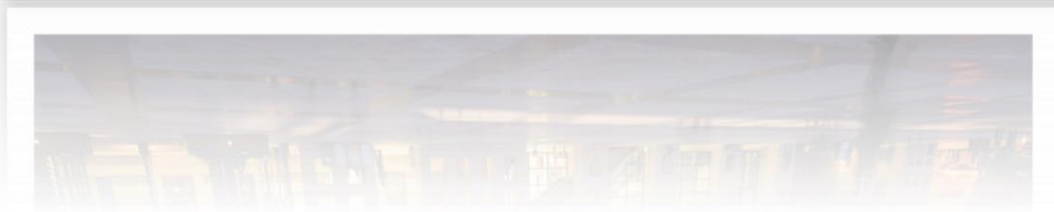


# STANDARD OPERATING PROCEDURES MANUAL

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



## *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, data analysis, and business process improvement 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 Strategy Management and Institutional Effectiveness (SMIE) advances the mission and values of the American University in Cairo by facilitating evidence-based decisions and a culture of assessment and integrated planning. SMIE is the university's official source of information about itself, its peers, and its educational environment.

## VISION

The Office of Strategy Management and Institutional Effectiveness (SMIE) will be recognized throughout the university community as well as in Egypt, the region, and internationally for its leadership and innovation in planning, assessment, research, process improvement 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.

**Consistency:** Operate the procedures in a consistent way among the Processes' stakeholders and beneficiaries, for delivering the processes targeted outcomes.

**Efficiency:** Optimize AUC resources utilization, effectively and efficiently through processes' outcomes optimization.

## SOPs DEFINITIONS

The SOPs in this manual are defined as follows:

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

## BUSINESS INTELLIGENCE

<b>SOP #</b>	SMIE-BI1	<b>TITLE</b>	BI Census Reporting
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Business Intelligence and Data Analytics Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**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 Accreditation report under *Team Content>>Reports>>Useful reports >>Accreditation\_V3\_School* prompt should be extracted and saved for every school
9. 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
10. 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>	SMIE-BI2	<b>TITLE</b>	BI Report Request
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Business Intelligence and Data Analytics Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

<b>SCOPE</b>	All AUC Offices and areas (academic and administrative)
<b>DESCRIPTION</b>	This procedure refers to the steps of handling report requests from the different stakeholders on campus
<b>PROCEDURE</b>	<ol style="list-style-type: none"> <li>1. A user requests a report by sending an email to any of the BI team members or to <a href="mailto:bi-dair@aucegypt.edu">bi-dair@aucegypt.edu</a></li> <li>2. Once the request is received, it is added to the pipeline of tasks</li> <li>3. A BI team member gets assigned to the report request</li> <li>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</li> <li>5. If a Cognos report retrieving the needed information is available, the BI team checks: <ol style="list-style-type: none"> <li>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</li> <li>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</li> </ol> </li> <li>6. If the requested report can be generated using data previously modeled in the data-warehouse: <ol style="list-style-type: none"> <li>a. The assigned BI team member gets back to the requestor with a tentative timeline of finishing the task</li> <li>b. The assigned BI team member creates a Cognos Report that retrieves the needed information</li> <li>c. Validation of the newly designed report against existing figures and counts in the existing dashboards is highly recommended</li> <li>d. Refer to 5.a and 5.b</li> <li>e. An email with the path of the newly designed Cognos report should be sent to all BI team members</li> </ol> </li> <li>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: <ol style="list-style-type: none"> <li>a. The assigned BI team member gets back to the requestor with a tentative timeline of finishing the task</li> <li>b. The information is extracted directly from the database</li> <li>c. A note should be made to the Data modeler that this information is missing in the data-warehouse</li> <li>d. An assessment of the importance of adding the requested information to the data-warehouse should be conducted</li> <li>e. Simple modifications to the model is immediately implemented</li> <li>f. More complicated modifications to the model should be discussed for inclusion in a new version of the roadmap</li> </ol> </li> </ol>



