

University Senate

Meeting Minutes for Tuesday, April 14, 2026

Goodwin Forum and Zoom, Meeting ID 818 1954 9462

Chair Harmon called the meeting to order at 3:02 pm. A quorum was present.

Members Present

Aghasaleh, Banks, Benavides-Garb, Burkhalter, Cabot, Cappuccio, Choi, Cruz, Dschida, Evans, Fisher, Frye, Geck, Gray, Harmon, Jannetta, McGuire, McKindley, Mola, Moyer, Pachmayer, Stelter, Sterner, M. Thobaben, Tremain, Virnoche

Members Absent

Allison Govier, Carvajal, Lancaster, Holliday, A. Thobaben, Young

Guests

Joice Chang, Adrienne Colegrove-Raymond, William Cook, Jeffrey Crane, Bethany Gilden, Kendra Higgins, Steve Karp, Erin Kelly, Mike Le, Sarah Long, Heather Madar, Peggy Metzger, Michele Miyamoto, Cyril Oberlander, Raven Palomera, Jeanne Wielgus, Emily Worm, and 3 others

Announcement of Proxies

Banks for Allison Govier, Bethany Gilden for Carvajal, Peggy Metzger for Holliday, M. Thobaben for A. Thobaben

CFA Interruption Statement

Senator Sterner read the Interruption Statement from the California Faculty Association.

Approval and Adoption of Agenda

M/S (Virnoche/Sterner) to adopt the agenda.

Motion to adopt the agenda passed without dissent.

Approval of Minutes from March 24, 2026

M/S (Evans/Virnoche) to approve the minute from March 24, 2026

Motion to approve the minutes passed without dissent.

Reports, Announcements, and Communications of the Chair

Written report attached

Reports of Standing Committees, Statewide Senators, and Ex-officio Members

Academic Policies Committee (APC)

Written report attached

Appointments and Elections Committee (AEC)

Written report attached

Constitution and Bylaws Committee (CBC)

No report

Faculty Affairs Committee (FAC)

No report

Integrated Curriculum Committee (ICC)

Written report attached

University Policies Committee (UPC)

No report

University Resources and Planning Committee (URPC)

Written report attached

Academic Senate of the California State University (ASCSU)

No report

Associated Students (AS)

AS is working on resolution on executive pay raises and on alternative consultation on student fees.

California Faculty Association (CFA)

No report

Office of Diversity, Equity, and Inclusion (ODEI)

No report

Emeritus and Retired Faculty and Staff Association (ERFSA)

Written report attached

Labor Council

No report

Staff Council

No report

Executive Cabinet

Written report attached

General Consent Calendar

The attached item from the General Consent Calendar was approved by general consent.

Consent Calendar from the Integrated Curriculum Committee

The attached consent calendar from the ICC was approved by general consent.

TIME CERTAIN: 3:15-3:30 PM – Open Forum for the Campus Community

Senator Choi make the following comments:

I was reading about safe parking policies for campus and I know that there was a whole thing about it back in 2023, before I started. I'm thinking about it again, since the parking policy email came out, I don't know if it was last week maybe, reiterating there's no overnight parking on campus. I know there are students who live in their cars. I've talked to them and there's no place that's safe in the area. I went back to the 2023 email that got sent out and that place doesn't do it anymore.

There are students who are still struggling with this and I know it's not, like, a long-term solution, but some people just need it in the interim. I don't know how to bring this up again, so I was wondering if this was the place. I don't know, but we do have a president who has also experienced this. That feels like a good time to consider again if it's possible. Some kind of safe parking. I think Long Beach Community College or something like that has a really great one to model after.

Resolution on Revision to the Assessment and Program Review Policy (22-25/26-APC – April 14, 2026 – Second Reading)

Senator Evans discussed the changes from the first reading, which were minor. Chair Harmon spoke in favor of the resolution.

Senate vote to approve the Resolution on Revision to the Assessment and Program Review Policy ***passed without dissent.***

Ayes (26): Aghasaleh, Benavides-Garb, Burkhalter, Cabot, Cappuccio, Choi, Cruz, Dschida, Evans, Fisher, Geck, Gray, Harmon, Holliday, Jannetta, McGuire, McKindley, Mola, Moyer, Pachmayer, Stelter, Sterner, A. Thobaben, M. Thobaben, Tremain, Virnoche

Nays (0): none

Abstentions (5): Allison Govier, Banks, Frye, Lancaster, Young

Resolution to Recommend Approval of the Master of Forestry in Forestry (23-25/26-ICC – April 14, 2026 – Curriculum Reading)

Senator Sterner and Professor Erin Kelly discussed the resolution. Senators Choi, Evans, and Virnoche spoke in favor of the resolution.

Senate vote to approve the Resolution to Recommend Approval of the Master of Forestry in Forestry ***passed without dissent.***

Ayes (28): Aghasaleh, Banks, Benavides-Garb, Burkhalter, Cabot, Cappuccio, Choi, Cruz, Dschida, Evans, Fisher, Frye, Geck, Gray, Harmon, Holliday, Jannetta, McGuire, McKindley, Mola, Moyer, Pachmayer, Stelter, Sterner, A. Thobaben, M. Thobaben, Tremain, Virnoche

Nays (0): none

Abstentions (3): Allison Govier, Lancaster, Young

**Resolution on 2025-2026 URPC Budget Recommendations
(24-25/26-URPC – April 14, 2026 – First Reading)**

Senators Jannetta and Fisher discussed the resolution. Since there is still not a final state budget set, discussion focused on the alternative scenarios we could face once there is.

The resolution will return for a Second Reading.

**Resolution on Policy on Academic Internships and Community Engaged Learning
(25-25/26-APC – April 14, 2026 – First Reading)**

Senator Evans gave the attached presentation about the resolution. The need for a campus policy versus just using the Chancellor’s executive order was discussed, and since there’s a few details specific to campus that we need to specify, we are continuing with our policy.

The resolution will return for a Second Reading.

Resolution to Update Appendix J of the Faculty Handbook Regarding Summer Term Student Feedback Survey Use in the RTP Process (26-25/26-FAC – April 14, 2026 – First Reading)

Senator McGuire gave the attached presentation about the resolution.

The resolution will return for a Second Reading.

Resolution on Revisions to the Policy and Procedures for Responding to Allegations of Research Misconduct (27-25/26-Ex – April 14, 2026 – First Reading)

Senator Evans and William Cook discussed the resolution. The request was made to Executive Cabinet to have campus counsel review the grievance policy section relating to the CBA, oversight of the RIO, and conflicts of interest for the investigation committee.

The resolution will return for a Second Reading.

M/S (Fisher/Burkhalter) to adjourn.

Meeting adjourned at 4:50 PM

Submitted by Patrick Malloy

University Senate Chair Report
April 13, 2026

Hi Folks,

Well, this is the week we've all been waiting for! The WSCUC site visit will start on Wednesday, April 15, and run through Friday, the 17th. As a reminder, we have a Senate-specific time certain with the accreditation team on the 15th at 3:45 PM in NHE 102. Please do your best to attend and engage in the discussion. I hope everyone can attend the various open forums on the 16th: staff from 8:15–9 AM in the Great Hall, students from 12:40–1:45 PM in the Native American Forum, and faculty from 2–2:45 PM in the Great Hall. Again, please make your best effort to attend and engage. I want to acknowledge all the hard work that has gone into leading up to this event, and I'm crossing my fingers that everything goes smoothly! Thanks to everyone who has been involved.

I'd also like to take some time to acknowledge that I messed up the ASCSU lecturer pool nomination process. We did not receive any nominations after the first call-out, and I did not build in enough time to get names for a second round of nominations by the ASCSU's deadline. So, I asked the Appointments and Elections Committee (AEC) to make an appointment from the folks who were nominated in the second round instead of opening up a voting poll, which would have placed us after the deadline. So, to everyone who nominated someone in the second round, thanks very much, and I apologize that we did not run a proper election.

Things continue to move forward with our Policy Modernization Project. Next week, the team will receive a demo of PolicyStat from the developers, and I'm pretty excited to see how the program works. We've identified areas in which our policy approval process has some pitfalls, and I'm hopeful that PolicyStat can solve these through automation. We are also looking into migrating the Faculty Handbook, a clunky document that is a combination of 18 different PDF files, into PolicyStat as well. More on this in the coming weeks!

Things also continue to move forward with the various search committees we have going on. Expect to see some candidates for on-campus interviews very soon for the VP of Administrative Affairs/CFO position. I'm very grateful that we continue to operate, to the letter, under the new MPP Hiring Policy and, while it has us all very busy, it's a good thing.

Last, and certainly not least, our remaining three Senate meetings will be packed with Resolutions (voting items). We have several 1st readings today, which will translate into 2nd readings (assuming everything goes smoothly) in the coming weeks. Additionally, we have some voting items today. As always, I ask members to be collegial, open for dialogue, and understand that while we may not agree on everything, a healthy assumption for a democratic society, we may do so with care, integrity, and a small dose of humor, which is always helpful, in my opinion, when engaging in complex issues.

Let's have a great week, folks. It's a big one with the WSCUC visit going on!

Best

CH

CAL POLY HUMBOLDT

University Senate Written Reports, April 14, 2026

Standing Committees, Statewide Senators and Ex-officio Members

Academic Policies Committee

Submitted by Tyler Evans, APC Chair

Members: Julie Alderson (Faculty-Art), Frank Cappuccio (Faculty-Chem), Tyler Evans (APC Chair), Frank Fogarty (Faculty-Wildlife), Jacob Garcia (AS Students), Stephanie McKindley (AS Students), Marissa O’Neill (Faculty-Social Work), Jenni Robinson Reisinger (Registrar), Mark Wicklund (Director-Assessment, AVP Academic Programs designee).

Meeting Date(s): 3/23/26, 3/30/26 and 4/6/26

Meeting Details:

3/23/26: The committee reviewed the Academic Internship and Service Learning Policy in light of Chancellor’s Office Executive Order 1064. Representatives from the Center for Community-Based Learning presented a proposal to decommission the current policy and align campus practice with the EO. The committee discussed whether to create a new policy or reference the EO and agreed to pursue a revision directing faculty to work with CCBL while following EO requirements.

3/30/26: The Assessment and Program Review Policy, following a first Senate reading on March 24, was reviewed; minimal feedback was received. Language revisions were made, including removal of the term “stakeholder,” and the policy is planned for a second reading on April 14. The committee discussed the Academic Internship and Service Learning Policy and agreed to move forward with a concise policy referencing EO 1064 and coordination with CCBL; a draft will be finalized for SenEx review on April 7. The committee also reviewed revisions to the Syllabus Policy, including clarifying language on availability, removing references to public posting, and proposing a deadline for syllabus submission. Questions regarding shared course outlines will be taken up by ICC before advancing.

4/6/26: The Academic Internship and Service Learning Policy and accompanying resolution were finalized and approved to move forward to SenEx. The committee received an update on the Allegations of Research Misconduct Policy, which is being prepared for a first reading, and discussed next steps in the Senate process. The Syllabus Policy revision will be presented to ICC, with a recommendation to remove the section on shared course outlines.

Appointments and Elections Committee

Submitted by Jorge Monteiro, AEC Chair

Members: Ara Pachmayer, Jorge Monteiro, Michihiro Sugata

Meeting Date(s):

Meeting Details: The second Call for Nominations is finished. We will send a 3rd Call for Nominations before the end of the Spring semester. We must fill the interim vacancies for the UFPC (CPS representative, 6-month appointment, 3 WTUs release time) and the Senate (CAHSS representative, 1-year appointment). If you know someone who would be interested, let us know.

Constitution and Bylaws Committee

Submitted by Rouhollah Aghasaleh, CBC Chair

Members:

Meeting Date(s):

Meeting Details: No report

Faculty Affairs Committee

Submitted by Jayne McGuire, FAC Chair

Members:

Meeting Date(s):

Meeting Details: No report

Integrated Curriculum Committee

Submitted by Sara Sterner, ICC Chair

Members:

Meeting Date(s):

Meeting Details: No report

University Policies Committee

Submitted by Sulaina Banks, UPC Chair

Members:

Meeting Date(s):

Meeting Details: No report

University Resources and Planning Committee

Submitted by:

Jaime Lancaster, URPC Faculty Co-Chair.

Meeting Date:

April 10, 2026

Members:

Jaime Lancaster, Shawna Young, Dave Janetta, Ramesh Adhikari, Rosanna Overholser, Steven Margell, Nate Cacciari-Roy, Eduardo Cruz, Nate Herron, Bori Mazzag, Chrissy Holliday, Mike Fisher, Steve Carp, Carla Wharton, Melanie Bennenhausen, Kevin Furtado, Sarah Long, Kendra Higgins

Meeting Agenda:

1. Working session on SenEx comments to the Budget Recommendation
2. Time Certain - 1:30 | WSCUC prep session w/ Mark Wicklund

Notes and Comments:

We are working on incorporating comments and addressing feedback to the 26/27 Budget Recommendation and will be meeting with Mark Wicklund to learn how we can best support the university with the WSCUC site visit.

Academic Senate of the CSU

Submitted by Stephanie Burkhalter and Mary Virnoche, ASCSU Senators

Members:

Meeting Date(s):

Meeting Details: No report

Associated Students

Submitted by Eduardo Cruz, AS President

Members:

Meeting Date(s):

Meeting Details: No report

California Faculty Association

Submitted by Ryder Dschida, CFA Humboldt Chapter President

Members:

Meeting Date(s):

Meeting Details: No report

Office of Diversity, Equity, and Inclusion

Submitted by Rosamel Benavides-Garb, Campus Diversity Officer

Members:

Meeting Date(s):

Meeting Details: No report

Emeritus & Retired Faculty & Staff Association

Submitted by Marshelle Thobaben, Senate Representative for ERFSA



At the April 9, 2026: Humboldt-ERFSA Luncheon: **Professor Brandon Browne, Department of Geology, 2025–2026 Distinguished Faculty Award Winner: Excellence in Teaching–Tenure Line: Presented: Probing the subvolcanic magma plumbing systems of continental and oceanic basaltic volcanoes, examples from Medicine Lake volcano and the Axial Seamount. Dr. Browne is a 2000 Humboldt-ERFSA Grant Recipient!**

Labor Council

Submitted by Bella Gray, Labor Council Delegate

Members:

- APC (Unit 4): Tania Marin-Zeldin, Marissa Holguin, Ann Johnson-Cruz,
- CFA (Unit 3): Ryder Dschida, Loren Cannon, Mario Fernandez,
- CSUEU (Units 2,5, 7, and 9): Edwin Espinoza, Bella Gray, Steve Tillinghast,
- Teamsters (Unit 6): Phil Bradley, Ryan Moore, Jason Wiegandt.

Meeting Date(s): Tuesday, Apr 14, 2026

Meeting Details: No written report in time for the Senate meeting.

Staff Council

Submitted by Senator Sulaina Banks

Members:

Meeting Date(s):

Meeting Details: No report

President and President's Executive Cabinet Report to University Senate

Richard Carvajal, President

Bethany Gildea, Acting Chief of Staff

Shawna Young, Interim Provost and VP for Academic Affairs

Michael Fisher, Interim VP for Administration & Finance and CFO

Chrissy Holliday, VP for Enrollment Management & Student Success

Steve Karp, Interim VP for University Advancement

Nick Pettit, Executive Director of Intercollegiate Athletics & Recreational Sports

Adrienne Colegrove-Raymond, Special Assistant to the President for Tribal & Community Engagement

Connie Stewart, Executive Director of Initiatives

Enrollment reporting: The next Enrollment Target Progress Report is scheduled for release on Tuesday, April 21, and will include information on both new student enrollment and early results from continuing student early registration. Another report will follow soon after, on May 11, to capture outcomes related to May 1 application deadline and national college decision day.

Advancement - Giving Day Success! Thank you all!!

- This year we raised **\$349,167** (a little over \$45k more than last year!) from **1186 donors** (14 more than last year) **benefitting 138 funds** (17 more than last year).
- **633 of those donors made their first gift** to the university.

Integrated Curriculum Committee Report (4/14/26)

Submitted by Sara Sterner, ICC Chair

Members: Paul Michael Atienza, Morgan Barker, Christine Cass, Joice Chang, Tom Cook, William Fisher, Paul Geck, Chris Guillen, Sara Hart, Alison Hodges, Sei Hee Hwang, JuEun Lee, Heather Madar*, Bori Mazzag, John Meyer, Libbi Miller, Cindy Moyer, Justus Ortega, Meenal Rana, Jenni Robinson Reisinger, Joshua Smith, Sara Sterner (Chair), Anna Thaler, Melissa Tafoya, Mark Wicklund; Student Representative: Ayan Cabot, AS Executive Vice President; Curriculum and Catalog Specialist: Cameron Allison Govier; Curriculum and Assessment Analyst: Khristan Lamb; ASC, Office of Academic Programs: Geneva Samuelson

Meeting Date: April 7, 2026

Overview of Meeting Details: The ICC reviewed curriculum proposals and policy updates, approving CPS 100 (Understanding Health in Our Diverse Communities) and the Master of Forestry program. The committee discussed proposed Title V changes, including new 90-unit bachelor's degree pathways and streamlined timelines for degree projections. Additional updates included revisions to the syllabus policy, separating it from course outline requirements and establishing new submission timelines, as well as the release of updated MCC/Curriculum forms, with April 15 identified as the priority deadline for new submissions.

