on tools that can help the requestor create and host your survey
  4. DAIR will **not** be responsible for designing and administering the survey
  5. DAIR will **not** be responsible for providing analysis for the survey
  6. DAIR updates the Survey Repository and Log file with the necessary details
  7. Entities conducted the survey are required to share with DAIR how the results were utilized and/or impacted decisions.
- TIMELINE** Surveys should be submitted to DAIR for review at least one month prior to the desired date of launching the survey.
- Surveys should be kept open for at least 2 weeks to allow for sufficient response time with one reminder sent mid-way through and one right before the deadline.

## INSTITUTIONAL SURVEYS

<b>SOP #</b>	DAIR-SR6	<b>TITLE</b>	<b>Institutional Survey Dissemination</b>
<b>REVIEW DATE</b>	March 2016	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Director of Assessment and Accreditation

- SCOPE** All institutional surveys implemented in coordination with DAIR
- DESCRIPTION** This procedure refers to the standards of dissemination of survey results to the AUC community
- PROCEDURE**
1. DAIR prepares a report with an executive summary, survey analysis and open ended question themes
  2. The report is reviewed and approved by the Director of Assessment and Accreditation and the Executive Director
  3. A discussion is conducted with the Executive Director on dissemination methods and channels includes:
    - visualization techniques such as infographics to add
    - previous or alternative surveys or research available that can be linked
    - target recipients to survey results
  4. DAIR saves the survey report, visualization representations, analysis and data electronically in a shared, secure and well-organized location with the path and a copy sent to: DAIR Administrative Assistant, Director of Assessment and Accreditation, Director of Institutional Research, Planning Manager and Executive Director
  5. The Executive Director disseminates institutional survey results and visualization representations where available to the appropriate audience with:
    - a cover letter reflecting the value added this survey,
    - requesting constituents to inform DAIR of decision making implications,
    - requesting feedback for continuous improvement
    - encouraging the sharing and disseminations of the results
    - encouraging conducting presentations on survey results
  6. Survey results are posted to the DAIR web site for future reference
  7. Requests for presentations of survey results are shared and approved by the Executive Director

## STRATEGY MANAGEMENT

SOP #	SMIE-SM1	TITLE	<b>Institutional Planning</b>
REVIEW DATE	October 2018	RESPONSIBILITY	Strategy Management Director
		SUPERVISOR	Chief Strategy and Institutional Effectiveness Officer

**SCOPE** All AUC Offices and areas (academic and administrative)

**DESCRIPTION** This procedure refers to the steps of the Integrated Planning cycle

**PROCEDURE**

1. SMIE prepares an Institutional Planning calendar that covers the deadlines for the planning cycle in alignment and coordination with the assessment and resource allocation cycles as well as the staff performance evaluation.
2. SMIE communicates with all areas and department heads the integrated planning calendar two weeks ahead of time
3. SMIE conducts training sessions and provide consultation on strategic planning and Compliance-Assist.
4. SMIE develops and disseminates planning template, guidelines and timeline to all departments and units.
5. All units submit their plans on Compliance-Assist according to the timeline. Plans submitted should include the following elements:
  - *Mission Statement;*
  - *Vision Statement;*
  - *SWOT Analysis*
  - *Unit Goals;*
  - *Unit Objectives;*
  - *Unit Strategies;*
  - *Resources;*
  - *KPIs/Assessment measures;*
  - *Target levels/benchmarks*
6. SMIE sends a report to area heads with all submitted plans on Compliance-Assist after the deadline.
7. One year later, SMIE sends a follow-up email to all department heads to report on results of their plans.
8. All units submit their reports, including analysis and action items based on results, on Compliance-Assist according to the timeline. Reports submitted should include the following elements:
  - *Results/Findings;*
  - *How results will be used and communicated; and*
  - *Follow up on last year's recommended changes based on assessment results*
9. SMIE sends a report to area heads with all submitted reports on Compliance-Assist.
10. Submitted plans and reports are reviewed periodically by the Planning and Assessment Committee and reports feedback back to SMIE.
11. SMIE communicates the feedback to department or areas concerned and tracks changes

**GUIDELINES**

- University strategic plan is developed every 5 years in a collaborative effort by students, faculty and staff. The process is initiated by SMIE 1 year prior to the end of the planning cycle.