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>	SMIE-BI3	<b>TITLE</b>	BI Dashboard Request
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Business Intelligence and Data Analytics Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**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

## BUSINESS PROCESS IMPROVEMENT

<b>SOP #</b>	SMIE-BPI1	<b>TITLE</b>	Business Process Improvement
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Director, Business Process Improvement
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

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

**DESCRIPTION** This procedure refers to the steps of handling new Business Process Improvement requests

**PROCEDURE**

1. The Process owner contacts the director for a specific process improvement.
2. The Business Process Improvement phases includes:
  - 1) **Design & Model:** the owner provides to the Director the process's current activities, SL of each activity, historical data, relevant policies, and the process challenges. The Director supports in the process documentation and modeling, defining the key activities, involved stakeholders, process workflow, and the process's total duration. The owner and stakeholders review the documented process and sign-off.
  - 2) **Develop & Deploy:** The Director analyzes the received data and defines the process's gaps, and share the improvement proposal with the process stakeholders. Also, discuss with the IT team (*if automation is required for the process optimization*) the process improvement automation feasibility and the required features in the system that would support in implementing the process improvement. Upon the IT team's confirmation, all the stakeholders sign-off the improvement proposal and the Director uploads the signed-off document to the AUC Business Processes Repository.
  - 3) **Execute Plan:** The IT team keeps the stakeholders updated with the progress of yjr automation, and the required changes in the workflow in case of a difficulty in technical implementation on one or more of the activities. After the automation completion, the IT team performs automation soft-launch, for ensuring the stability and harmony in implementation. Official announcement is circulated among the process stakeholders and beneficiaries, as the last step in this phase, for alignment and compliance to the new process.
  - 4) **Analyze & Optimize:** The utilized system generates a periodical report that the Director and the stakeholders review the report to ensure the process outcomes delivery. The Director and the stakeholders may need to conduct a meeting (*if needed*) to discuss the implementation gaps and how to cooperate for the process optimization. The process improvement phases starts-over by modeling the process changes, defined gaps, and the generated data.

## COMPLIANCE ASSIST

<b>SOP #</b>	SMIE-CA1	<b>TITLE</b>	System Administration/ Upgrade
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Strategy Management Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**SCOPE** All AUC representatives responsible for updating integrated plans, assessment plans, reports and programs review

**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 the Strategy Management team 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)
- Strategy Management team verifies the authorization request and the supervisor approval
- Strategy Management team logs in to Compliance Assist
- Strategy Management team checks if the user already exists or is a new user

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

- Strategy Management team resets password
- Strategy Management team checks assigned role(s) and department level access
- Strategy Management team revokes any previous outdated department level access and role(s)
- Strategy Management team grants the suitable department level access and role(s)

### ***New user***

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

5. Strategy Management team 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 the Strategy Management team in case change of access needs to take place for any reason
7. At the beginning of every Fall, Strategy Management team 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, Strategy Management team reviews the organizational chart and makes the necessary changes to keep the organizational chart up-to-date

## COMPLIANCE ASSIST

<b>SOP #</b>	SMIE-CA2	<b>TITLE</b>	Integrated Planning
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Strategy Management Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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** **To create username and password**

1. If you have already logged into Compliance Assist, you should still have a username and password for the new Campus Labs interface. The username should be your AUC email username. Use your AUC email credentials to login.
2. If you do not have a login for the Campus Labs Planning Tool, please request one through the “Strategy Management” team

**To login to the system**

1. Please go to <https://aucegypt.campuslabs.com/planning>
2. Note that the old link (<https://aucegypt.compliance-assist.com/planning>) has a redirect and will work in the interim, although we recommend the new link for continued use
3. At the login screen, enter your username and password.