Highlights of Note:

- **Changes in Curriculum Review Process:** All ICC curriculum reviews moving forward for this cycle will be based on the **Shared Course Outline (SCO)**, which is now part of all new proposals. Syllabi may be included for context but will not be reviewed, streamlining and standardizing the process for efficiency and care. [Create your own copy here](#).
- **Curriculum Supports:** Need a starting place? Have questions? We recommend that proposers consult the [Curriculum Development](#) website to access current templates, guidance, and submission resources.

Curriculum Development Decisions:

- **ICC-Approved Proposals Advancing to Senate on Consent:** See [ICC Consent Calendar](#)
- **ICC-Approved Proposals Advancing to Senate by Resolution:** [Resolution to Recommend Approval of the Master of Forestry in Forestry](#)
- **ICC-Reviewed Proposals Determined to Require Further Development Prior to Advancement to Senate:** None

Read More:

- **Meeting Agenda:** [04.07.26-ICC Meeting Agenda - Approved](#) (Humboldt Login Required)
- **DRAFT Meeting Minutes:** [04.07.26-ICC Meeting Minutes - DRAFT](#) (Humboldt Login Required)
- **25-26 Curriculum Review Queue:** [ICC 2025-26 MCC Proposal Tracking](#)

Provost and Vice President for Academic Affairs

ADMINISTRATIVE MEMORANDUM

VPAA 27-##

[DATE]

Subject: Academic Calendar 2027-2028 (Draft)

Fall Semester 2027

Academic Year and Fall Semester Begin	T	August 17
Advising, meetings, orientation, testing, etc.	T-F	August 17-20
Classes Begin	M	August 23
<i>Labor Day Holiday</i>	<i>M</i>	<i>September 6</i>
<i>Veterans Day Holiday</i>	<i>R</i>	<i>November 11</i>
<i>Fall Break</i>	<i>M-F</i>	<i>November 22-26</i>
Classes End	F	December 10
Final Examinations	M-F	December 13-17
Fall Commencement	F	December 17
Evaluation Day	M	December 20
Grades Due (by 11:59 pm)	W	December 22
Fall Semester Ends	W	December 22

Spring Semester 2028

Spring Semester Begins	W	January 12
Advising, meetings, orientation, testing, etc.	W-F	January 12-14
<i>Martin Luther King Day Holiday</i>	<i>M</i>	<i>January 17</i>
Classes Begin	T	January 18
<i>Spring Break</i>	<i>M-F</i>	<i>March 13-17</i>
<i>Farmworkers Day Holiday</i>	<i>F</i>	<i>March 31</i>
Classes End	F	May 5
Final Examinations	M-F	May 8-12
Commencement	S	May 13
Evaluation Day	M	May 15
Grades Due (by 11:59 pm)	W	May 17
Spring Semester and Academic Year End	W	May 17

Summer Semester 2028

Summer Semester Begins	R	May 18
Memorial Day Holiday	M	May 29
Juneteenth Holiday	M	June 19
Independence Day Holiday	T	July 4
Classes End	F	August 4
Grades Due (by 11:59 pm)	W	August 9
Summer Semester Ends	W	August 9

Instructional Days

Fall	73
Spring	73
Total	146

Academic Work Days

Fall	85
Spring	85
Total	170

Approved by the University Senate:

Approved by the CSU:

Approved by the President:

University Senate

Integrated Curriculum Committee approved 04/7/2026

Consent Calendar

April 14, 2026

Page 1 of 1

Consent Calendar

[CPS - 100 - 25-3116 - New Course - Understanding Health in Our Diverse Communities](#) -

Description: Examine individual and community well being through the lens of personal and cultural strengths, explore the role of service in diverse communities, and gain insight into contemporary careers. Recommended for first-year students in Kinesiology, Psychology, Social Work, and Critical Race, Gender & Sexuality Studies. **Rationale:** This course is being proposed as a transition curriculum course for the Creando Raíces Place Based Learning Community. It will service students across the following majors as they orient to their majors and begin their undergraduate studies: Kinesiology, Psychology, Social Work, and Critical Race, Gender & Sexuality Studies.

CAL POLY HUMBOLDT
University Senate

Resolution on Revision to the Assessment and Program Review Policy

22-25/26-APC — April 14, 2026 — Second Reading

RESOLVED: That the University Senate of Cal Poly Humboldt recommends to the President that the attached revision to the Assessment and Program Review Policy be approved; and further be it

RESOLVED: That the policy is to be implemented beginning in the Fall 2026 semester.

RATIONALE: These revisions align university assessment policy with current practice and introduce a sustainable model for general education assessment that meets CSU requirements.

CAL POLY HUMBOLDT

Assessment and Program Review Policy

[Policy Number]

Office of Assessment

Applies to: Faculty and staff

Supersedes: P22-02

Purpose of the Policy

To promote continuous, evidence-based improvement in support of the university's statement of purpose, this policy outlines the requirements for assessment and program review **in academic programs, including the GEAR program, and co-curricular programs** at Cal Poly Humboldt. ~~All academic programs, co-curricular programs, and operational units are included in this policy in order to maintain a comprehensive institutional effectiveness program.~~

The practices of assessment and program review serve both external and internal needs at Cal Poly Humboldt, as the university is beholden both to the expectations of its external **key partners**~~stakeholders~~ and accreditor and to its own internal standards of excellence.

Externally, rigorous practices of assessment and program review are essential for Cal Poly Humboldt, both as a public trust expected to create, preserve, and disseminate knowledge for the public good and as a WSCUC-accredited university subject to numerous review criteria. To maintain and improve the university's accreditation, Cal Poly Humboldt's **degree programs and co-curricular** programs/units are charged with assuring the quality and continuous improvement of **the education and all services they provide**~~that support the university's vision, values, and beliefs~~. Among other things, the university's accreditor looks for evidence of an infrastructure to assess student learning at program and institutional levels, effective co-curricular programs designed to support all students' personal and professional development, and a deliberate set of

quality-assurance processes in both academic and non-academic areas, ~~including systematic review of all programs offered.~~

Assessment and program review also serve internal needs. While compliance with accreditation expectations is vital, robust processes of assessment and program review are also indispensable components of Cal Poly Humboldt's goals to foster excellence, creativity, and innovation. Faculty, staff, and administrators are united in their commitment to continuous improvement based on the results of inquiry, evidence, and evaluation. Importantly, this commitment is motivated not by the pursuit of compliance but by the pursuit of excellence.

Definitions

Academic assessment is the process of measuring and improving student learning **in academic programs**. Faculty define their expectations via learning outcomes, collect empirical data to evaluate student attainment, and reflect on findings to improve learning.

An **academic program** is a sequence of courses leading to a degree.¹ Some academic programs constitute an entire department, some share department designation with other academic programs, and some span multiple departments. Additionally, the university's GEAR program is treated as an academic program, in accordance with Executive Order 1100, which requires assessment of GE learning outcomes and "regular periodic reviews of GE program policies and practices in a manner comparable to those of major programs, including evaluation by an external reviewer."²

Co-curricular refers to student activities, programs, and learning experiences that complement what students learn through the academic curriculum. These programs primarily have direct engagement with and/or impact on students and their learning. This category includes academic support programs/units, initiatives, activities, and services and can demonstrate impact on student retention, persistence, and/or graduation. Other campuses may refer to this as student affairs assessment. Examples include Housing and Residence Life, the **Academic Advising Center, and the individual**

¹ For the purposes of this policy, academic programs do not include certificates or credentials.

² California State University, Executive Order No. 1100, *CSU General Education (GE) Requirements*, PolicyStat No. 13059034, [Calstate.policystat.com](https://calstate.policystat.com) (accessed March 11, 2026), <https://calstate.policystat.com/policy/13059034/latest/>.

Cultural Centers for Academic Excellence, Center for Community-Based Learning, and Campus Recreation. ¶

Co-curricular assessment is the process of measuring and improving the effectiveness of student-support programs/units, whether that is by measuring student learning or impact on student success.

Operational units serve administrative functions that maintain the institution and are essential to its operations. These units may include operational, structural, and/or organizational programs, initiatives, activities, and services. Other campuses may refer to these units as administrative, nonacademic, or educational support units. Examples include Facilities Management, Marketing and Communications (MarCom), and Information Security. ¶

¶

MBU refers to major budget unit. For budgeting purposes, MBUs are smaller than divisions and larger than departments. MBUs are at the same level as colleges. ¶

¶

The above characteristics are offered not as formal university definitions but to clarify their use in this policy document and to guide programs/units in developing and implementing their assessment structure. Some programs/units may have activities that have overlapping purposes. Academic, co-curricular, and operational activities may not be mutually exclusive for an individual program/unit. For example, place-based learning communities (academic and co-curricular) and Financial Aid (co-curricular and operational) serve more than one function.

Policy Details

I. Guiding Principles of Assessment

The following guiding principles are necessarily general in that they apply equally to all forms of assessment (academic, co-curricular, and operational) and all areas on campus. The following principles implicitly respect and support shared governance, drawing on the subject-matter expertise of our faculty, staff, and administrators. Our assessment activities are guided by Cal Poly Humboldt's collective purpose, vision, and values. Assessment is aligned with all phases of our university strategic plan, and it affirms our commitment to continuous improvement and inclusive excellence.

1. **Student Centered:** Assessment should be conducted with the goal of improving the student experience.
2. **Prioritized and Supported:** Quality assessment is a vital component of university integrity. Resource allocation should support its practice — and should prioritize innovations that result from it. Leaders from all principal **key partnersstakeholders** must support good practice as an ongoing and dynamic effort that is sensitive to change. This includes recognizing and rewarding examples of best practice.
3. **Meaningful:** Assessment should be useful and significant. Results should answer questions that are important to the program or unit doing the measuring while also informing overall institutional quality. Efforts should compare findings with desired outcomes and objectives — not with the findings of other programs or units.
4. ~~**Integrated:** Assessment is part of an agenda for excellence and should be integrated in the functions of all university work, from conceptualization to development and implementation.~~
5. **Formative:** Assessment is a formative process where various ongoing assessments yield insights that inform program changes in real time, including the action of making no change.
6. **Summative:** Assessment examines results over an entire cycle, which allows for summative reflection on the effectiveness of practices followed by evidence-informed changes.
7. **Inspirational:** Insights from earnest assessment can prompt bold re-envisioning and transformational action. Assessment should be seen as an opportunity to identify alternative pathways to achieving desired outcomes. It should yield actionable results — results that should never be used punitively.

II. Annual Assessment

IIa. Academic Assessment in Degree Programs

Responsible Parties:

Expectations of learning assessment in degree programs are communicated under the authority of the vice president of Academic Affairs, with year-to-year coordination and oversight by the university's director of assessment in collaboration with the dean of undergraduate and graduate education, department chairs, and program coordinators, and the GEAR Committee chair.

What Programs Do:

Programs will structure their faculty workload in such a way that ensures that they are fulfilling the following learning-assessment activities in support of evidence-based continuous improvement:

- Programs maintain six-year assessment plans³ posted on the university's assessment web page. Plans are structured according to the CSU's expectations, with student learning outcomes (SLOs) aimed at demonstrating achievement of program learning outcomes (PLOs), which, in turn, are aligned with the university's institutional learning outcomes (ILOs). All PLOs shall be assessed at least once per six-year cycle.
- Programs collect and analyze data according to the schedule identified in their assessment plans.
- Programs submit annual assessment reports to the director of assessment describing the findings, discussions, and actions resulting from their assessment activities.

Timeline:

Each fall, programs will submit a report describing the learning-assessment activities of the previous academic year.⁴ These annual assessment reports are due on November 1st. A template identifying report specifics as well as submission and archival procedures is located on the university's assessment web page.

IIb. Academic Assessment of General Education

The CSU policy on [General Education \(GE\) Requirements](#) states that “campuses shall develop an assessment plan that aligns the GE curriculum with campus GE outcomes; specifies explicit criteria for assessing the stated outcomes; identifies when and how each outcome shall be assessed; organizes and analyzes the collection of evidence; and uses the assessment results to make improvements to the GE program, courses and pedagogy.”⁵ In accordance with this expectation, Cal Poly Humboldt endeavors with this policy to establish a sustainable protocol for annual assessment of student learning in

³ Plans align to the university's seven-year program-review cycle by outlining six years of assessment activity followed by program review in the seventh year.

⁴ This is the strongly recommended timeline, though it is not required. Programs are free to perform assessment activities in the fall shortly before reporting.

⁵ CSU Executive Order 1100, PolicyStat No. 13059034.

general education. Attempts to measure learning will focus on student achievement of Cal Poly Humboldt's institutional learning outcomes (ILOs).

Responsible Parties:

Expectations of GE learning assessment are communicated under the authority of the vice president of Academic Affairs, with year-to-year coordination and oversight by the university's director of assessment in collaboration with the dean of undergraduate studies, university faculty, and the GEAR Committee.

What Programs Do:

Academic departments seeking certification or re-recertification of upper-division general education courses must participate in program assessment practices whenever those courses are offered. Participation entails the following:

(Re-)Certification of an upper-division GE course requires identification of a signature assignment designed to elicit student demonstrations of the skills and knowledge necessary to achieve one of the seven ILOs. (The course outline submitted in the (re-)certification process requires this description for upper-division GE courses; signature assignments are not required of other GEAR-certified courses.) The degree of room for individual faculty personalization of a signature assignment will vary according to the degree of specificity communicated in the course outline.

To maintain certification of an upper-division GE course, faculty teaching each iteration of the course must deposit copies of all student signature assignment submissions in the university's GE signature assignment repository by the end of the semester's faculty work days. Anonymization of submissions is not required, as the repository will meet university requirements for protection of student identification, but faculty may remove such identification.

What the GEAR Committee Does:

Annual assessment of learning in GE will occur in the GEAR Committee each spring. Committee members will score student artifacts via a rubric designed to measure learning of skills and knowledge necessary to achieve one of the seven ILOs.

Assessment protocols will be described in more detail (i.e., rubric authorship, inter-rater reliability, etc.) in the ICC bylaws for the GEAR Committee.

Timeline:

The GEAR Committee chair and the director of assessment will present annual spring assessment findings and committee recommendations to the university the following fall.

IIc. Co-Curricular and Operational Assessment

Responsible Parties:

Expectations of assessment are communicated under the authority of the vice presidents of Academic Affairs and Enrollment Management & Student Success, with year-to-year coordination and oversight by the university's director of assessment in collaboration with program/unit directors and coordinators. ~~Expectations of annual co-curricular and operational assessment are communicated under the authority of the President's Administrative Team, with coordination with the Integrated Assessment and Planning Working Group. More specific year-to-year coordination and oversight is provided by the university's associate director of institutional assessment in collaboration with vice presidents, provost, college deans, major budget unit (MBU) directors, and department managers.~~

What Programs/Units Do:

Programs/Units will structure their staff workload in such a way that ensures that they are fulfilling the following assessment activities in support of evidence-based continuous improvement:

- Programs/Units maintain six-year assessment plans posted on the university's assessment web page. Plans are structured according to the expectations set forth by the WSCUC expectation that the university "assesses the effectiveness of its student support and co-curricular programs and services and uses the results for improvement"⁶. ~~Integrated Assessment and Planning Working Group, with unit objectives aimed at demonstrating achievement of division outcomes, which, in turn, are aligned with the university's strategic planning goals.~~
- ~~Assessment plans should be reviewed and approved by the unit's MBU director, dean and/or divisional VP every seven years.~~

⁶WASC Senior College and University Commission, *2023 Handbook of Accreditation*, (Alameda, CA: WSCUC), Standards and Criteria for Review (CFRs), CFR 2.14, accessed March 11, 2026, <https://www.wscuc.org/handbook2023/>.

- Programs/Units collect and analyze data each academic year (~~summer, fall, and spring~~) according to the schedule identified in their assessment plans.
- Programs/Units submit annual assessment reports to the director of assessment and divisional leadership describing the findings and discussions resulting from their activities.

~~The unit is responsible for designating a team or person to write and submit its annual assessment report. Reports are due June 30 each summer. Departments, MBUs or divisions that oversee one or more units are expected to establish internal processes and deadlines for their units regarding the submission, review, and collection of final drafts of their units' annual assessment reports. After an initial review of the unit assessment report has been completed by the associate director of institutional assessment and all feedback has been addressed, a final draft should be submitted to the division before October 1st.~~

Timeline:

Each co-curricular program/unit is responsible for designating a team or person to write and submit its annual report describing the assessment activities of the previous academic year. These annual assessment reports are due on ~~June 30th on October 1st~~. A template identifying report specifics as well as submission and archival procedures is located on the university's assessment web page. ~~The divisions are responsible for ensuring that the Office of Assessment has access to all their units' annual assessment reports, including accompanying evidence.~~

III. Program Review

IIIa. Academic Program Review: Degree Programs

Responsible Parties:

Academic program reviews shall be conducted under the authority of the vice president of Academic Affairs, with coordination and oversight by the university's director of assessment in collaboration with the Integrated Curriculum Committee (ICC) and the Office of Institutional Research, Analytics, and Reporting (IRAR).

What Programs Do:

Each program undergoing review (see below for exceptions for externally accredited programs) will prepare a self-study in which program faculty engage with institutional data identifying program performance in metrics reflecting university priorities, summarize and reflect on the cycle's assessment activities, create a new six-year assessment plan, and draft an action plan for the coming cycle. The self-study template is located on the university's assessment web page.

Self-studies are submitted to the ICC for university-internal peer review according to ICC bylaws⁷ and according to the deadline in place for that academic year. Programs will reflect on peer recommendations prior to sending their self-studies to external reviewers.