- Schools, departments and units should revise their plans every 5 years after the development of the university strategic plan. Each unit should align their plans to the university strategic plan.
- Additional resources should be linked to unit's goals and objectives.
- Each unit will review its strategic plan and file a report every year. It is expected that units will routinely gather and analyze data and make appropriate changes.
- The department chair, or designee, is responsible for initiating planning and reporting within the department
- The executive director or director is responsible for initiating planning and reporting within the non-academic unit.
- Strategic planning is the responsibility of those who provide the services, beginning from the development of goals or objectives, establishment of criteria for success, and development of systematic ways to improve based upon the results of an assessment.
- Strategic plans and reports are to be submitted on Compliance Assist (Planning & Assessment Software) and updated periodically.
- SMIE is responsible for preparing Institutional dashboards and other performance tracking.
- SMIE is responsible for providing data and preparing research in support of the planning process.

## STRATEGY MANAGEMENT

<b>SOP #</b>	SMIE-SM2	<b>TITLE</b>	<b>Institutional Planning</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Strategy Management Director
		<b>SUPERVISOR</b>	Chief Strategy and Institutional Effectiveness Officer

- SCOPE** All AUC Offices and areas (academic and administrative)
- DESCRIPTION** This procedure refers to the steps of developing the University Strategic Plan
- PROCEDURE**
1. The Chief Officer and the Strategy Director initiate the development of a revised University Strategic Plan one year before the previous plan ends.
  2. The Strategy Director develops a timeline for the Strategic Planning process and the key deliverables.
  3. SMIE conducts an internal environmental scan to identify the institution's strengths as well as areas that require improvements.
  4. SMIE plans for an external environmental scan to identify opportunities and competitive factors.
  5. SMIE presents and communicates findings of the internal and external environmental scans to the community.
  6. The Strategy Director conducts and facilitates workshops with the strategic planning committee as well as key stakeholders to discuss, propose and prioritize on the university goals, objectives, initiatives, projects, as well as institutional targets.
  7. The Strategy Director works with relative stakeholders to identify key performance indicators (KPIs) that measure the progress of the University initiatives and projects.
  8. Chief Officer submits the proposed University Strategic Plan to the Cabinet for approval then with Board of Trustees (BOT).
  9. The Strategy Director develops a communication plan to disseminate the University Strategy to the whole community. Also works with the with the Office of Communication to develop the necessary strategic planning publications.

## STRATEGY MANAGEMENT

<b>SOP #</b>	SMIE-SM3	<b>TITLE</b>	<b>Strategy Tracking</b>
<b>REVIEW DATE</b>	October 2018	<b>RESPONSIBILITY</b>	Strategy Management Director
		<b>SUPERVISOR</b>	Chief Officer

- SCOPE** All AUC Offices and areas (academic and administrative)
- DESCRIPTION** This procedure refers to the steps of tracking the progress of the university strategic plan
- PROCEDURE**
1. The Strategy Director works with the Institutional Research Director, Business Intelligence Director and the Assessment and Accreditation Director to report periodically on the institutional KPIs as well as provide the relative definition. This is done for any indicator that is reported on a system or through surveys.
  2. For KPIs that are not reported on systems, relative stakeholders provide the periodic progress of the strategic indicators.
  3. The Strategy Director meets with different stakeholders to discuss and propose other measures whenever the indicator is not assessing the related initiative.
  4. The Strategy Director develops an Institutional Effectiveness dashboard with all the strategic planning KPIs to report on the progress of the university strategic plan and track the developments toward achieving the university institutional targets.
  5. The Chief Officer and the Strategy Director communicate the Institutional Effectiveness Dashboard periodically to the Cabinet and highlights the points of progress, steady-state or regress.

## BUSINESS INTELLIGENCE

<b>SOP #</b>	DAIR-BI1	<b>TITLE</b>	<b>BI Census Reporting</b>
<b>REVIEW DATE</b>	October-2018	<b>RESPONSIBILITY</b>	Business Intelligence and Data Analytics Director
		<b>SUPERVISOR</b>	Executive Director

**SCOPE** Census Students Admissions and Enrollment Information

**DESCRIPTION** This procedure refers to the steps of handling report requests from the different stakeholders on campus

**PROCEDURE**

1. On census day, ETLs are halted
2. The person in charge of the ETL process aligns with Banner DB Admin on when to start taking the census snapshot
3. ETL sequences are started to extract census data into the datawarehouse PROD tables as usual
4. The ETLs are halted again until a confirmation of the “Quality Assurance” on the dashboard figures is received
5. Lists are scheduled to be emailed to the “Quality Assurance” team for the census semester right after the successful completion of the ETL process:
  - a. Admissions List
  - b. Enrollment List
  - c. Transfer Credits