**To locate your department/unit**

1. After logging in, you will be directed to the new user Dashboard
  - a. From here, you may navigate to “Strategic Plan” underneath the “Plans” section on the right side of the screen, or you may access “Plans” by clicking the planning icon located in the vertical toolbar on the left side of the screen.
  - b. Click on one of these links and this is where you will find the new tab, “My Units”, which contains the departments and/or areas you have access to as well as the institutional hierarchy. Simply click on the department under the “My Units” tab you wish to edit and you will see the current items already included within that department.
  - c. You may use the “Filter” button at the top of the screen to view progress or filter by a strategic plan component (i.e. University Mission, Institutional Pillar, etc). For ease of use, the “Sort” button can also be used to organize documents according your needs.

**To add your strategic plan**

1. Simply click on the “+ Plan Item” button located at the top of the screen. You will see a drop down menu with the different strategic planning and assessment components.
2. Decide which item you would like to add, and then proceed to fill in the required fields. Typically, you will want to include a mission, an environmental scan, unit strategic goals, and objectives for every goal.

**To edit your strategic plan**

1. If you wish to edit an item, click on the document that you wish to edit. You will immediately be taken to the editing window. From there, simply make the changes within the document and then press the “Done” button at the bottom of the screen when you are finished. You will be able to edit the files at any time, as well as see the most recent edits by accessing the “History” tab on the far right side of the screen.

2. To link your document to the university level, navigate to the right side of the editing page screen and click on the “Related” tab located between “Permissions” and “History”. Then, press the “+ Supports” button. From there, use the hierarchy to link to the desired document.

**To create reports**

1. To see your department report, click on the “Reports” tab at the top of the Strategic Plan homepage.
2. Click on the “+ Report” button at the top of the Reports page to begin to create a report
3. You will be taken to the “New Report” page, make sure to specify the format of the report as well as the Fiscal Years that you wish to look at by navigating to the “Start and End Date” section.

## COMPLIANCE ASSIST

<b>SOP #</b>	SMIE-CA3	<b>TITLE</b>	Institutional Assessment
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Assessment and Accreditation
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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 system**

1. Please go to <https://aucegypt.campuslabs.com/planning>
2. Note that the old link (<https://aucegypt.compliance-assist.com/planning>) has a redirect and will work in the interim, although we recommend the new link for continued use
3. At the login screen, enter your username and password.

**To locate your department/unit**

1. After logging in, you will be directed to the new user Dashboard
  - a. From here, you may navigate to “Academic Assessment” or “Academic Support or Administrative Unit Assessment” underneath the “Plans” section on the right side of the screen
  - b. Click on one of these links and this is where you will find the new tab, “My Units”, which contains the departments and/or areas you have access to as well as the institutional hierarchy. Simply click on the department under the “My Units” tab you wish to edit and you will see the current items already included within that department.
  - c. You may use the “Filter” button at the top of the screen to view progress or filter by a strategic plan component (i.e. University Mission, Institutional Pillar, etc). For ease of use, the “Sort” button can also be used to organize documents according your needs.
  - d. You can adjust the fiscal year by choosing the desired year from the top left of the screen

**To Add a new Item**

1. Simply click on the “+ Plan Item” button located at the top of the screen. You will see a drop down menu with the different strategic planning and assessment components.
2. Decide which item you would like to add, and then proceed to fill in the required fields.
3. Click on “Save & Close”

**To edit or delete an existing item**

1. If you wish to edit an item, click on the document that you wish to edit. You will immediately be taken to the editing window. From there, simply make the changes within the document and then press the “Done” button at the bottom of the screen when you are finished. You will be able to edit/delete the files at any time, as well as see the most recent edits by accessing the “History” tab on the far right side of the screen.

**To create reports**

1. To see your department report, click on the “Reports” tab at the top of the Strategic Plan homepage.
2. Click on the “+ Report” button at the top of the Reports page to begin to create a report
3. You will be taken to the “New Report” page, make sure to specify the format of the report as well as the Fiscal Years that you wish to look at by navigating to the “Start and End Date” section.