After receiving its ICC peer review, the program in review will send its self-study to an external reviewer in advance of the reviewer's campus visit.⁸ External reviews shall be conducted in the spring of the review year. The specifics of the external reviewer's report are contained in a template available on the university's assessment web page.⁹

What Administration Does:

After reading a program's self-study and internal and external reviews, the provost, college dean, department chair, and program lead (where applicable) will bring the process to a close via an action plan by the end of the following fall semester. These plans identify actions and responsible parties for the coming cycle.

Schedule of Academic Program Review:

Reviews of academic programs occur every seven years. Program cycles comprise six years of learning assessment and other actions, followed by review and planning in year seven. Actions performed over the six years (beyond annual assessment expectations) are determined by the action plan that ended a given program's previous review cycle.

⁷ Cal Poly Humboldt, *Faculty Handbook*, **Appendix G: Integrated Curriculum Committee Bylaws and Rules of Procedure** (updated August 2023), in *Faculty Handbook*, Academic Affairs, California State Polytechnic University, Humboldt, <https://www.humboldt.edu/academic-affairs/faculty-handbook> (accessed March 11, 2026).

⁸ Virtual external reviews are subject to dean approval on a case-by-case basis.

⁹ Cal Poly Humboldt, *Assessment & Program Review*, accessed March 11, 2026, <https://www.humboldt.edu/academic-programs/assessment-program-review>.

The director of assessment establishes and maintains the sequence of program reviews, which is posted on the university's assessment web page. Postponements or accelerations are granted only **at the discretion of the director in consultation with the college dean and associate vice president for academic programs** ~~for the direct of circumstances.~~

Externally Accredited Programs:

Program review for externally accredited programs diverges somewhat from the protocol for other Cal Poly Humboldt programs. Accredited degree programs undergo periodic reviews with their accreditors, and, given the significant workload that these reviews involve, these programs are not required to prepare the standard program review self-study for the university. However, the process of accreditation still comprises a self-study, an ICC peer review, an external review, and an action plan upon completion.

The year preceding an accreditor's evaluation shall be considered the program review year for an externally accredited program. The accreditor determines the self-study format (diverging from Cal Poly Humboldt's standard self-study) and serves as the external reviewer. The ICC will conduct its peer review by reading the self-study prepared for the accreditor; the deadline for submission to the ICC will be determined by the deadline for the accreditation paperwork.

The action plan concluding the process will identify a timeline of actions and responsible parties for the coming (in this case, accreditation) cycle. As with non-accredited programs, the action plan will be agreed upon by the program, the college dean, and the provost. The accreditor's requirements and recommendations may determine much of the action plan's content.

IIIb. Academic Program Review: GEAR Program

[Executive Order 1100](#) states that "campuses shall provide for regular periodic reviews of GE program policies and practices in a manner comparable to those of major programs, including evaluation by an external reviewer. The review should address the meaning, quality, and integrity of the campus GE program and how ongoing assessment informs improvements to the delivery of and student learning experiences in GE."¹⁰ In accordance with this expectation, the university establishes expectations, with this policy, for periodic comprehensive reviews of its GEAR program.

¹⁰CSU Executive Order 1100, PolicyStat No. 13059034.

Responsible Parties:

GEAR program reviews shall be conducted under the authority of the vice president of Academic Affairs, with coordination and oversight by the dean of undergraduate studies, the GEAR Committee chair, and the university's director of assessment in collaboration with the Integrated Curriculum Committee (ICC) and the Office of Institutional Research, Analytics, and Reporting (IRAR).

What Responsible Parties Do:

Elements of a GEAR program review are free to evolve from cycle to cycle. A recommended timeline of steps for future iterations is given:

- gather IR data (spring)
- conduct campus surveys for information desired beyond available IR data (spring)
- contract with external reviewer (summer-fall)
- prepare self-study in advance of external review (summer-fall)
- external review (winter)
- add conclusions and recommendations after the external review (spring)
- present conclusions and recommendations to the ICC and University Senate (following fall)

Schedule of GEAR Program Review:

Given the number of programs offering general education courses, GEAR program reviews involve significant coordination across the university. In light of the extensive planning and labor, GEAR program reviews will occur every ten years, less frequently than the seven-year review cycle for degree programs.

IIIc. Co-Curricular and Operational Program Review

WSCUC and CSU expectations for quality assurance and continuous improvement of co-curricular programs are captured in WSCUC's criterion for review 2.14: *The institution assesses the effectiveness of its student support and co-curricular programs and services and uses the results for improvement.*

Annual assessment endeavors fulfill this expectation, and, thus, the university has no systematic program review requirements for co-curricular programs. The divisions of Academic Affairs and Enrollment Management & Student Success are free to establish

expectations for periodic reviews of their co-curricular / student-support units as they see fit.

~~Co-curricular programs and operational units conduct program reviews under the authority of the President's Advisory Team, with coordination and oversight by the university's associate director of institutional assessment in collaboration with the Integrated Assessment and Planning Working (IAPW) Group and the Office of Institutional Research, Analytics, and Reporting (IRAR).~~¶¶

~~What Programs Do:~~¶¶

~~Each program undergoing review (see below for exceptions for externally accredited programs) will prepare a self-study in which they engage with data identifying program performance in metrics reflecting university, division, and diversity and inclusion priorities, summarize and reflect on previous assessment activities, and create a new six-year assessment plan that also aligns with the institutional strategic plan. The self-study template is located on the university's institutional assessment web page.~~¶¶

~~Self-studies are submitted to the IAPW for university internal peer review according to the deadline in place that year. Programs and units will reflect on peer recommendations prior to sending their self-studies to external reviewers.~~¶¶

~~After receiving its IAPW peer review, the program in review will send its self-study to an external reviewer in advance of the reviewers' campus visit. External reviews shall be conducted in the spring of the review year. The specifics of the external reviewer's report are contained in a template available on the university's institutional assessment web page.~~¶¶

~~What Divisions Do:~~¶¶

~~After reading the program's / unit's self-study and internal and external reviews, the vice president or provost will meet with the MBU or department manager and bring the process to a close via an MOU identifying actions and responsible parties for the coming cycle.~~¶¶

~~Schedule of Co-Curricular and Operational Program Review:~~¶¶

~~Reviews of co-curricular programs and operational units occur every seven years. The cycle comprises six years of annual assessment and actions followed by review and planning in year seven. Actions performed over the six years (beyond annual assessment~~

expectations) are determined by the MOU that ended a given program's previous review cycle.¶¶

The associate director of institutional assessment establishes and maintains the sequence of program reviews, which is posted on the university's institutional assessment web page. Postponements or accelerations are granted only for the direst of circumstances.¶¶

Externally Accredited Programs:¶¶

Program review for externally accredited programs diverges somewhat from the protocol for other Cal Poly Humboldt programs. Accredited programs like the Health Center and the Child Development Center are required to report periodically with their accreditors, and, given the significant workload that these reports involve, these programs are not required to prepare the standard program review self-study for the university. However, the process of accreditation still comprises a self-study, an IAPW peer review, an external review, and an MOU upon completion. The accreditor determines the self-study format (diverging from Cal Poly Humboldt's standard self-study) and serves as the external reviewer. As with non-accredited programs, the MOU will serve as an action plan agreed upon by the program, the college dean, and the provost. The accreditor's requirements and recommendations may determine much of the MOU's content.

History

Reviewed by Academic Policies Committee: 03/09/2026

Reviewed by University Senate: 03/24/2026

Approved by President: MM/DD/YYYY

CAL POLY HUMBOLDT

Assessment and Program Review Policy

[Policy Number]

Office of Assessment

Applies to: Faculty and staff

Supersedes: P22-02

Purpose of the Policy

To promote continuous, evidence-based improvement in support of the university's statement of purpose, this policy outlines the requirements for assessment and program review in academic programs, including the GEAR program, and co-curricular programs at Cal Poly Humboldt.

The practices of assessment and program review serve both external and internal needs at Cal Poly Humboldt, as the university is beholden both to the expectations of its external key partners and accreditor and to its own internal standards of excellence.

Externally, rigorous practices of assessment and program review are essential for Cal Poly Humboldt, both as a public trust expected to create, preserve, and disseminate knowledge for the public good and as a WSCUC-accredited university subject to numerous review criteria. To maintain and improve the university's accreditation, Cal Poly Humboldt's degree programs and co-curricular programs/units are charged with assuring the quality and continuous improvement of the education and services they provide. Among other things, the university's accreditor looks for evidence of an infrastructure to assess student learning at program and institutional levels, effective co-curricular programs designed to support all students' personal and professional development, and a deliberate set of quality-assurance processes in both academic and non-academic areas.

Assessment and program review also serve internal needs. While compliance with accreditation expectations is vital, robust processes of assessment and program review

are also indispensable components of Cal Poly Humboldt's goals to foster excellence, creativity, and innovation. Faculty, staff, and administrators are united in their commitment to continuous improvement based on the results of inquiry, evidence, and evaluation. Importantly, this commitment is motivated not by the pursuit of compliance but by the pursuit of excellence.

Definitions

Academic assessment is the process of measuring and improving student learning in academic programs. Faculty define their expectations via learning outcomes, collect empirical data to evaluate student attainment, and reflect on findings to improve learning.

An **academic program** is a sequence of courses leading to a degree.¹ Some academic programs constitute an entire department, some share department designation with other academic programs, and some span multiple departments. Additionally, the university's GEAR program is treated as an academic program, in accordance with Executive Order 1100, which requires assessment of GE learning outcomes and "regular periodic reviews of GE program policies and practices in a manner comparable to those of major programs, including evaluation by an external reviewer."²

Co-curricular refers to student activities, programs, and learning experiences that complement what students learn through the academic curriculum. These programs primarily have direct engagement with and/or impact on students and their learning. This category includes academic support programs/units, initiatives, activities, and services and can demonstrate impact on student retention, persistence, and/or graduation. Other campuses may refer to this as student affairs assessment. Examples include Housing and Residence Life, the Academic Advising Center, and the individual Cultural Centers for Academic Excellence.

Co-curricular assessment is the process of measuring and improving the effectiveness of student-support programs/units, whether that is by measuring student learning or impact on student success.

¹ For the purposes of this policy, academic programs do not include certificates or credentials.

² California State University, Executive Order No. 1100, CSU General Education (GE) Requirements, PolicyStat No. 13059034, [Calstate.policystat.com](https://calstate.policystat.com) (accessed March 11, 2026), <https://calstate.policystat.com/policy/13059034/latest/>.

Policy Details

I. Guiding Principles of Assessment

The following principles implicitly respect and support shared governance, drawing on the subject-matter expertise of our faculty, staff, and administrators. Our assessment activities are guided by Cal Poly Humboldt’s collective purpose, vision, and values.

1. **Student Centered:** Assessment should be conducted with the goal of improving the student experience.
2. **Prioritized and Supported:** Quality assessment is a vital component of university integrity. Resource allocation should support its practice — and should prioritize innovations that result from it. Leaders from all principal key partners must support good practice as an ongoing and dynamic effort that is sensitive to change. This includes recognizing and rewarding examples of best practice.
3. **Meaningful:** Assessment should be useful and significant. Results should answer questions that are important to the program or unit doing the measuring while also informing overall institutional quality. Efforts should compare findings with desired outcomes and objectives — not with the findings of other programs or units.
4. **Formative:** Assessment is a formative process where various ongoing assessments yield insights that inform program changes in real time, including the action of making no change.
5. **Summative:** Assessment examines results over an entire cycle, which allows for summative reflection on the effectiveness of practices followed by evidence-informed changes.
6. **Inspirational:** Insights from earnest assessment can prompt bold re-envisioning and transformational action. Assessment should be seen as an opportunity to identify alternative pathways to achieving desired outcomes. It should yield actionable results — results that should never be used punitively.

II. Annual Assessment

Ila. Academic Assessment in Degree Programs

Responsible Parties:

Expectations of learning assessment in degree programs are communicated under the authority of the vice president of Academic Affairs, with year-to-year coordination and oversight by the university's director of assessment in collaboration with the dean of undergraduate and graduate education, department chairs, and program coordinators.

What Programs Do:

Programs will structure their faculty workload in such a way that ensures that they are fulfilling the following learning-assessment activities in support of evidence-based continuous improvement:

- Programs maintain six-year assessment plans³ posted on the university's assessment web page. Plans are structured according to the CSU's expectations, with student learning outcomes (SLOs) aimed at demonstrating achievement of program learning outcomes (PLOs), which, in turn, are aligned with the university's institutional learning outcomes (ILOs). All PLOs shall be assessed at least once per six-year cycle.
- Programs collect and analyze data according to the schedule identified in their assessment plans.
- Programs submit annual assessment reports to the director of assessment describing the findings, discussions, and actions resulting from their assessment activities.

Timeline:

Each fall, programs will submit a report describing the learning-assessment activities of the previous academic year.⁴ These annual assessment reports are due on November 1st. A template identifying report specifics as well as submission and archival procedures is located on the university's assessment web page.

³ Plans align to the university's seven-year program-review cycle by outlining six years of assessment activity followed by program review in the seventh year.

⁴ This is the strongly recommended timeline, though it is not required. Programs are free to perform assessment activities in the fall shortly before reporting.

IIb. Academic Assessment of General Education

The CSU policy on General Education (GE) Requirements states that “campuses shall develop an assessment plan that aligns the GE curriculum with campus GE outcomes; specifies explicit criteria for assessing the stated outcomes; identifies when and how each outcome shall be assessed; organizes and analyzes the collection of evidence; and uses the assessment results to make improvements to the GE program, courses and pedagogy.”⁵ In accordance with this expectation, Cal Poly Humboldt endeavors with this policy to establish a sustainable protocol for annual assessment of student learning in general education. Attempts to measure learning will focus on student achievement of Cal Poly Humboldt’s institutional learning outcomes (ILOs).

Responsible Parties:

Expectations of GE learning assessment are communicated under the authority of the vice president of Academic Affairs, with year-to-year coordination and oversight by the university’s director of assessment in collaboration with the dean of undergraduate studies, university faculty, and the GEAR Committee.

What Programs Do:

Academic departments seeking certification or re-recertification of upper-division general education courses must participate in program assessment practices whenever those courses are offered. Participation entails the following:

(Re-)Certification of an upper-division GE course requires identification of a signature assignment designed to elicit student demonstrations of the skills and knowledge necessary to achieve one of the seven ILOs. (The course outline submitted in the (re-)certification process requires this description for upper-division GE courses; signature assignments are not required of other GEAR-certified courses.) The degree of room for individual faculty personalization of a signature assignment will vary according to the degree of specificity communicated in the course outline.

To maintain certification of an upper-division GE course, faculty teaching each iteration of the course must deposit copies of all student signature assignment submissions in the university’s GE signature assignment repository by the end of the semester’s faculty work days. Anonymization of submissions is not required, as the repository will meet

⁵ CSU Executive Order 1100, PolicyStat No. 13059034.

university requirements for protection of student identification, but faculty may remove such identification.

What the GEAR Committee Does:

Annual assessment of learning in GE will occur in the GEAR Committee each spring. Committee members will score student artifacts via a rubric designed to measure learning of skills and knowledge necessary to achieve one of the seven ILOs.

Assessment protocols will be described in more detail (i.e., rubric authorship, inter-rater reliability, etc.) in the ICC bylaws for the GEAR Committee.

Timeline:

The GEAR Committee chair and the director of assessment will present annual spring assessment findings and committee recommendations to the university the following fall.

IIc. Co-Curricular Assessment

Responsible Parties:

Expectations of assessment are communicated under the authority of the vice presidents of Academic Affairs and Enrollment Management & Student Success, with year-to-year coordination and oversight by the university's director of assessment in collaboration with program/unit directors and coordinators.

What Programs/Units Do:

Programs/Units will structure their staff workload in such a way that ensures that they are fulfilling the following assessment activities in support of evidence-based continuous improvement:

- Programs/Units maintain six-year assessment plans posted on the university's assessment web page. Plans are structured according to the expectations set forth by the WSCUC expectation that the university "assesses the effectiveness of its student support and co-curricular programs and services and uses the results for improvement"⁶.

⁶WASC Senior College and University Commission, 2023 Handbook of Accreditation, (Alameda, CA: WSCUC), Standards and Criteria for Review (CFRs), CFR 2.14, accessed March 11, 2026, <https://www.wscuc.org/handbook2023/>.

- Programs/Units collect and analyze data each academic year according to the schedule identified in their assessment plans.
- Programs/Units submit annual assessment reports to the director of assessment and divisional leadership describing the findings and discussions resulting from their activities.

Timeline:

Each co-curricular program/unit is responsible for designating a team or person to write and submit its annual report describing the assessment activities of the previous academic year. These annual assessment reports are due on June 30th. A template identifying report specifics as well as submission and archival procedures is located on the university's assessment web page.

III. Program Review**IIIa. Academic Program Review: Degree Programs****Responsible Parties:**

Academic program reviews shall be conducted under the authority of the vice president of Academic Affairs, with coordination and oversight by the university's director of assessment in collaboration with the Integrated Curriculum Committee (ICC) and the Office of Institutional Research, Analytics, and Reporting (IRAR).

What Programs Do:

Each program undergoing review (see below for exceptions for externally accredited programs) will prepare a self-study in which program faculty engage with institutional data identifying program performance in metrics reflecting university priorities, summarize and reflect on the cycle's assessment activities, create a new six-year assessment plan, and draft an action plan for the coming cycle. The self-study template is located on the university's assessment web page.