*The reports needed to generate these lists are under “Team Content >> AUC Team >> Reports >> Census Reports”*
6. Dashboards are scheduled to be emailed to the “BI Team” & the Executive Director for the census semester right after the successful completion of the ETL process:
  - a. Admissions Dashboard – Student Type: New & Dual Degree
  - b. Admissions Dashboard – Transfer Students
  - c. Incoming Class
  - d. UG Enrollment Dashboard
  - e. HR with Faculty
  - f. Financial Assistance with \$
  - g. Financial Assistance without \$\$
  - h. HR Trends
  - i. Internationalization
  - j. School Profile for each school

Additional dashboards will be provided on-demand.
7. Once figures are confirmed, Departmental Major and Minor Enrollment reports will be bursted to all department chairs and their delegates “(Team Content >> AUC Team >> Reports >> Bursting Reports”
8. The calculation of retention and graduation KPIs:
  - a. Census Schema will be created using the create – insert statements available on the trello board “Handover Tasks and Materials” >> Card: “Fact Cohort Model - Retention and Graduation” >> File “DWH Table Creation (2).xlsx”



- b. The ETL sequence that updates FactCohort is run using the new census schema as the parameter
  - c. The 1<sup>st</sup> Year retention and 6 Years Graduation rates are shared with the “Quality Assurance Team” for validation and confirmation
9. The trends dashboard update:
- a. The “BI Team” sends the set of records in FactTrends for the previous semester to the “Quality Assurance Team” requesting an update to the KPI values for the census semester
  - b. The “Quality Assurance Team” sends the file updated with the new values without changing the names of any measures
  - c. Only when all values for all KPIs are available, the “Quality Assurance Team” sends the file to the “BI Team” to be uploaded
  - d. The BI Team appends the set of the new records to the FactTrends Table
  - e. The BI Team runs checks on the number of inserted records to make sure they are of the same count as the number of records available for the previous semester
  - f. The BI Team runs checks that no duplications were introduced to the table
  - g. The BI Team sends an updated version of the “Trends Dashboard” to the “Quality Assurance” Team for review and final sign-off
  - h. The dashboard is released

**GUIDELINES**

- The census cycle takes place once per semester. The trends dashboard is only updated in Falls.
- The “Quality Assurance” team is responsible to make sure that the census data is correctly stored on Banner
- The “Quality Assurance” team is responsible for making all the quality checks before census date to ensure a smooth process
- The “Quality Assurance” team sign-off and confirmation on census files and dashboards that will be used for census reporting all through the semester

## BUSINESS INTELLIGENCE

<b>SOP #</b>	DAIR-BI2	<b>TITLE</b>	<b>BI Report Request</b>
<b>REVIEW DATE</b>	October-2018	<b>RESPONSIBILITY</b>	Business Intelligence and Data Analytics Director
		<b>SUPERVISOR</b>	Executive Director

**SCOPE** All AUC Offices and areas (academic and administrative)

**DESCRIPTION** This procedure refers to the steps of handling report requests from the different stakeholders on campus

**PROCEDURE**

1. A user requests a report by sending an email to any of the BI team members or to [bi-dair@aucegypt.edu](mailto:bi-dair@aucegypt.edu)
2. Once the request is received, it is added to the pipeline of tasks
3. A BI team member gets assigned to the report request
4. The assigned team member may need further clarifying information on the request, this is best collected via a phone conversation followed by an email of documenting the request in a clear format for the user
5. If a Cognos report retrieving the needed information is available, the BI team checks:
  - a. If the user has BI access, the user is granted access to the Cognos report to run it at his own convenience provided that all prompts for the needed parameters are available. A user may need a quick orientation in this case
  - b. If the user does not have BI access, the report is executed with the needed parameters and is shared with the requestor via email. In this case the requestor may need to be asked if he needs to receive the report on a daily/ weekly/ monthly schedule
6. If the requested report can be generated using data previously modeled in the data-warehouse:
  - a. The assigned BI team member gets back to the requestor with a tentative timeline of finishing the task
  - b. The assigned BI team member creates a Cognos Report that retrieves the needed information
  - c. Validation of the newly designed report against existing figures and counts in the existing dashboards is highly recommended
  - d. Refer to 5.a and 5.b
  - e. An email with the path of the newly designed Cognos report should be sent to all BI team members
7. If the requested report cannot be generated using data previously modeled in the data-warehouse but is available through direct connections with the source systems:
  - a. The assigned BI team member gets back to the requestor with a tentative timeline of finishing the task
  - b. The information is extracted directly from the database
  - c. A note should be made to the Data modeler that this information is missing in the data-warehouse