## COMPLIANCE ASSIST

<b>SOP #</b>	SMIE –CA4	<b>TITLE</b>	Middle States Accreditation Documentation Roadmap
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Assessment and Accreditation
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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

**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

<b>SOP #</b>	SMIE-AC1	<b>TITLE</b>	MSCHE Accreditation ALO Communication
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Assessment and Accreditation
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**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 Substantive Change reports on behalf of the institution
  - preparing, coordinating and submitting the Mid-Point Peer 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>	SMIE-AC2	<b>TITLE</b>	MSCHE Accreditation AIU
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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 AIU 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 Senior 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 Chief Financial Officer 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 AIU as per MSCHE's request
7. Once the AIU is submitted, it is recorded in the request log; the date it was received and the date it was submitted

## INSTITUTIONAL ASSESSMENT

<b>SOP #</b>	SMIE -AS1	<b>TITLE</b>	Academic Assessment
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Assessment and Accreditation
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**SCOPE** All academic degree-seeking programs

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

- PROCEDURE**
1. SMIE 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. SMIE conducts training sessions and provide consultation on assessment planning and reporting, and support with the Planning and Assessment software (Compliance-Assist).
  3. SMIE 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. SMIE sends a report to deans and area heads with all submitted plans and reports on Compliance-Assist after the deadline.
  6. One year later, SMIE 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. SMIE 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

<b>SOP #</b>	SMIE-AS3	<b>TITLE</b>	Non-Academic Assessment
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Assessment and Accreditation
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**SCOPE** All administrative, academic support and executive education departments

**DESCRIPTION** This procedure refers to the assessment and KPIs needed and integral of the Strategic Planning cycle

- PROCEDURE**
1. SMIE communicates with all department heads to develop/update their assessment plans.
    - a. Each non-academic unit will review its strategic 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 objectives 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. SMIE conducts training sessions and provide consultation on assessment planning and reporting, and support with the Planning and Assessment software (Compliance-Assist).
  3. SMIE 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. SMIE sends a report to area heads with all submitted plans and reports on Compliance-Assist after the deadline.
  6. One year later, SMIE 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**
- SMIE 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.

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR1	<b>TITLE</b>	Census Data Extraction from Banner and SAP
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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 Senior 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 Senior 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



## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR2	<b>TITLE</b>	Data validation and Standard Definitions
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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 Senior 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 Senior 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

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR3	<b>TITLE</b>	Data Collection from University Offices
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**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

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR4	<b>TITLE</b>	Internal Requests for Data
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Institutional Research
		Supervisor	Chief Knowledge and Strategy 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 Senior 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 Chief Strategy and Institutional Effectiveness Officer. Designated staff member is responsible for seeing the request through
  4. Once the 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

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR5	<b>TITLE</b>	Egyptian Governmental Surveys
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Senior Director of Institutional Research

- SCOPE** Reports and information prepared for the Egyptian Government agencies such as The Ministry of Higher Education and Scientific Research, CAPMAS, IDSC and others
- DESCRIPTION** This procedure refers to the steps to prepare and submit reports necessary for compliance to the different 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 the 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).

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR6	<b>TITLE</b>	International Surveys
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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 College Board, 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 Senior 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 the 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).

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR7	<b>TITLE</b>	Ranking Surveys
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Senior Director of Institutional Research
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

**SCOPE** International ranking surveys

**DESCRIPTION** This procedure refers to the steps for submitting institutional data to international ranking agencies such as QS, Times Higher Education and US News

**PROCEDURE**

1. Ranking data submission requests are received via official email
2. Depending on the nature of the request, the Chief Strategy and Institutional Effectiveness Officer or IR Senior 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 needed is either extracted from University systems, mainly Banner and SAP, or collected from other offices
4. Data requests must be submitted in full before the deadline set by the requester. Designated staff member is responsible for seeing the request through
5. 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 and the method it was sent (On line portal or by email).