Self-studies are submitted to the ICC for university-internal peer review according to ICC bylaws⁷ and according to the deadline in place for that academic year. Programs will reflect on peer recommendations prior to sending their self-studies to external reviewers.

After receiving its ICC peer review, the program in review will send its self-study to an external reviewer in advance of the reviewer's campus visit.⁸ External reviews shall be conducted in the spring of the review year. The specifics of the external reviewer's report are contained in a template available on the university's assessment web page.⁹

What Administration Does:

After reading a program's self-study and internal and external reviews, the provost, college dean, department chair, and program lead (where applicable) will bring the process to a close via an action plan by the end of the following fall semester. These plans identify actions and responsible parties for the coming cycle.

Schedule of Academic Program Review:

Reviews of academic programs occur every seven years. Program cycles comprise six years of learning assessment and other actions, followed by review and planning in year seven. Actions performed over the six years (beyond annual assessment expectations) are determined by the action plan that ended a given program's previous review cycle.

The director of assessment establishes and maintains the sequence of program reviews, which is posted on the university's assessment web page. Postponements or accelerations are granted only at the discretion of the director in consultation with the college dean and associate vice president for academic programs

Externally Accredited Programs:

Program review for externally accredited programs diverges somewhat from the protocol for other Cal Poly Humboldt programs. Accredited degree programs undergo

⁷ Cal Poly Humboldt, Faculty Handbook, Appendix G: Integrated Curriculum Committee Bylaws and Rules of Procedure (updated August 2023), in Faculty Handbook, Academic Affairs, California State Polytechnic University, Humboldt, <https://www.humboldt.edu/academic-affairs/faculty-handbook> (accessed March 11, 2026).

⁸ Virtual external reviews are subject to dean approval on a case-by-case basis.

⁹ Cal Poly Humboldt, Assessment & Program Review, accessed March 11, 2026, <https://www.humboldt.edu/academic-programs/assessment-program-review>.

periodic reviews with their accreditors, and, given the significant workload that these reviews involve, these programs are not required to prepare the standard program review self-study for the university. However, the process of accreditation still comprises a self-study, an ICC peer review, an external review, and an action plan upon completion.

The year preceding an accreditor's evaluation shall be considered the program review year for an externally accredited program. The accreditor determines the self-study format (diverging from Cal Poly Humboldt's standard self-study) and serves as the external reviewer. The ICC will conduct its peer review by reading the self-study prepared for the accreditor; the deadline for submission to the ICC will be determined by the deadline for the accreditation paperwork.

The action plan concluding the process will identify a timeline of actions and responsible parties for the coming (in this case, accreditation) cycle. As with non-accredited programs, the action plan will be agreed upon by the program, the college dean, and the provost. The accreditor's requirements and recommendations may determine much of the action plan's content.

IIIb. Academic Program Review: GEAR Program

Executive Order 1100 states that "campuses shall provide for regular periodic reviews of GE program policies and practices in a manner comparable to those of major programs, including evaluation by an external reviewer. The review should address the meaning, quality, and integrity of the campus GE program and how ongoing assessment informs improvements to the delivery of and student learning experiences in GE."¹⁰ In accordance with this expectation, the university establishes expectations, with this policy, for periodic comprehensive reviews of its GEAR program.

Responsible Parties:

GEAR program reviews shall be conducted under the authority of the vice president of Academic Affairs, with coordination and oversight by the dean of undergraduate studies, the GEAR Committee chair, and the university's director of assessment in collaboration with the Integrated Curriculum Committee (ICC) and the Office of Institutional Research, Analytics, and Reporting (IRAR).

¹⁰CSU Executive Order 1100, PolicyStat No. 13059034.

What Responsible Parties Do:

Elements of a GEAR program review are free to evolve from cycle to cycle. A recommended timeline of steps for future iterations is given:

- gather IR data (spring)
- conduct campus surveys for information desired beyond available IR data (spring)
- contract with external reviewer (summer-fall)
- prepare self-study in advance of external review (summer-fall)
- external review (winter)
- add conclusions and recommendations after the external review (spring)
- present conclusions and recommendations to the ICC and University Senate (following fall)

Schedule of GEAR Program Review:

Given the number of programs offering general education courses, GEAR program reviews involve significant coordination across the university. In light of the extensive planning and labor, GEAR program reviews will occur every ten years, less frequently than the seven-year review cycle for degree programs.

IIIc. Co-Curricular Program Review

WSCUC and CSU expectations for quality assurance and continuous improvement of co-curricular programs are captured in WSCUC's criterion for review 2.14: *The institution assesses the effectiveness of its student support and co-curricular programs and services and uses the results for improvement.*

Annual assessment endeavors fulfill this expectation, and, thus, the university has no systematic program review requirements for co-curricular programs. The divisions of Academic Affairs and Enrollment Management & Student Success are free to establish expectations for periodic reviews of their co-curricular / student-support units as they see fit.

History

Reviewed by Academic Policies Committee: 03/09/2026

Reviewed by University Senate: 03/24/2026

Approved by President: MM/DD/YYYY

CAL POLY HUMBOLDT

University Senate

**Resolution to Recommend Approval of the Master of Forestry in Forestry (PROGRAM:
2026–27 New Degree Proposal Form [Chancellor’s Office])**

23-25/26-ICC – April 14, 2026 – Curriculum Reading

RESOLVED: That the University Senate of Cal Poly Humboldt recommends to the Provost that the Master of Forestry in Forestry - New Degree (42 units), detailed in proposal [25-3135](#) be approved.

RATIONALE: The Master of Forestry in Forestry (M.F.) provides an applied, accelerated pathway for individuals with non-forestry bachelor’s degrees to enter the forestry profession. The program addresses a clear and persistent workforce need in both public and private sectors, particularly in Northern California, where demand for trained foresters continues to outpace supply.

Currently, prospective students seeking entry into forestry must either pursue a second bachelor’s degree, enroll in a research-focused MS program not designed for professional preparation, or attend out-of-state Master of Forestry programs. There is no comparable degree within the CSU system. The Master of Forestry program fills this gap by offering a professionally oriented graduate degree that integrates technical training, field-based learning, and interdisciplinary knowledge required for modern forestry practice.

The program builds on demonstrated student demand and recent institutional investment, including a \$700,000 CAL FIRE Workforce Development Grant supporting a similar training model. Early enrollment and continued inquiries from prospective students confirm strong interest in this pathway.

The Master of Forestry program also leverages Cal Poly Humboldt’s unique assets, including university forestlands that serve as living laboratories for applied learning and project development. Students complete a culminating forest management plan that integrates ecological, economic, and social considerations, contributing directly to campus sustainability goals and professional workforce preparation.

Aligned with Cal Poly Humboldt’s commitments to sustainability, environmental stewardship, and regional workforce development, the M.F. program prepares graduates to lead in forest management, climate resilience, and resource conservation across California and beyond.

PROGRAM OVERVIEW:

Program Type: Master of Forestry (M.F.)

Total Units: 42

Prerequisites: Three semesters plus one summer internship

Department: Forestry, Fire, & Rangeland Management

Target Students: Individuals with bachelor's degrees in non-forestry fields

Program Description: The Master of Forestry in Forestry (M.F.) is an applied, cohort-based graduate program designed to prepare students from non-forestry backgrounds to enter the forestry profession. Located within the coast redwood region and adjacent mixed conifer forests, Cal Poly Humboldt provides a unique field-based learning environment that serves as an outdoor classroom for developing professional forestry skills.

The program integrates biological, physical, social, and managerial sciences to support a comprehensive understanding of forest ecosystems and their management. Students receive advanced training in silviculture, disturbance ecology, forest management and harvest planning, hydrology, and geospatial analysis, supported by hands-on, project-based learning and engagement with natural resource professionals.

Culminating Experience: Students complete a Master of Forestry Project, consisting of a comprehensive forest management plan tailored to specific site conditions and landowner objectives. The project is developed through a structured sequence that includes a summer academic internship, followed by coursework in professional writing and project development. Projects are publicly presented and defended orally.

LEARNING OUTCOMES: Graduates of the Master of Forestry (M.F.) program will be able to:

1. Identify and describe the physical, chemical, ecological, and biological characteristics of forest ecosystems as a foundation for effective and sustainable forest management.
2. Explain the socioeconomic structures influencing forest ecosystems across spatial and temporal scales.
3. Apply quantitative analyses to forest resources and associated ecological and management processes.
4. Communicate effectively about forest ecosystems and management practices in both oral and written formats.
5. Apply critical thinking and multidisciplinary knowledge to manage forest resources for diverse and competing objectives.
6. Articulate and evaluate ethical policies and practices in response to societal needs related to forest and rangeland resources.

PROGRAM STRUCTURE (42 Units):

Semester 1 (15 units):

- FOR 540 – Accelerated Introduction to Forestry (4)
- FOR 365 – Forest Economics and Finance (3)
- GSP 510 – Research Methods in Geospatial Science (4)
- WSHD 310 – Hydrology and Watershed Management (4)

Semester 2 (13 units):

- FOR 311 – Forest Mensuration and Growth (4)
- FOR 476 – Advanced Forest Management (3)
- FOR 518 – Management Plan Practicum (3)
- FOR 575 – Advanced Forest Policy and Administration (3)

Summer:

- Academic internship (minimum 100 hours field experience)

Semester 3 (14 units):

- FOR 353 – Forest Road Location and Design (3)
- FOR 530 – Advanced Forest Ecosystems (3)
- FOR 532 – Advanced Silviculture (4)
- FOR 582 – Internship and Professional Writing (3)
- FOR 692 – Master of Forestry Project (1)

Admission Requirements: Applicants must hold a bachelor’s degree with a minimum GPA of 3.0 in the last 60 units and complete prerequisite coursework in botany, chemistry, soils, statistics, and ecology. Relevant field or professional experience is recommended. Conditional admission is available for students needing prerequisite completion.

Professional Preparation: Graduates will be prepared for careers in forest management, restoration, and natural resource stewardship across public agencies, private industry, Tribes, and nonprofit organizations. The program meets educational standards for federal forestry employment and contributes toward eligibility for the Registered Professional Forester (RPF) licensure in California.

PROGRAM IMPACT AND BENEFIT: The Master of Forestry in Forestry expands access to the forestry profession and addresses workforce shortages in forest management, restoration, wildfire resilience, and climate adaptation.

Graduates will be prepared for careers in:

- Federal and state agencies (e.g., U.S. Forest Service, CAL FIRE, Bureau of Land Management)
- Tribal natural resource departments
- Private forestry companies and consulting firms
- Nonprofit environmental organizations

The program also contributes directly to campus and regional sustainability efforts through applied work on university forests and collaboration with professional partners. It supports the state’s need for trained forestry professionals while strengthening Humboldt’s reputation as a leader in applied natural resource education.

The degree also provides a pathway toward professional licensure, including qualification for

the Registered Professional Forester (RPF) exam in California.

COMMUNITY ENGAGEMENT AND WORKFORCE ALIGNMENT: The program was developed in close consultation with industry and public-sector stakeholders, including the Department Advisory Committee, the California Forestry Association, and CAL FIRE leadership. These partners confirmed strong workforce demand and provided ongoing guidance in program design.

Faculty report consistent interest from prospective students seeking entry into forestry careers, with approximately 10–15 inquiries annually from individuals with non-forestry degrees. Enrollment projections estimate 15–20 students per cohort, supporting sustainable program growth.

RESOURCE IMPLICATIONS: The program leverages existing faculty expertise, courses, and facilities within the Department of Forestry. New graduate courses will be taught by existing faculty and a planned new hire aligned with program growth.

University forest lands provide essential field sites, and recent investments, including grant funding and infrastructure, support program implementation. No additional facilities are required at launch.

PROGRAM CONTEXT: The Master of Forestry in Forestry complements the existing Forestry B.S., which is accredited by the Society of American Foresters, and extends Humboldt’s leadership in forestry education by providing a graduate pathway for students from diverse academic backgrounds.

The program also positions the university to pursue future accreditation at the graduate level and strengthens its graduate portfolio in applied environmental and natural resource disciplines.

Related Proposals:

- [FOR - 311 - 25-3144 - Course Change - Forest Mensuration and Growth](#)
- [FOR - 353 - 25-3151 - Course Change - Forest Road Location and Design](#)
- [FOR - 365 - 25-3145 - Course Change - Forest Economics and Finance](#)
- [FOR - 476 - 25-3146 - Course Change - Advanced Forest Management](#)
- [FOR - 518 - 25-3137 - New Course - Management Plan Practicum](#)
- [FOR - 530 - 25-3147 - Course Change - Advanced Forest Ecosystems](#)
- [FOR - 532 - 25-3149 - Course Change - Advanced Principles in Silviculture](#)
- [FOR - 540 - 25-3136 - New Course - Accelerated Introduction to Forestry](#)
- [FOR - 575 - 25-3138 - New Course - Advanced Forest Policy and Administration](#)
- [FOR - 582 - 25-3139 - New Course - Internship and Professional Writing](#)
- [FOR - 692 - 25-3150 - New Course - Master of Forestry in Forestry Project](#)

- [WSHD - 310 - 25-3162 - Course Change - Hydrology and Watershed Management](#)
-

Note on Document Preparation: *Portions of this resolution were developed with the support of artificial intelligence tools to enhance consistency, formatting, and clarity. All content originates from the official proposal documents and aligns with Chancellor's Office documentation standards. Each resolution is reviewed and finalized collaboratively by the Integrated Curriculum Committee Chair, committee members, and the proposal authors, with opportunities for revision prior to submission for Senate consideration.*

**CAL POLY HUMBOLDT
University Senate**

Resolution on the URPC Budget Recommendation 2026-2027

24-25/26-URPC — April 14, 2026 — First Reading

RESOLVED: That the University Senate of Cal Poly Humboldt recommends that Chair Harmon forward the University Resource and Planning Committee's Budget Recommendation to President Carvajal in keeping with the CBC Guidance that outlines URPC Recommendations.

RATIONALE: The URPC has developed a budget recommendation based on existing budget assumptions and ask that this recommendation be forwarded to the President in order to inform budget decisions for the 2026-2027 fiscal year.



University Resources and Planning Committee

Date: April X, 2026

TO: Senate Chair and General Faculty President Christopher Harmon, Cal Poly Humboldt

FROM: Shawna Young and Jaime Lancaster – Co-Chairs of the URPC

CC: URPC Committee Members

RE: 2026-27 Budget Recommendation to the President

Chair Harmon,

Below, please find the University Resources and Planning Committee's (URPC) Budget recommendation for FY 2026-27. After review and input from the Senate, we ask that you forward its contents to President Carvajal in order to inform his decisions regarding budgeting for next year, in accordance with the [CBC Guidance on Senate Ratification of URPC Recommendations](#).

Executive Summary

Cal Poly Humboldt enters the FY 2026–27 budget planning cycle during a period shaped by both statewide investment and systemwide change. At the state level, Governor Newsom's January 2026 budget proposal includes a significant investment in the California State University (CSU) system of more than \$509 million to support student success, workforce development, and institutional capacity across the CSU. While this proposal reflects strong support for public higher education, it remains subject to the state budget process, and the CSU will continue coordinated advocacy efforts throughout the spring as the Legislature works toward adoption of the State's final budget in June 2026.

At the CSU system level, funding changes and fiscal conditions continue to shape how resources are distributed across campuses. Under the CSU's enrollment target and budget reallocation framework, funding is increasingly tied to resident full-time equivalent student (FTES) enrollment levels. Because Cal Poly Humboldt remains more than 10% below its system-funded enrollment target, the campus continues to experience enrollment-based funding reallocations that reduce existing operating resources even as the CSU receives additional investment from the state.

Despite these systemwide pressures, Cal Poly Humboldt has built strong momentum in recent years, including four consecutive years of enrollment growth and an overall increase of almost 10% since receiving its polytechnic designation. During this same period, the campus has expanded its academic portfolio with new programs aligned with workforce needs and the polytechnic mission. With President Carvajal joining the campus in January 2026, the campus community will begin shaping the next phase of strategic planning to build on this momentum and support Humboldt's continued growth.

The University Resources and Planning Committee (URPC) plays a central role in the campus budget process. As a standing committee of the University Senate, URPC works with the University Budget Office and campus leadership to review fiscal conditions, engage the campus community, and develop recommendations regarding the allocation of General Fund resources. Each year, URPC provides a recommendation to the President, through the Senate Chair, to help inform campus budget decisions.



University Resources and Planning Committee

Current budget projections for 2026-27 range from a modest surplus of approximately \$290 thousand to a potential gap of up to \$5.27 million. The University's baseline planning assumption, based on current information, reflects a projected gap of approximately \$2.75 million, or about 1.5% of the total operating budget, while recognizing that conditions may shift. To ensure the campus is prepared, divisions were asked to plan for reductions up to the highest end of the projected range.

Through a strategic and collaborative review process, URPC worked to identify potential reductions that could be implemented while minimizing impacts to the committee's budget priorities. This process included divisions planning for reductions across the full range of projected scenarios and ultimately identified approximately \$2.6 million in reductions that could be implemented without significantly impacting these priorities.