- d. An assessment of the importance of adding the requested information to the data-warehouse should be conducted
  - e. Simple modifications to the model is immediately implemented
  - f. More complicated modifications to the model should be discussed for inclusion in a new version of the roadmap
8. All reports generated should carry a timestamp of the effective date of the information sent and a signature of the BI team and the name of the office

- GUIDELINES**
- If data is already modeled in the data-warehouse, it is not acceptable to extract the data from the database unless there is strong justification to do so
  - If data is already modeled in the data-warehouse, it is not acceptable to extract the data from Cognos using an SQL query unless there is a strong justification to do so
  - All BI reports should be tracked in the tasks progress sheet

## BUSINESS INTELLIGENCE

<b>SOP #</b>	DAIR-BI3	<b>TITLE</b>	<b>BI Dashboard Request</b>
<b>REVIEW DATE</b>	October-2018	<b>RESPONSIBILITY</b>	Business Intelligence and Data Analytics Director
		<b>SUPERVISOR</b>	Executive Director

**SCOPE** All AUC Offices and areas (academic and administrative)

**DESCRIPTION** This procedure refers to the steps of handling new dashboard requests

**PROCEDURE**

1. With the introduction of every new module/ system, a decision is taken to either create a new dashboard or add a modification to an existing dashboard
2. An initial design is proposed by the BI Team to capture the most important pieces of information newly introduced to the data-warehouse
3. The dashboard is demonstrated to a selected list of users for their initial feedback on the design
4. Once design is approved, the dashboard moves to the data validation phase for clearance by the Data Quality team
5. Receiving Data Quality team approval on the accuracy of the information provided allows moving the dashboard to the public folder
6. Users Access is provided to the dashboard upon governance feedback on authorization of data access

## STANDARD OPERATING PROCEDURES DATA DEFINITIONS

Compliance Assist	Compliance Assist is a web based software system from Campus Labs designed to assist in housing effectiveness plans and reports for continuous improvement. Compliance Assist (CA) allows planning and assessment reports to join each other seamlessly for a smooth effectiveness cycle. Users can generate reports and edit information with ease. AUC has licensed the Planning, Assessment, Program Review and Accreditation modules.
Cyclic in-house Institutional Survey	Institutional surveys that are hosted in the Institutional Survey Calendar and are adapted from international surveys or completely in-house designed/administered periodically with a significant impact on institutional decision making, policy issuing, assessment and/or planning.
Cyclic International Institutional Survey Data Repository	Institutional surveys that are hosted in the Institutional Survey Calendar and are implemented in coordination with an international HE survey body such as NSSE/CIRP. A repository that hosts key data elements generated/reported by DAIR starting Spring 2015. It retains the following elements: Classification, Data Element Name, Definition, Source, Owner and State of Data.
Data Request Log	A log of key data requests starting April 2016. It includes the following elements: Date of request, Description of the request, Deliver date, Office, Email of requester.
Institutional Survey Calendar	An Institutional survey calendar is available on the Data Analytics and Institutional Research website which lists the approved and scheduled institutional surveys.
Non-Cyclic Institutional Surveys	Institutional surveys that target a census or a broad sample of a population but are not listed on the Institutional Survey Calendar because they are not administered periodically. These surveys are usually used to assess the need for an institution-wide service or measure the level of satisfaction with a provided institutional service.
Non-Institutional Surveys	Surveys designed, and/or administrated for specific departmental or program-level purposes
Survey Repository	A repository that hosts all surveys administered by DAIR starting Fall 2015. It retains the following elements for each new survey: Name, Target Population, Population Size, Response Rate, Creation Date, Launch Date, Type, Frequency, Department and Mode of delivery.

## NAMES OF IMPORTANT COMMITTEES REFERENCED

- Accreditation Steering Committee
- Data Management Committee
- Planning and Assessment Committee
- Standing Ranking Committee

## CONTACT INFORMATION

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