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR8	<b>TITLE</b>	Peer Comparison and Benchmarking
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

<b>SCOPE</b>	AUC Senior Administration, Department Heads, Deans and Chairs
<b>DESCRIPTION</b>	This procedure refers to the steps for preparing peer comparisons and benchmarking reports
<b>PROCEDURE</b>	<ol style="list-style-type: none"> <li>1. The requestor sends an email to SMIE identifying the following for the required peer comparison: <ul style="list-style-type: none"> <li>• area required for the study</li> <li>• specific aspects of this area</li> </ul> </li> <li>2. SMIE conducts a preliminary exploratory research</li> <li>3. SMIE schedules a meeting to discuss and/or understand peer comparison details</li> <li>4. SMIE decides on the scope of the peer comparison, level of peers to compare against; sources of data/KPIs</li> <li>5. SMIE conducts the peer comparison and prepares a report with the research, scope, rational and limitations</li> <li>6. A meeting is scheduled to present the findings of the research and fine tune the comparisons</li> <li>7. SMIE sends the final report to the requestor</li> <li>8. SMIE updates the Data Repository with any new or updated data elements and/or definitions</li> <li>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: Senior Director of Institutional Research and Chief Strategy and Institutional Effectiveness Officer</li> </ol>

## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR9	<b>TITLE</b>	AUC Enrollment Model
<b>REVIEW DATE</b>	March 2020	<b>Responsibility</b>	Senior Director of Institutional Research
		<b>Supervisor</b>	Chief Knowledge and Strategy 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 Senior 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 Senior 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 final projected enrollment figures are sent to the Chief Budget and Financial Planning Officer to prepare the budget projection



## INTUITIONAL RESEARCH AND DATA GOVERNANCE

<b>SOP #</b>	SMIE-IR10	<b>TITLE</b>	Feasibility Study for New Programs
<b>REVIEW DATE</b>	March 2020	<b>Responsibility</b>	Senior Director of Institutional Research
		<b>Supervisor</b>	Chief Knowledge and Strategy Officer

**SCOPE** Feasibility Study for new proposed academic programs – University Senate

**DESCRIPTION** This procedure refers to the steps to prepare a feasibility study (cost analysis) for any new program proposed by an academic department to be presented to the University Senate for approval.

**PROCEDURE**

1. In October, SMIE receives the new program Concept Note with the School Dean’s approval
2. SMIE sends the feasibility template to the requestor to fill in all required information
3. In November, the requestor sends the completed feasibility template to SMIE
4. SMIE contacts HR, Provost Office, library and other offices as needed to confirm cost assumption (salary increases, additional library resources....)
5. SMIE calculates projected revenues vs. projected expenses
6. In December, the final feasibility study is sent to the requestor to include in the proposal presented to the University Senate

## INSTITUTIONAL SURVEYS

<b>SOP #</b>	SMIE-SR1	<b>TITLE</b>	Institutional Survey Calendar
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Senior Director of Assessment and Accreditation