Based on this analysis, URPC recommends a total reduction up to approximately (\$2.6 million) or (1.5%) of the University's total operating budget, allocated across divisions as follows:

- President's Office (\$0) or (0%);
- University Advancement (\$64 thousand) or (1.4%);
- Academic Affairs (\$1.68 million) or (2.0%);
- Administrative Affairs (\$256 thousand) or (1.2%);
- Enrollment Management & Student Success (\$230 thousand) or (1.5%);
- Athletics & Recreation (\$69 thousand) or (2.0%);
- University Wide (\$316 thousand) or (3.8%).

Percentages at the divisional level are calculated based on adjusted operating budgets, which exclude financial aid, self-generated revenue, first-year new base allocations, and centrally held funds (e.g., GI 2025, Polytechnic funding, and compensation).

URPC recommends that if the budget deficit is less than the proposed level of reductions, divisions would still implement the full amount of proposed reductions, and the difference between the actual budget gap and the reductions would be allocated to divisions as 2026-27 one-time funding. The ongoing difference would be held centrally for strategic use and considered through the University's established budget planning and shared governance processes.

URPC further recommends that if the budget deficit is more than the proposed level of reductions, one-time funding from prior roll forward, intentionally set aside for anticipated multi-year budget gaps, may be used to bridge any remaining difference.

In the event of a budget surplus, URPC recommends that divisions would not be required to implement the proposed reductions, and any excess resources would be held centrally for strategic use and considered through the University's established budget planning and shared governance processes.

Together, these recommendations reflect [URPC's guiding principles and budget priorities](#), centering student experience, supporting academic programming and enrollment growth, sustaining essential



University Resources and Planning Committee

services, and advancing transparent, data-informed, and fiscally resilient resource decisions aligned with the [University's Strategic Plan](#).

Budget Recommendation

Guiding Principles, Priorities, and Planning Approach

This year's recommendation reflects the University's current fiscal environment, including enrollment, revenue, expenditure, and reserve assumptions. While navigating ongoing financial constraints, the University continues to benefit from state investment in polytechnic initiatives and sustained enrollment growth driven by both new students and improved retention. Together, these factors require a balanced approach that aligns fiscal responsibility with continued strategic growth.

In developing this recommendation, URPC applied a set of guiding principles and planning parameters to support a budget that is sustainable, aligned with the University's Strategic Plan, and responsive to evolving fiscal conditions. This framework is data-informed, incorporates an equity lens, promotes efficiency, and reflects the University's Purpose, Vision, and Core Values.

URPC's approach centers on the student experience while supporting key institutional priorities, including academic programming, enrollment growth, and essential services. Within this framework, the committee prioritizes student success and well-being, seeks to minimize impacts to personnel, promotes long-term financial resiliency, and values transparent and meaningful campus engagement throughout the budget process.

To guide reduction planning, URPC established the following parameters:

- Reductions will be implemented strategically rather than applied uniformly across divisions.
- All divisions will be considered as part of the planning process.
- Units will be supported in planning efforts, with the goal of avoiding mid-year reductions whenever possible.
- Communication and engagement with the campus community will remain timely and transparent.

Budget Transparency and Communication Efforts

Since August, URPC has developed and shared its guiding principles and budget priorities to establish a clear framework for decision-making. In partnership with the University Budget Office, URPC supported the development and communication of budget planning scenarios to inform campus understanding of the University's fiscal outlook. Throughout this process, URPC engaged the campus community to gather input through coordinated communications, open campus forums, and presentations to groups including the University Senate, Budget & Finance Group, Council of Chairs, and Executive Cabinet.



University Resources and Planning Committee

Communication & Engagement Activity	Timing
Budget Memos & Communications	August, September, December 2025; February 2026
Budget Open Forums	October 2025; February 2026
Budget Office Updates & Presentations	Monthly (August–November 2025; January–February 2026)
Divisional Budget Presentations	October–November 2025; March 2026

Budget Summary

As outlined in this table below, and discussed in more detail in [Appendix A: Budget Planning Assumptions](#), the University anticipates an ongoing budget deficit of up to approximately \$5.27 million in 2026-27. The University’s baseline planning assumption includes a projected deficit of approximately \$2.75 million, or about 1.5% of the total operating budget, while recognizing that actual outcomes may vary as the state budget process continues. This range informs the planning and reduction approach outlined below.

This year’s committee grounded its approach in the University’s baseline planning assumption, informed by planning across the full range of projected scenarios, and focused on reductions aligned with the most likely outcome while remaining fiscally prudent and preserving the University’s ability to continue advancing its polytechnic designation. This approach reflects the guiding principles and priorities outlined above and allows the University to manage uncertainty while ensuring that any deeper reductions, if needed, are considered thoughtfully and in alignment with the University’s strategic priorities and the development of its next strategic plan.



University Resources and Planning Committee

2026-27		
	Baseline	High
Incremental Changes	Increase (Decrease)	Increase (Decrease)
Prior Year Revenue/Sources Budget	\$175,270,821	\$175,270,821
State General Fund:		
Restoration of 2025-26 Cut to CSU	\$3,040,000	\$3,040,000
Enrollment Reallocation	(\$3,378,000)	(\$3,378,000)
Polytechnic Allocation	\$3,729,000	\$3,729,000
Compact Funding to CSU	\$4,549,000	\$2,031,000
Tuition: Enrollment Growth	\$2,681,000	\$2,681,000
Tuition: 6% Rate Increase	\$1,969,000	\$1,969,000
Other Tuition & Fees	\$26,000	\$26,000
Total 2026-27 Revenue/Sources Budget	\$187,886,821	\$185,368,821
Prior Year Expenditure/Uses Budget	\$175,270,821	\$175,270,821
CSU Mandatory Costs & Program Earmarks	\$9,558,000	\$9,558,000
Polytechnic Allocation	\$3,729,000	\$3,729,000
Campus Mandatory Costs & Priorities	\$2,079,000	\$2,079,000
Total 2026-27 Expenditure/Uses Budget	\$190,636,821	\$190,636,821
2026-2027 Projected Base Budget Surplus (Deficit)	(\$2,750,000)	(\$5,268,000)

Budget Reductions

As outlined in the Budget Summary section, the University anticipates an ongoing budget deficit of up to \$5.27 million in 2026–27, with a baseline planning assumption of approximately \$2.75 million. Consistent with this assumption, the University is proposing reductions aligned with the most likely scenario. If the deficit exceeds this level, one-time funding from 2023–24 roll forward, with approximately \$3.75 million available, may be used to bridge the gap.



University Resources and Planning Committee

Following divisional planning and discussions, the URPC proposes the following distribution of reductions across divisions for 2026–27:

Division	2025-26		2026-27	
	Implemented Reductions		Proposed Reductions	
Presidents Office	\$0	0%	\$0	0%
University Advancement	\$219,000	5.6%	\$64,000	1.4%
Academic Affairs	\$5,091,000	6.0%	\$1,678,000	2.0%
Administrative Affairs	\$1,037,000	5.2%	\$256,000	1.2%
Enrollment Management & Student Success	\$656,000	5.0%	\$230,000	1.5%
Athletics & Recreation	\$242,000	7.0%	\$69,000	2.0%
University Wide	\$425,000	5.0%	\$316,000	3.8%
Total Reductions	\$7,670,000	5.7%	\$2,613,000	1.9%

Percentages shown at the divisional level are calculated based on adjusted operating budgets, which exclude financial aid, self-generated revenue, first-year new base allocations, and centrally held funds.

The proposed reductions reflect the strategic budget planning efforts of each division and are guided by the URPC’s guiding principles and priorities. These reductions were developed through divisional planning, campus engagement, and discussions with campus leadership, with a focus on identifying actions that minimize impacts to student experience, academic programming, enrollment growth, and essential services.

While the total proposed reductions of approximately \$2.6 million do not align exactly with the baseline planning assumption, that figure is an estimate, and the proposed reductions reflect the outcome of a planning process that evaluated the full range of scenarios and prioritized impact over achieving a specific dollar amount. Each division evaluated potential reductions to determine which could be implemented without significantly affecting these priorities, and this process informed the distribution of reductions across divisions. University Wide reductions reflect areas where the full target could be achieved without compromising core priorities, while other divisions balanced reductions with operational considerations and existing commitments.

Given its relatively small budget and limited flexibility, the President’s Office will not implement



University Resources and Planning Committee

reductions in 2026–27. While the division did identify potential reductions, these were personnel-related and not feasible without significantly impacting core operations. This approach reflects the scale and structure of the division and is consistent with the University’s strategy to prioritize reductions where they can be absorbed with the least impact.

Given projected budgetary shortfalls in the coming years, the committee recommends that the President’s Office consider opportunities to contribute to future reductions, particularly through natural attrition or vacancy management, where feasible.

If needed, one-time funding from 2023–24 roll forward, with approximately \$3.75 million available and previously set aside for anticipated multi-year budget gaps, may be used to bridge any remaining gap between the proposed reductions and the final budget outcome.

University Budget Allocations

Roll Forward and One-Time Resource Planning

Each year, the University generates a level of one-time funding, referred to as “roll forward”, due to differences between budgeted and actual expenditures. These variances are driven by factors such as position vacancies, timing of hires, and underspending in operating expense budgets. As a result, unspent funds accumulate at year-end and are carried forward as one-time resources that can be used to support institutional priorities.

As each division may be asked to participate in reductions next year, it is important that any remaining available roll forward be returned to that division. Thus, the URPC recommends that the campus adheres to the [University Operating Fund Roll Forward Guidelines](#).

The University increased its operating reserve by \$162,435 in accordance with the University Roll Forward Guidelines. The reserve remains compliant with the minimum balance recommended under the CSU Policy on Designated Balances and Reserves. A portion of the 2025–26 roll forward, as calculated by the Guidelines, may be allocated to the reserve. If final 2026-27 budget outcomes result in additional operating reserve requirements, additional roll forward funds will be directed to the operating reserve to ensure continued compliance with CSU policy. Please see the [Reserve Assumptions](#) in Appendix A below for additional discussion.

Polytechnic Funding

The University will receive the final \$3.7 million installment in spring 2026, representing the last portion of the State’s \$25 million ongoing base funding commitment associated with its polytechnic designation. This investment continues to support the University’s transition through capital development, measured enrollment growth, and the expansion of new academic programs. As these efforts advance, it will be essential to align implementation with long-term financial sustainability and institutional priorities.



University Resources and Planning Committee

Additional Budget Requests

Despite the anticipated need for budget reductions in 2026–27, a call was issued to divisions for both ongoing base budget needs and one-time funding requests. While the University must remain disciplined in addressing its projected budget gap, this process ensures that critical needs and strategic opportunities are identified and considered.

These requests fall outside the URPC’s established review timeline and will be evaluated separately. As such, URPC recommends that one-time funds be used, whenever possible, to support approved strategic investments. For any requests that may require ongoing base funding, URPC requests that the committee be informed and provided an opportunity to offer feedback.

URPC Budget Planning Activities

Multi-Year Budget Planning Process

The University Budget Office (UBO) continues to develop and refine multi-year budget scenarios over a three-year planning horizon to inform planning and decision-making. These scenarios integrate financial projections with key variables, including state funding, enrollment trends, and anticipated cost increases, and are updated throughout the budget cycle as new information becomes available.

They are used to align resource planning with CSU system direction, state budget developments, and institutional priorities, and are regularly shared with campus leadership, the URPC, and the broader campus community through budget forums, meetings, and online resources.

The baseline scenario reflects where planning is currently focused based on available information, assuming that state and CSU funding levels generally align with current expectations and that enrollment continues to grow at a sustainable rate. Additional scenarios help ensure the University is prepared to respond as conditions evolve.

Given the projected budget gap in 2026–27 and continued pressure in subsequent years, multi-year planning remains essential. This approach allows the University to proactively identify strategies, phase in adjustments, and support divisions in planning for potential reductions over time. Establishing preliminary planning targets also provides divisions with the opportunity to evaluate operational changes, such as reorganization or restructuring, while maintaining flexibility as budget conditions evolve.

Conclusion

The University’s budget planning assumptions are based on the most current information available, including campus enrollment projections, anticipated mandatory cost increases, guidance from the Chancellor’s Office, and the Governor’s January budget proposal. While the State budget remains subject to change through the legislative process, it is necessary to move forward with a 2026–27 budget



University Resources and Planning Committee

recommendation based on current assumptions and planning scenarios.

Should there be any significant changes to the State of California budget or subsequent CSU allocations, URPC requests to be informed in a timely manner so that any necessary adjustments can be considered.

We appreciate your review of this recommendation and welcome your feedback and comments.



University Resources and Planning Committee

APPENDIX A

Budget Planning Assumptions

Enrollment Outlook & Trends

The University continues to make steady progress toward its long-term enrollment goals, with sustained growth across recent terms. Since Fall 2022, enrollment has increased each semester, including a 4.1% increase in Spring 2026 over Spring 2025 (+227 students), with Fall 2025 headcount enrollment reaching 6,276, the highest since Fall 2020. Growth has been driven by both new and continuing students, with continuing undergraduate enrollment increasing 4.2% (+201) and new student enrollment increasing 4% year-over-year.

Key enrollment indicators remain strong. Deposits for Fall continue to trend positively, with approximately 1,400 students committed and additional gains expected ahead of the May 1 national decision date. Yield rates have improved, with 88% of deposited students enrolling at census, and transfer enrollment continues to grow, including a 10.8% increase in new transfer students in Spring. These trends reflect the impact of targeted recruitment strategies, expanded transfer pipelines, and increased emphasis on affordability and student retention.

While these indicators are encouraging, enrollment projections used for budget planning remain conservative to account for potential variability. The University is currently budgeting 7.7% headcount enrollment growth for Fall 2026–27, consistent with the [Strategic Enrollment Plan](#), and includes a 3% contingency to account for potential variation. The University will continue to monitor application, yield, and retention trends as the budget cycle progresses.

Looking ahead, updated multi-year enrollment targets include a Fall 2026 goal of 6,837 students and a long-term goal of exceeding 11,000 students by Fall 2034. This trajectory reflects a measured and sustainable approach aligned with the University's polytechnic mission and capacity.

Despite this growth, the University is currently below its CSU-funded resident FTES target. In 2025–26, the target was reduced by 3% to 7,154, resulting in a funding decrease of approximately \$2.1 million. For 2026–27, the CSU will reduce the target by 5% to 6,796, with an associated funding reduction of approximately \$3.4 million.

For budget planning purposes, enrollment assumptions are translated into full-time equivalent students (FTES) using historical ratios of headcount to FTES and revenue generated per FTES.

Strategic efforts to increase resident FTES include the Green & Gold Guarantee, transfer outreach to targeted academic programs and feeder community colleges, and new direct admissions programs across seven school districts. In addition, the transition of summer to state-supported instruction allows summer FTES to count toward the annual target, helping to mitigate future enrollment recalibrations.



University Resources and Planning Committee

	2024-25	2025-26	2026-27
	Actuals	Actuals	Budget
Total Fall Headcount	6,045	6,276	6,837
Annual CSU Funded Target Resident FTES	7,375	7,154	6,796
Annual Resident FTES	5,045	5,241	5,851
% Shortfall from CSU Funded Target Resident FTES	-32%	-27%	-14%

Revenue Assumptions

Under the baseline planning assumption, the University’s 2026–27 revenue outlook reflects a combination of new state investment and ongoing systemwide funding pressures. While the Governor’s January 2026 proposal includes significant funding for the CSU system, much of this support is allocated toward systemwide costs, resulting in limited new discretionary resources at the campus level.

At the campus level, revenue assumptions are driven by the following key factors:

- **State Appropriation (+\$7.6 million)**
 - State funding remains the most significant source of revenue variability. While the Governor’s proposal restores prior reductions and includes new compact funding, a portion of this funding is deferred and largely absorbed by systemwide mandatory costs. As a result, limited new discretionary funding is available to support campus operations.
- **Enrollment-Based Reallocation (-\$3.4 million)**
 - Under the CSU’s enrollment target and budget reallocation framework, funding continues to be redistributed based on resident FTES performance. Because Cal Poly Humboldt remains more than 10% below its enrollment target, the campus continues to experience reductions in base funding.
- **Tuition & Fee Revenue (+\$4.7 million)**
 - Tuition revenue is projected to increase due to the systemwide tuition rate increase of 6% and enrollment growth assumptions. This funding is also largely absorbed by systemwide mandatory costs.
- **Polytechnic Funding (+\$3.7 million)**
 - The University will receive the final \$3.7 million installment of the State’s ongoing \$25 million base funding commitment associated with its polytechnic designation.

Expenditure Assumptions

The University’s 2026–27 expenditure outlook, under the baseline planning scenario, reflects a

University Resources and Planning Committee

combination of systemwide mandatory cost increases, campus-specific cost pressures, and strategic investments. While some costs are offset by corresponding revenue, others represent ongoing impacts to the University's operating budget.

At the campus level, expenditure assumptions are driven by the following key factors:

- **CSU Mandatory Costs (+\$9.6 million)**
 - As noted in the State Appropriation and Tuition & Fees Revenue section above, the University will receive additional funding to support CSU-mandated cost increases, including the State University Grant (SUG), compensation, utilities, insurance, and health premiums. These costs are determined at the system level and funded through corresponding state appropriation and the systemwide tuition rate increase, resulting in a net neutral impact to the University's operating budget, as the revenue is provided specifically to cover these required expenditures.
- **Polytechnic Funding (+\$3.7 million)**
 - The University will receive the final \$3.7 million installment of ongoing funding associated with its polytechnic designation. These funds support continued implementation of polytechnic initiatives, including academic program development and institutional capacity.
- **Campus Mandatory Costs (+\$725 thousand)**
 - Campus-specific cost increases include utilities, projected to increase by approximately \$600 thousand (10%), and insurance, projected to increase by approximately \$125 thousand (4%). These costs represent ongoing budget pressures that must be absorbed within the University's operating budget.
- **Campus Strategic Investments (+\$268 thousand)**
 - The University will invest approximately \$268 thousand to support the Green & Gold Guarantee, a campus initiative that guarantees eligible California students' tuition and mandatory fees are fully covered after financial aid. By reducing financial uncertainty, the program supports access, enrollment, and student success.
- **Enrollment Contingency (+\$1.1 million)**
 - A 3% enrollment contingency of approximately \$1.1 million is included to provide flexibility in the event enrollment assumptions are not met or conditions change during the fiscal year.

For 2026–27, the University anticipates a budget deficit based on current revenue and expenditure assumptions. The proposed reductions, while aligned with the most likely scenario, do not fully eliminate the projected gap. Consistent with this approach, one-time funding from 2023–24 roll forward may be used, as needed and up to \$3.75 million, to bridge any remaining difference.

This reflects a deliberate strategy to align reductions with institutional priorities while maintaining flexibility to respond to final budget outcomes.

Reserves Assumptions

It is the goal of the campus and URPC to work toward establishing reserves at the levels outlined in the



University Resources and Planning Committee

[University Operating Fund Reserve Policy](#) in the following categories: Equipment Reserve, Maintenance Reserve, and Operating Reserve. With the exception of the Operating Reserve described below, campuses have the authority to determine target levels based on individual needs and plans. Current reserve balances for each category are provided below for reference.

Reserves Category	Ending Balance		
	2023-24	2024-25	2025-26
Capital Reserves	\$1,109,686	\$1,109,686	\$2,149,218
Equipment Reserves	\$240,000	\$240,000	\$402,435
Maintenance Reserves	\$616,716	\$616,716	\$1,104,021
Operating Reserves - <i>Reserve for Economic Uncertainty</i>	\$8,126,935	\$8,907,068	\$9,069,503
<i># of days supported by Operating Reserves</i>	19	18	18

The 2026–27 Operating Reserve, referred to as the Reserve for Economic Uncertainty under the CSU Policy on Designated Balances and Reserves (June 2, 2025), is projected to begin at \$9 million, or approximately 5% of the projected Operating Fund Budget. This meets the CSU’s minimum requirement. However, this level would cover only 18 days of annual operating expenditures, compared to the CSU’s recommended reserve level of three to six months.

The Reserve for Economic Uncertainty provides flexibility to absorb temporary changes in fiscal conditions and to support mission-aligned investments. Insufficient reserves can create cash flow challenges and limit the University’s ability to make strategic, long-term decisions. Any use of Operating Reserve funds should include a plan for replenishment.

The University Operating Fund Reserve Policy will be updated to align with the [CSU Policy on Designated Balances and Reserves](#), which replaced ICSUAM Section 2001.00.

CAL POLY HUMBOLDT
University Senate

Resolution on Policy on Academic Internships and Community Engaged Learning

25-25/26-APC — April 14, 2026 — First Reading

RESOLVED: That the University Senate of Cal Poly Humboldt recommends to the President that the attached revision to the Policy on Academic Internships be approved; and further be it

RESOLVED: That the policy be implemented effective immediately upon approval.

RATIONALE: California State University Executive Order 1064, *Student Academic Internships and Community Engaged Learning* (October 2025), establishes updated systemwide requirements governing academic internships. The Executive Order explicitly allows campuses either to develop a campus-specific policy or to formally adhere to the EO.

Adopting a referential campus policy that affirms adherence to EO 1064 ensures that Cal Poly Humboldt remains fully aligned with current CSU policy while avoiding redundancy and the risk of inconsistency between campus and systemwide requirements.

This approach promotes clarity for faculty, staff, and students by directing them to a single, authoritative source of requirements, and supports efficient policy maintenance as future updates to EO 1064 will not require additional campus policy revisions.

In addition, designating the Center for Community Based Learning as the coordinating office provides clear administrative responsibility for implementation, oversight, and guidance, thereby strengthening institutional compliance and support for high-quality academic internship experiences.

Policy on Academic Internships and Community Engaged Learning
[Policy Number]

Center for Community Based Learning

Applies to: Faculty, staff, students,

Cal Poly Humboldt supports academic internships and community engaged learning (including service learning) as high-impact educational practices that integrate academic learning with practical experience. The university ensures that all academic internships and community engaged learning (including service learning) courses are conducted in accordance with applicable California State University policies and standards.

Supersedes: VPAA 10-07*

Purpose of the Policy

This policy establishes the university's adherence to California State University Executive Order 1064: Student Academic Internships and Community Engaged Learning (October 2025), and affirms institutional responsibility for ensuring compliance with systemwide requirements governing academic internships.

Policy Details

Cal Poly Humboldt shall adhere to the requirements of California State University Executive Order 1064: Student Academic Internships and Community Engaged Learning, including any subsequent revisions.

All academic internships and community engaged learning (including service learning) courses offered for academic credit shall comply with the provisions, definitions, and requirements set forth in EO 1064.

Responsibility for the dissemination, implementation, and ongoing oversight of this policy is delegated by the President to the Vice President of Academic Affairs and administered through the Center for Community Based Learning, which serves as the coordinating office for academic internships and community engaged learning (including service learning) courses.

The current CSU policy may be accessed at:
<https://calstate.policystat.com/policy/18674533/latest/>

Related Policies:

- CSU Executive Order 1064: Student Academic Internships and Community Engaged Learning

History

APC: 04/06/2026
Reviewed by University Senate: MM/DD/YYYY
Approved by Provost/President: MM/DD/YYYY

DRAFT

Policy on Academic Internships & Community Based Learning

First Reading



➤ Why the revision?

- CSU Executive Order 1064, Student Academic Internships and Community Engaged Learning (October 2025), establishes updated systemwide requirements governing academic internships
- EO 1064 explicitly allows campuses either to develop a campus-specific policy **or** to **formally adhere to the EO**
- Adopting a referential campus policy that affirms adherence to EO 1064 ensures that Cal Poly Humboldt remains fully aligned with current CSU policy while avoiding redundancy and the risk of inconsistency between campus and systemwide requirements.
- The policy designates the Center for Community Based Learning as the coordinating office

CAL POLY HUMBOLDT
University Senate

Resolution to Update Appendix J of the Faculty Handbook Regarding summer term student feedback survey use in the RTP process

26-25\26-FAC — April 14, 2026— First Reading

RESOLVED: That the University Senate of Cal Poly Humboldt recommends the following changes to Appendix J be forwarded to the General Faculty for a vote of acceptance or rejection; and be it further,

RESOLVED: That adding details to Appendix J regarding the use of summer session term student course feedback surveys will help to clarify the expectations for faculty and provide guidance to personnel committees; and be it further,

RESOLVED: That consistent use of the name, student course feedback survey, adds clarity to Appendix J; and be it further,

RESOLVED: That prospective faculty shall be made aware of RTP processes, including the use of summer term student feedback surveys by the appropriate department chair and Academic Personnel Services. and be it further,

RESOLVED: That these changes become effective at the beginning of the 2026 fall semester.

RATIONALE:

Faculty have requested updates to Appendix J after identifying that the existing language is unclear and not fully aligned with current electronic RTP practices. The purpose of this revision is to provide clearer guidance regarding expectations for demonstrating teaching excellence within the Retention, Tenure, and Promotion process. Specifically, the proposed language clarifies when summer term student feedback surveys must be included in the RTP file and how they will be reviewed as part of the evaluation process. The revisions also ensure consistent use of the term student course feedback survey throughout the document to promote clarity and alignment with current institutional terminology.

Early Tenure Language

Changes to Faculty Handbook - Pages omitted that aren't implicated in the change.

[Text in blue is new (p. 10). Yellow highlighted text indicates minor language changes that promote consistency in terminology and accuracy with current electronic practices. Yellow highlighted strikethrough indicates removal of inconsistent language.]

Section

Appendix J

V. Personnel Action File

A. File Custodian

B. File Access

C. File Additions

1. A faculty unit employee shall have the right to submit material to his/her PAF. 11.2
2. All material placed in the PAF shall be identified by source, except for student feedback surveys collected in accordance with standard procedures. 11.3, 15.16

D. File Corrections

E. Working Personnel Action File (WPAF)

1. The WPAF is prepared for a Performance Review (See Figure 1). 15.8
 - a) It contains all required forms and documents, candidate generated material, evaluative materials and recommendations and candidate's rebuttals, if any. 15.8
 - b) WPAF materials submitted by a faculty unit employee shall be deemed incorporated by reference into the PAF, but need not be physically placed in the file. 11.7, 15.9
2. Materials shall be in an online portfolio with 9 sections. Material in each section shall be in reverse chronological order, most recent material first.
 - a) Section 1 - Index of materials submitted for evaluation. 11.7, 15.9

- b) Section 2 - Pertinent documents concerning original appointment, subsequent retention, tenure and promotion; evaluations of leaves intended to count as time in academic rank; and clarification of the terminal degree status if not readily apparent. Tenured faculty shall include material since the submission of their last successful application for promotion.
- c) Section 3 - Initiating unit and college personnel policies and procedures, and Department/Unit RTP Criteria and Standards.
- d) Section 4 - Personnel Data Sheet (PDS) and Professional Development Plan (PDP).
- e) Section 5 - Evaluation materials provided by evaluating committees and administrators rather than the candidate. 15.12a
- f) Section 6 - Evaluative letters that address areas of performance from faculty and professional colleagues (on and off campus), administrators, staff, and other relevant individuals (non-students).
- g) Section 7 – Evidence of teaching effectiveness/librarianship/counseling effectiveness (in addition to collegial letters).
 - (1) Student letters, identified by name. 15.17b
 - (2) Student feedback survey data collected as part of the **student feedback survey process**. 15.17a
 - (3) Any other relevant evidence.

VI. Periodic Evaluation

- F. In an academic year or work year in which a candidate is not subject to a Performance Review for retention, probationary faculty unit employees shall be subject to a Periodic Evaluation (See Figure 1). 15.31
- G. Periodic Evaluations shall be conducted by the IUPC of the department or equivalent unit, and the appropriate administrator. There shall be consideration of the Professional Development Plan, **student feedback surveys** (when teaching duties have been assigned and **student feedback surveys are available**), peer reviews, and administrative reviews. 15.21, 15.32

VII. Performance Review

H. Evaluation by Peers, Students, and Administrators

The Performance Review shall consist of an evaluation of a candidate's performance areas by peers, students, and administrators. 15.38

1. Peer evaluation

2. Student Feedback

a) All classes (unless exempted) taught by faculty shall gather student feedback in the form of student feedback surveys, including quantitative or a combination of quantitative and qualitative questions. (15.15, 15.17).

- (1) Candidates shall not be present when questionnaires are administered.
- (2) Questionnaires shall be anonymous and identified only by course and/or section. 15.17a
- (3) Space may be provided on the quantitative form for student comments. 15.17a
- (4) Summaries of student questionnaires shall be prepared by regularly employed staff, not student employees. These shall contain appropriate tabulations and compilations of student comments.
- (5) The University recognizes that student feedback is subject to bias, and research has shown that this bias disproportionately impacts faculty of color and faculty who identify as femme, trans, women or non-binary.
- (6) Questionnaire summaries shall be placed in the Personnel Action File and shall not be available to candidates until after class grades have been submitted.
- (7) Candidates are encouraged to comment in writing on student questionnaires including such information as required course status, grade point distribution, rigor, or course objectives.
- (8) Candidates who find bias in their student feedback (or other content in their file) can appeal to the Dean, in accordance with Article 11 of the Collective Bargaining Agreement.
- (9) Summer term appointments (College of Extended Education [CEE] or stateside) are distinct from tenure-line, academic year appointments. Inclusion of course student feedback surveys from summer term appointments in the WPAF is optional \ and, at the faculty's discretion, will be included in the Teaching Effectiveness table (section IIa) of the Personnel Data Sheet (PDS). If courses taught during summer are part of a faculty member's academic year appointment via "work spreading," student feedback surveys must be included in the WPAF.

VIII. Peer Review Committees

I.

J. Initiating Unit Personnel Committee (IUPC)

1. Function

- a) Evaluate candidates for RTP, not serve as advocates.
 - b) Assist candidates in preparing WPAFs that contain supporting materials which address RTP performance criteria and standards. 15.12a
 - c) Advise candidates on materials which are necessary or beneficial for WPAF inclusion.
 - d) Make recommendations to the next higher peer review committee.
2. Organization
- a) The IUPC shall be composed of at least three members elected each spring by the initiating unit. If there are insufficient eligible members, the initiating unit shall elect members from related academic disciplines. 15.40
 - b) Each initiating unit may determine its own policies and procedures consistent with university policies and the CBA.
3. Procedures
- a) For candidates holding a joint appointment, evaluation shall be obtained from all affected IUPCs. 15.13
 - (1) After considering recommendations from affected Deans, the Vice President for Academic Affairs shall inform candidates and committees which IUPC will serve as the primary committee.
 - (2) The **primary** IUPC shall assist candidates in WPAF compilation.
 - ~~(3) Other IUPCs shall forward their recommendations to the primary IUPC.~~

IX. Areas of Performance for RTP

A. General Criterion

B. Assessment of the Areas of Performance for RTP

All faculty are expected to create inclusive learning environments and ensure that students are provided with equitable opportunities for success. Faculty may also make contributions toward equity and inclusion in scholarly/creative activities and service aspects of their duties. These contributions to equity and inclusion can take a variety of forms including but not limited to those listed below, and should be identified in the appropriate section of the WPAF:

4. Effectiveness

- a) Teaching effectiveness is essential for retention, tenure, and promotion. Effective teaching

demands the clear communication of disciplinary/subject matter knowledge and the transformation and extension of that knowledge to a diverse student population.

- (1) It is expected that faculty will continually improve their understanding of student learning, increase their knowledge of pedagogy, increase their understanding of accessibility and of universal design, and strengthen teaching skills throughout the probationary period, and will demonstrate clear, precise communication as well as effective application of that knowledge in teaching.
- (2) Teaching effectiveness is demonstrated through understanding and current knowledge, including the use of measures of student learning, in such activities as:
- (3) Faculty are expected to participate in professional development activities that enhance teaching effectiveness for the purpose of:
- (4) Teaching effectiveness is assessed primarily through collegial evaluation of classroom teaching and summary analysis of **student feedback surveys** by peers. Evaluations of teaching effectiveness shall be based primarily on written statements from colleagues within the candidate's academic discipline(s). The statements should be supported by direct observation of the candidate's performance. Such observation can take place in a variety of ways, such as classroom visitations, team teaching, guest lecturing, etc. Multiple observations, conducted over a period of time, are preferable to a single observation conducted solely for personnel purposes.
- (5) Other academic contributions to teaching effectiveness to be evaluated by colleagues include but are not limited to: course syllabi, learning outcomes, exams, course accessibility, classroom accessibility, and other learning activities.
- (6) Constructive and professional relationships with students are important for a strong academic program, therefore, it is expected that faculty demonstrate sound academic advising, effective counseling of students on course-related matters, the ability to work with a diverse student population, ensure equitable learning opportunities and activities, and availability of the faculty member on a regular basis to assist the academic needs of students.
- (7) Assessment by the candidate's colleagues shall be substantiated by other evidence such as written comments by colleagues not in the candidate's area of service, **student feedback surveys**, degree of achievement of and supporting statements from former students.