<b>SCOPE</b>	<p>Institutional Survey Calendar hosts:</p> <ul style="list-style-type: none"> <li>institutional surveys that are conducted in coordination with international survey bodies such as NSSE/CIRP/FSSE</li> <li>institutional surveys adapted from international surveys</li> <li>institutional surveys designed in-house with high impact on decision making, policy issuing, assessment and/or planning</li> </ul>
<b>DESCRIPTION</b>	This procedure refers to the maintenance of the Institutional Survey Calendar
<b>PROCEDURE</b>	<ol style="list-style-type: none"> <li>SMIE maintains a calendar for cyclic institutional surveys to ensure surveys are: <ul style="list-style-type: none"> <li>aligned with Institutional Effectiveness (IE) best practices</li> <li>minimize survey fatigue</li> <li>diverse coverage of key stakeholders</li> <li>well dispersed during the academic year for effective resource allocation</li> </ul> </li> <li>The calendar is revisited annually in the spring semester to include updates and modifications for the following year. The review process is based on: <ul style="list-style-type: none"> <li>IE trends</li> <li>AUC strategic direction</li> <li>Key stakeholder preferences and needs</li> </ul> </li> <li>The calendar of surveys is reviewed and approved by Senior Director of Assessment and Accreditation and the Chief Knowledge and Strategy Officer.</li> <li>Budget is revised and allocated either within SMIE, survey requestor's area or other.</li> </ol>
<b>TIMELINE</b>	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>	SMIE -SR2	<b>TITLE</b>	Cyclic In-House Institutional Surveys
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Senior 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 SMIE 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. SMIE 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. SMIE will close the survey as per the specified date in the calendar of Institutional surveys.
  6. SMIE will provide basic analysis of survey responses unless further requirements are specified, and report is provided in a PDF format.
  7. SMIE disseminates the survey analysis report to all entities that would find these results interesting and useful for performance improvement.
  8. SMIE updates the Survey Repository and Log file with the necessary details.
  9. Entities who received the survey results are required to share with SMIE 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>	SMIE -SR3	<b>TITLE</b>	Cyclic International Institutional Surveys
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Senior 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/ FSSE
<b>DESCRIPTION</b>	This procedure refers to surveys internationally used by HE institutions such as NSSE, FSSE 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, SMIE coordinates with international entities responsible for administering the survey to prepare for administration, monitoring and follows up with delivery of report.</li> <li>2. SMIE disseminates the survey analysis report to all entities that would find these results interesting and useful for performance improvement</li> <li>3. SMIE 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 SMIE 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

<b>SOP #</b>	SMIE -SR4	<b>TITLE</b>	Non-Cyclic Institutional Surveys
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Senior 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 request 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;*
  - SMIE 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 SMIE 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)*
  - 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 SMIE.

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 SMIE with the emails of the target list of recipients.
6. SMIE 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. SMIE 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. SMIE will close the survey on the agreed-upon survey closing date
10. SMIE 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 SMIE.
11. SMIE disseminates the survey analysis report to all entities that would find these results interesting and useful for performance improvement.
12. SMIE updates the Survey Repository and Log file with the necessary details
13. Entities who received the survey results are required to share with SMIE how the results were utilized.

**TIMELINE**

Surveys should be submitted to the SMIE 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 SMIE 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

<b>SOP #</b>	SMIE -SR5	<b>TITLE</b>	Non-Institutional Surveys
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Senior 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 SMIE for consultancy on design and recommendation of possible data sources that can provide same information.

**PROCEDURE**

1. SMIE 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. SMIE 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. SMIE will **not** be responsible for designing and administering the survey
5. SMIE will **not** be responsible for providing analysis for the survey
6. SMIE updates the Survey Repository and Log file with the necessary details
7. Entities conducted the survey are required to share with SMIE how the results were utilized and/or impacted decisions.

**TIMELINE** Surveys should be submitted to SMIE 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>	SMIE -SR6	<b>TITLE</b>	Institutional Survey Dissemination
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Research Analyst
		<b>SUPERVISOR</b>	Senior Director of Assessment and Accreditation

- SCOPE** All institutional surveys implemented in coordination with SMIE
- DESCRIPTION** This procedure refers to the standards of dissemination of survey results to the AUC community
- PROCEDURE**
1. SMIE prepares a report with an executive summary, survey analysis and open ended question themes
  2. The report is reviewed and approved by the Senior Director of Assessment and Accreditation and the Chief Knowledge and Strategy Officer.
  3. A discussion is conducted with the Chief Knowledge and Strategy Officer 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. SMIE saves the survey report, visualization representations, analysis and data electronically in a shared, secure and well-organized location with the path.
  5. The Senior Director of Assessment and Accreditation disseminates institutional survey results and visualization representations where available to the appropriate audience with:
    - a cover letter reflecting the value added by this survey,
    - 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 SMIE web site for future reference
  7. Requests for presentations of survey results are shared and approved by the Chief Knowledge and Strategy Officer