[Unamended Appendix J](#)

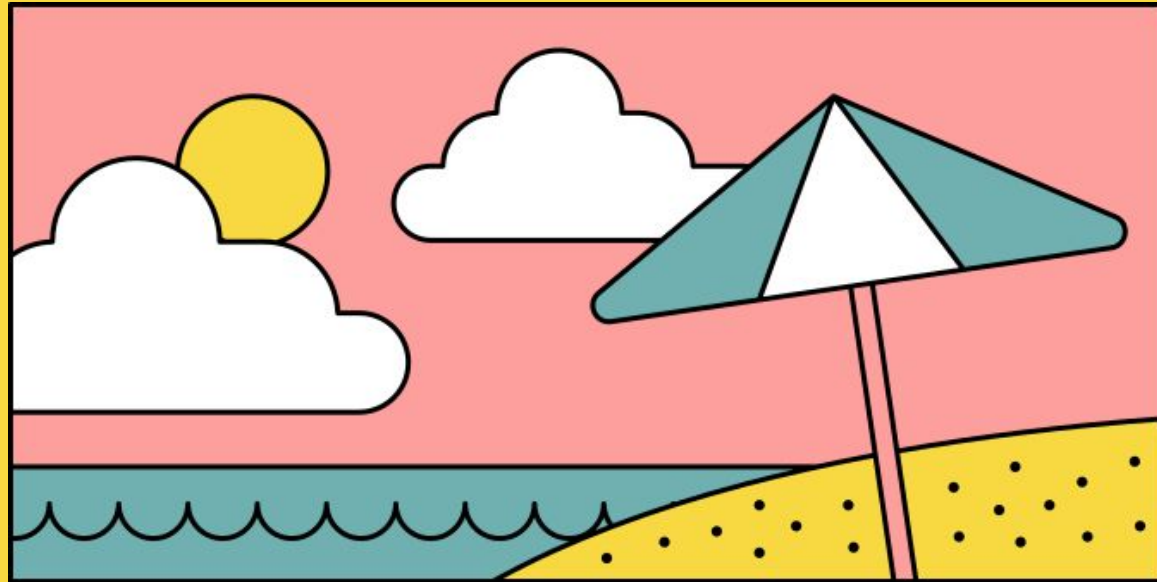
Purpose of the Update



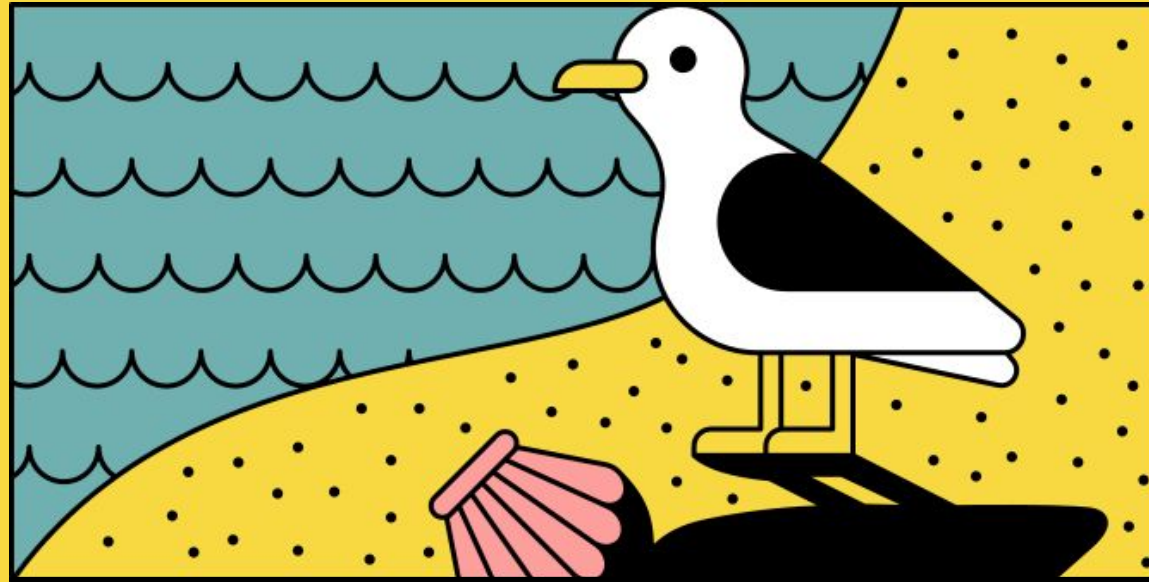
To **clarify** when the use of Summer Term Student Feedback Surveys (STSFS)

ARE and **ARE NOT** required in the RTP Process

Summer Term Work



**All classes are
provided Student
Feedback Surveys**



**Summer term
appointments are
distinct from
academic year
appointments**

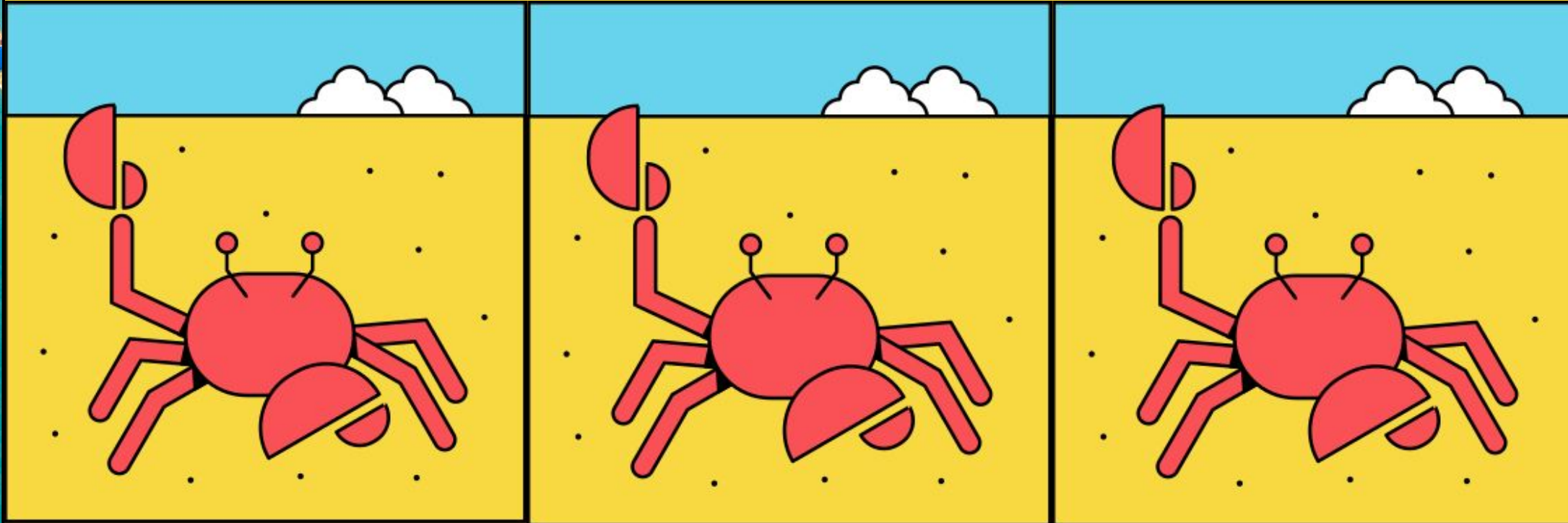


**Inclusion of STSFS in
the WPAF is optional
and at the faculty's
discretion**

Exception...

Work Spreading

If courses taught during summer are part of a faculty member's academic year appointment via "Work Spreading" STSFS must be included in WPAF





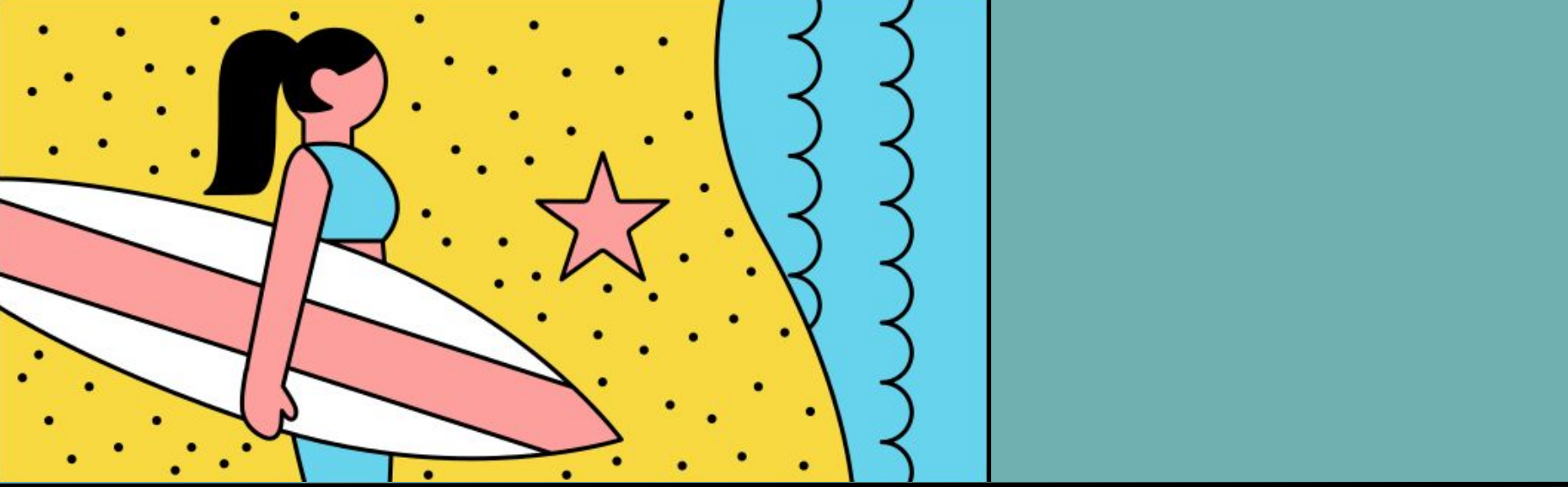
Note

Summer Term Student Feedback Surveys will
be stored in the faculty members

Personal Action File (PAF)

– in a separate file labeled **Summer Courses**

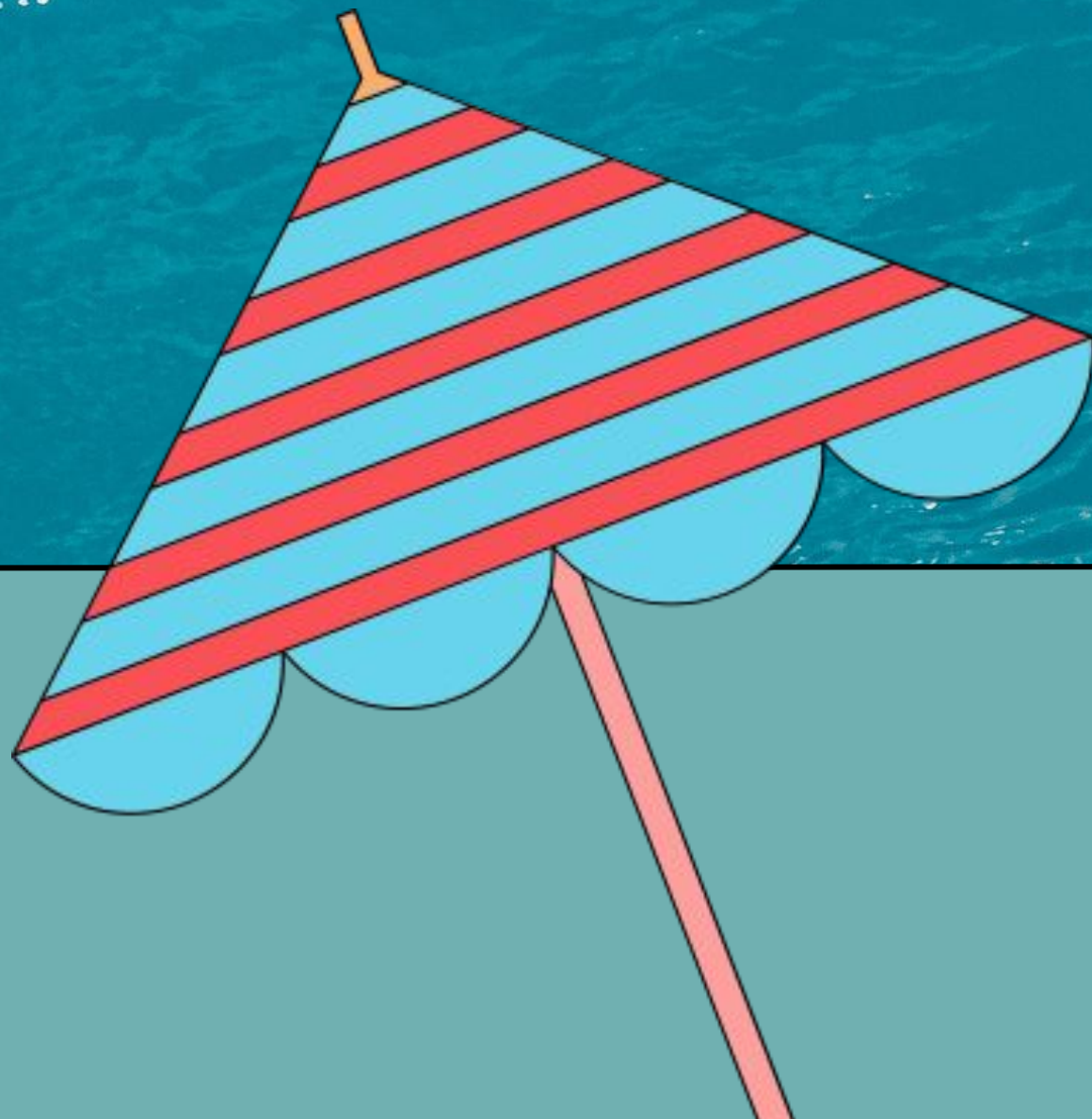
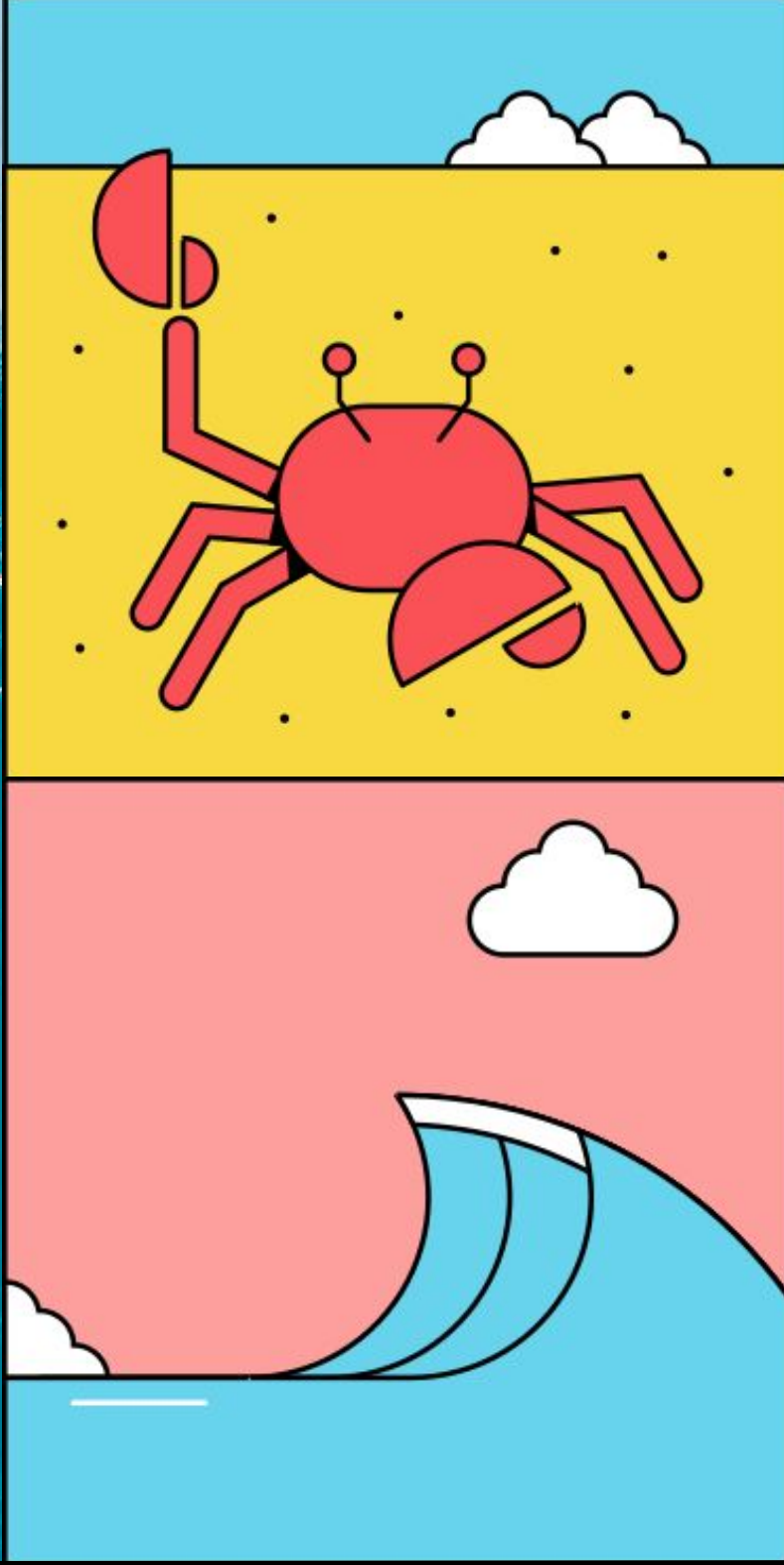




Final Notes

- Request was initiated by faculty
- Intention to remove any confusion for faculty and review committees
- Minor clean up of terms and process included
- Requires a faculty vote