## STRATEGY MANAGEMENT

<b>SOP #</b>	SMIE-SM1	<b>TITLE</b>	Institutional Planning
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Strategy Management Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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 Management Senior Director initiate the development of a revised University Strategic Plan one year before the previous plan ends.
  2. The Strategy Management Senior 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 Management Senior 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 Management Senior 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 Management Senior 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-SM2	<b>TITLE</b>	Operational Planning
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Strategy Management Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

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

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

- PROCEDURE**
1. The Strategy Management Senior Director 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. The Strategy Management Senior Director communicates with all areas and department heads the integrated planning calendar two weeks ahead of time
  3. The Strategy Management Senior Director conducts training sessions and provides consultation on strategic planning and Compliance-Assist (Planning & Assessment Software).
  4. The Strategy Management Senior Director 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. The Strategy Management Senior Director 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. The Strategy Management Senior Director 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. The Strategy Management Senior Director communicates the feedback to department or areas concerned and tracks changes
- GUIDELINES**
- University strategic plan is developed every 3-5 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 3-5 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 senior 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 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-SM3	<b>TITLE</b>	Strategy Tracking
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Strategy Management Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy 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 Management Senior Director works on annual reporting of the institutional KPIs as well as provide the relative definition with each data element provider. This is done for any indicator that is reported on a system, through surveys or self-reported.
2. For KPIs that are not reported on systems, relative stakeholders provide the periodic progress of the strategic indicators.
3. The Strategy Management Senior Director meets with different stakeholders to discuss and propose other measures whenever the indicator is not assessing the related initiative.
4. The Strategy Management Senior Director updates the Strategy 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 Management Senior Director communicate the Strategy Dashboard periodically to the Cabinet and highlights the points of progress, steady-state or regress.

## STRATEGY MANAGEMENT

<b>SOP #</b>	SMIE-SM4	<b>TITLE</b>	Business Planning and 3-year Financial Projection
<b>REVIEW DATE</b>	March 2020	<b>RESPONSIBILITY</b>	Strategy Management Senior Director
		<b>SUPERVISOR</b>	Chief Knowledge and Strategy Officer

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

**DESCRIPTION** This procedure refers to the 3 year rolling financial projection process that takes place annually

**PROCEDURE**

1. In March every year, Chief Officer and Strategy Management Senior Director plans and conducts a kick-off meeting with Senior Leadership team to set the framework of the 3-year rolling business planning and financial projection process.
2. In June, Chief Officer and Strategy Management Senior Director organizes another kick-off meeting with the Strategic Business Units (SBUs), where the planning team communicates the framework of the process of the new cycle and each unit present their high-level plans and visions.
3. In July, the Strategy Management Senior Director conducts consultation sessions to support SBUs with their planning exercise
4. In August, the Financial Planning and Budgeting Office conducts consultation sessions to support SBUs with resource allocation for the upcoming 3 years
5. In September, the Chief Officer and Strategy Management Senior Director organizes the Annual Planning Conference for all Area Heads and SBUs to present their plans and to explore venues for collaboration
6. From October to January of the next year, the budget and financial planning process takes place which ends with the budget approval in May
7. As a result of budget approvals, SBUs update their plans to reflect status accordingly.

## 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	Institutional surveys that are hosted in the Institutional Survey Calendar and are implemented in coordination with an international HE survey body such as NSSE/ FSSE/ CIRP.
Data Repository	A repository that hosts key data elements generated/reported by SMIE 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 Strategy Management and Institutional Effectiveness (SMIE) 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
Processes Repository	A repository that hosts the processes' versions and relevant documents, to present a reference and benchmark for processes implementation, assessment, and optimization. The Repository is administered by the Business Process Improvement Director, in cooperation with the process owners. The Repository retains the following elements for each process: Name, objective, glossary, scope, owner, stakeholders, relevant documented, workflow, duration summary, inputs, outputs, challenges, KPIs, and version record.
Survey Repository	A repository that hosts all surveys administered by SMIE 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 (activated as needed)
- Data Management Committee
- Planning and Assessment Committee (PAC)
- Standing Ranking Committee (activated as needed)
- IT Planning and Governance Committee

## CONTACT INFORMATION

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