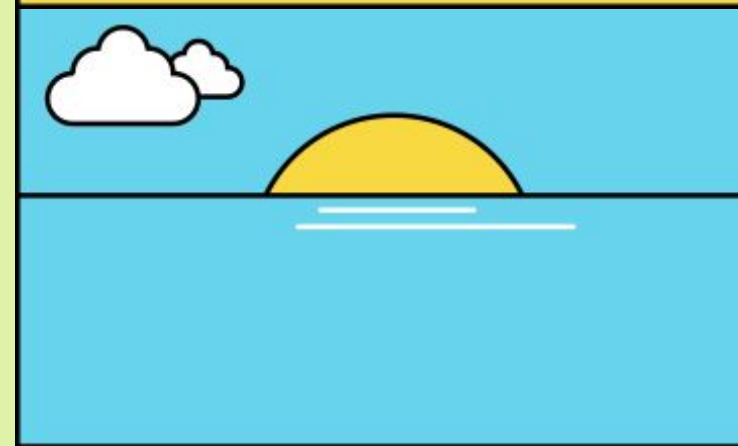
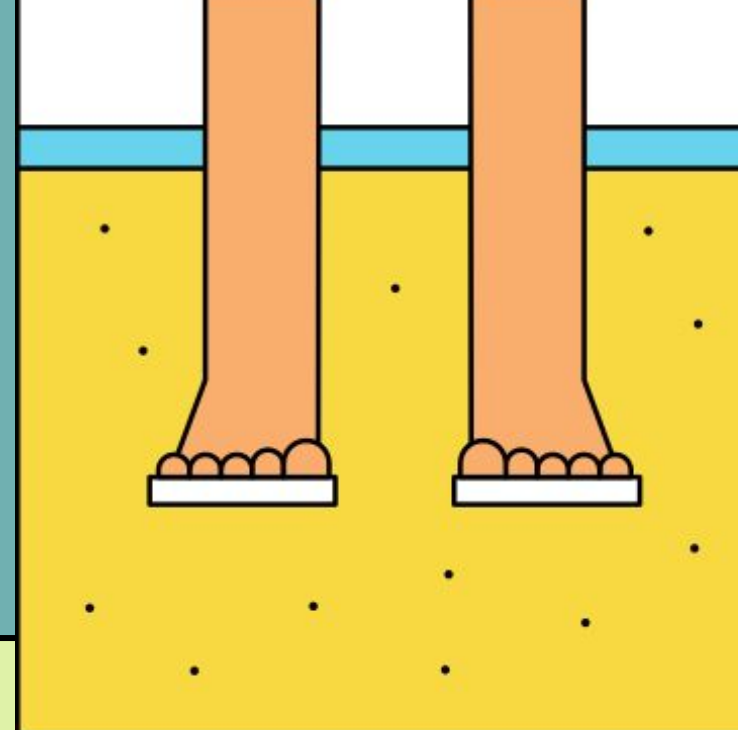
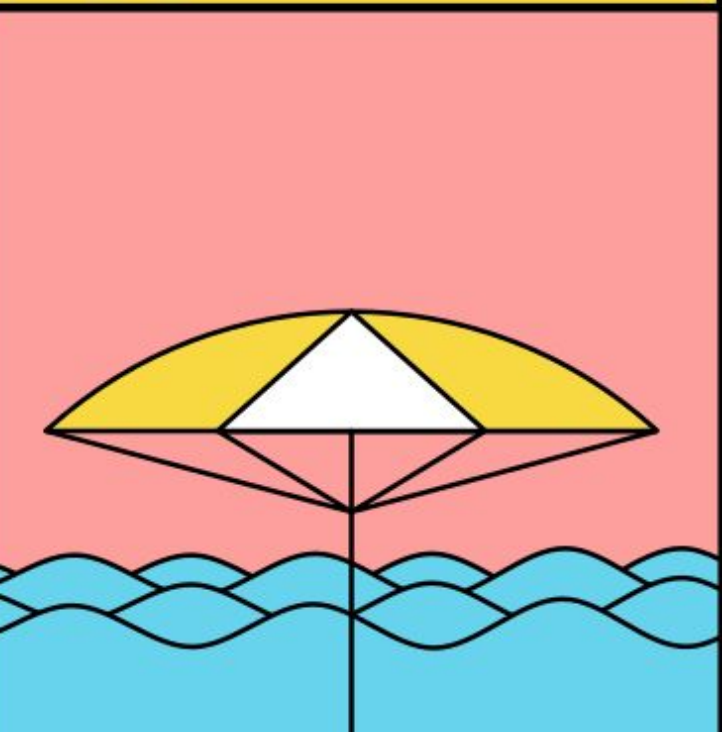
Questions??

Credits

This presentation template is free for everyone to use thanks to the following:

[SlidesCarnival](#) for the presentation template

[Pexels](#) for the photos



**CAL POLY HUMBOLDT
University Senate**

**Resolution on Revisions to the Policy and Procedures for Responding to Allegations of
Research Misconduct**

27-25/26-EX — March 3, 2026 — First Reading

RESOLVED: That the University Senate of Cal Poly Humboldt recommends to the President that the attached revision to the Policy and Procedure for Responding to Allegations of Research Misconduct be approved; and further be it

RESOLVED: That the policy be implemented effective immediately upon approval.

RATIONALE: The proposed revisions update the University's Policy and Procedures for Responding to Allegations of Research Misconduct to align with the 2024 revisions to 42 CFR Part 93, which govern federally funded research misconduct proceedings effective January 1, 2026. The changes are primarily technical and compliance-based, clarifying definitions, timelines, and documentation requirements. Adoption ensures continued alignment with federal regulations and preserves eligibility for external research funding while maintaining a clear and consistent process.

**Policy and Procedures for Responding to Allegations of Research
Misconduct
[Policy Number]
[Responsible Office Name]**

Applies to: Faculty, Staff, Students

Supersedes: P16-04

Purpose of the Policy

Cal Poly Humboldt (University) is committed to ethical principles and procedures regarding integrity in all forms of research activity for which the University is responsible. This policy is also intended to conform to the requirements of the United States Department of Health and Human Services (HHS), the U.S. Public Health Service (PHS), the National Science Foundation (NSF) and Federal regulations including, but not limited to, the "Public Health Service Policies on Research Misconduct" [42 Code of Federal Regulations (CFR) 93] and the "National Science Foundation Regulations on Misconduct in Science and Engineering Research" [45 CFR, Part 689].

Members of the University community engaged in research and creative activities are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity in their work in general and as authors. This standard extends to all publications. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

Table of Contents

- I. POLICY AND PURPOSE
- II. SCOPE
- III. DEFINITIONS
- IV. RIGHTS AND RESPONSIBILITIES
- V. Process and Procedures
- VI. Conducting the Assessment and Inquiry
- VII. The Inquiry Report

- VIII. Conducting the Investigation
- IX. The Investigation Report
- X. Completion of Cases; Reporting Premature Closures to Appropriate Regulatory Agency
- XI. Institutional Administrative Actions
- XII. Other Considerations
- XIII. References

Definitions

Allegation: A disclosure of possible research misconduct through any means of communication. The disclosure may be by written or oral statement or other communications to a University or HHS official.

Assessment: Assessment means a consideration of whether an allegation of research misconduct appears to fall within the definition of research misconduct; appears to involve PHS-supported biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training; and is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The assessment only involves the review of readily accessible information relevant to the allegation.

Complainant: A person who in good faith makes an allegation of research misconduct.

Conflict of Interest: The real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.

Deciding Official (DO): The person responsible for making the final decision on misconduct findings, administrative actions, and other items as listed in this policy and procedures. The Deciding Official will be the Provost and Vice President of Academic Affairs and should have no direct prior involvement in University's inquiry, investigation, or allegation assessment. A Deciding Official's appointment of an individual to assess allegations of research misconduct, or to serve on an inquiry or investigation committee, shall not be considered direct prior involvement.

Evidence: Evidence means anything offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact. Evidence includes documents, whether in hard copy or electronic form, information, tangible items, and testimony.

Fabrication: Making up data or results and recording or reporting them.

Falsification: Manipulating research materials, equipment, or processes or changing or omitting data or results such that the research is not accurately represented in the research record.

Good Faith as applied to a complainant or witness: Having a belief in the truth of one's allegation or testimony that a reasonable person in the complainant's or witness's position could have, based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith, as applied to a committee member means cooperating with the purpose of helping the University meet its responsibilities under any applicable federal regulations and this policy. A committee member does not act in good faith if their acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceedings.

Inquiry: Preliminary information-gathering and preliminary fact-finding that meets the criteria and follows the procedures of § 93.307 through § 93.309.

Institutional Record: The institutional record comprises:

(a) The records that the institution compiled or generated during the research misconduct proceeding, except records the institution did not consider or rely on. These records include, but are not limited to:

(1) Documentation of the assessment as required by § 93.306(c).

(2) If an inquiry is conducted, the inquiry report and all records (other than drafts of the report) considered or relied on during the inquiry, including, but not limited to, research records and the transcripts of any transcribed interviews conducted during the inquiry, information the respondent provided to the institution, and the documentation of any decision not to investigate as required by § 93.309(c).

(3) If an investigation is conducted, the investigation report and all records (other than drafts of the report) considered or relied on during the investigation, including, but not limited to, research records, the transcripts of each interview conducted pursuant to § 93.310(g), and information the respondent provided to the institution.

(4) Decision(s) by the Institutional Deciding Official, such as the written decision from the Institutional Deciding Official under § 93.314.

(5) The complete record of any institutional appeal consistent with § 93.315.

(b) A single index listing all the research records and evidence that the institution compiled during the research misconduct proceeding, except records the institution did not consider or rely on.

(c) A general description of the records that were sequestered but not considered or relied on.

Intentional: To act intentionally means to act with the aim of carrying out the act.

Investigation: The formal development of a factual record and the examination of that record that meets the criteria and follows the procedures of §§ 93.310 through 93.317.

Knowingly: To act knowingly means to act with awareness of the act.

Research Misconduct: Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.

Office of Research Integrity (ORI): The federal office to which the HHS Secretary has delegated responsibility for addressing research integrity and misconduct issues related to PHS supported activities.

Plagiarism: The appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

(a) Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology.

(b) Plagiarism does not include self-plagiarism or authorship or credit disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.

Preponderance of the evidence: Proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

Recklessly: To act recklessly means to propose, perform, or review research, or report research results, with indifference to a known risk of fabrication, falsification, or plagiarism.

Research: A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to a particular discipline or subject by establishing, discovering, developing, elucidating, or confirming information about the discipline or subject of the research.

Research Integrity Officer (RIO): For this policy, the RIO is the Associate Vice President for Academic Programs or other appropriate administrator delegated by the Provost and Vice President for Academic Affairs. The RIO is responsible for: (1) assessing allegations of research misconduct to determine if they fall within the definition of research misconduct, are covered by federal regulations, and warrant an inquiry on the basis that the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified; and (2) overseeing inquiries and investigations and (3) the other responsibilities described in this policy.

Research record: The record of data or results that embody the facts resulting from scientific inquiry, including but not limited to research proposals, laboratory records, both physical and

electronic progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to a federal agency or University official by a respondent(s) in the course of the research misconduct proceeding.

Respondent: The person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

Retaliation: An adverse action taken against a complainant, witness, or committee member by the institution or one of its members in response to (1) a good faith allegation of research misconduct; or (2) good faith cooperation with a research misconduct proceeding.

Policy Details (optional)

I. POLICY AND PURPOSE

Cal Poly Humboldt (University) is committed to ethical principles and procedures regarding integrity in all forms of research activity for which the University is responsible. This policy is also intended to conform to the requirements of the United States Department of Health and Human Services (HHS), the U.S. Public Health Service (PHS), the National Science Foundation (NSF) and Federal regulations including, but not limited to, the "Public Health Service Policies on Research Misconduct" [42 Code of Federal Regulations (CFR) 93] and the "National Science Foundation Regulations on Misconduct in Science and Engineering Research" [45 CFR, Part 689].

Members of the University community engaged in research and creative activities are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity in their work in general and as authors. This standard extends to all publications. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

II. SCOPE

This policy applies to research conducted under an externally funded sponsored project that is awarded to the University or one of its auxiliary organizations, internally funded research, and unfunded research conducted by faculty, staff, or students. Any individual who may work on or contribute to such a project, whether for monetary compensation or not, is covered by this policy. All members of the University community engaged in sponsored project activities are expected to conduct their projects with integrity and intellectual honesty at all times, to act responsibly with respect to the use of funds, and to ensure that they and those who work with them comply with all campus, system wide, agency, and government regulations.

The scope of this policy includes any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for external funds resulted in an award. The scope of this policy does not apply to authorship or collaboration disputes. It applies only to allegations of research misconduct that occurred within six years of the date the institution or the sponsor received the allegation, subject to the subsequent use, health and safety of the public, and grandfather exceptions in 42 CFR 93.104(b).

IV. RIGHTS AND RESPONSIBILITIES

A. Research Integrity Officer (RIO)

The RIO will have primary responsibility for implementation of the institution's policies and procedures on research misconduct. The RIO's responsibilities include the following duties related to research misconduct proceedings:

- Consult confidentially with persons uncertain about whether to submit an allegation of research misconduct;
- Receive allegations of research misconduct either in writing or orally;
- Assess each allegation of research misconduct in accordance with this policy to determine whether it falls within the definition of research misconduct and warrants an inquiry;
- As necessary, take interim action and promptly notify ORI of special circumstances, in accordance with this policy;
- Promptly sequester research data and evidence pertinent to the allegation of research misconduct in accordance with this policy and maintain it securely in accordance with this policy and applicable law and regulation;
- Provide confidentiality to those involved in the research misconduct proceeding as required by 42 CFR 93.106, other applicable law, and institutional policy, and appropriate discretion;
- Notify the respondent(s) and provide opportunities for him/her to review/ comment/respond to allegations, evidence, and committee reports in accordance with this policy;
- Inform respondent(s), complainants, and witnesses of the procedural steps in the research misconduct proceeding;
- Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
- Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial conflict of interest and take appropriate action, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;
- When applicable, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondent(s) or other institutional members;

- Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct;
- Notify and make reports to ORI as required by 42 CFR Part 93 or any other relevant federal regulations and/or notify and make reports to the appropriate regulatory agency or sponsors as required by regulations and this policy;
- Ensure that administrative actions taken by the institution and ORI are enforced and, take appropriate action when legitimate need has been determined by the Deciding Official or University, to notify other involved parties, such as sponsors, law enforcement agencies, professional societies, and licensing boards of those actions; and
- Maintain the institutional records of the research misconduct proceeding and make them available to ORI in accordance with this policy.

B. Complainant

The complainant is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with the inquiry and investigation. Although not required, the complainant can be interviewed at the inquiry stage and given the transcript or recording of the interview for correction. The complainant must be interviewed during an investigation and be given the transcript or recording of the interview for correction.

C. Respondent(s)

The respondent(s) is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent(s) is entitled to:

- A good faith effort from the RIO to notify the respondent(s) in writing at the time of or before beginning an inquiry;
- An opportunity to comment on the inquiry report and have their comments attached to the report; Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to 42 CFR Part 93 and the institution's policies and procedures on research misconduct;
- Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins (within 30 days after the institution decides to begin an investigation), and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
- Although not required, the respondent can be interviewed at the inquiry stage and given the transcript or recording of the interview for correction;
- Be interviewed during the investigation, have the opportunity to correct the recording or transcript, and have the corrected recording or transcript included in the record of the investigation;
- Have interviewed during the investigation any witness who has been reasonably identified by the respondent(s) as having information on relevant aspects of the investigation, have the

recording or transcript provided to the witness for correction, and have the corrected recording or transcript included in the record of investigation; and

- Receive a copy of the draft investigation report and, concurrently, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 30 days of the date on which the copy was received and that the comments will be considered by the institution, included in the institutional record, and addressed in the final report.
- Have an opportunity to continue their research throughout the inquiry process unless the RIO has determined that Interim Administrative Actions are required per Section VF.

The respondent(s) should be given the opportunity to admit that research misconduct occurred and that they committed the research misconduct. With the advice of the RIO and/or other institutional officials, the Deciding Official may terminate the institution's review of an allegation that has been admitted, if the University's acceptance of the admission and any proposed settlement is approved by ORI.

D. Deciding Official (DO)

The DO will receive the inquiry report and after consulting with the RIO and/or other institutional officials, decide whether an investigation is warranted under the criteria in 42 CFR 93.307(f). Any finding that an investigation is warranted must be made in writing by the DO and must be provided to ORI, together with a copy of the inquiry report meeting the requirements of 42 CFR 93.309, within 30 days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least seven years after termination of the inquiry, so that ORI may assess the reasons why the institution decided not to conduct an investigation.

The DO will receive the investigation report and, after consulting with the RIO and/or other institutional officials, decide the extent to which this institution accepts the findings of the investigation and, if research misconduct is found, decide what, if any, institutional administrative actions are appropriate. The DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed administrative actions are provided to ORI, as required by 42 CFR Part 93.

V. Process and Procedures

Nothing in this policy shall be construed to limit any rights that a faculty member may have to file a grievance, including a grievance filed pursuant to a Collective Bargaining Agreement or a statutory right. Nothing in this policy shall be construed to limit any rights that a faculty member may have related to a disciplinary procedure in place pursuant to a Collective Bargaining Agreement, statute, or university practice or policy.

If it is found that an inquiry or an investigation is not warranted under this policy, or if there is no finding of research misconduct under this policy, no documentation regarding allegations, inquiries, or investigations pursuant to this policy shall be placed in the personnel file or Personnel Action File of a respondent without the written consent of the respondent.

A. Responsibility to Report Misconduct

All University members will report observed or apparent research misconduct to the RIO. If an individual is unsure whether an incident falls within the definition of research misconduct, they may meet with or contact the RIO to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

In cases where the subsequent use exception is applied, the reasons for making that determination will be documented.

B. Cooperation with Research Misconduct Proceedings

University members will cooperate with the RIO and other institutional officials in the review of allegations and the conduct of inquiries and investigations. University members, including respondent(s), have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other University officials. It is not expected that respondents halt research or surrender items critical to continuing research during an investigation.

C. Confidentiality

The RIO shall (1) limit disclosure of the identity of the respondent(s), complainants and witnesses to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding consistent with applicable laws and regulations; and (2) except as otherwise prescribed by law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding. The RIO must use appropriate mechanisms to ensure that there is no disclosure of identifying information.

D. Protecting Complainants, Witnesses, and Committee Members

University members may not retaliate in any way against complainants, witnesses, or committee members. University members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any

potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

E. Protecting the Respondent(s)

As requested, and as appropriate, the RIO and other institutional officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made. During the research misconduct proceeding, the RIO is responsible for ensuring that respondent(s) receive all the notices and opportunities provided for in federal regulations and the policies and procedures of the University.

F. Interim Administrative Actions and Notifying ORI of Special Circumstances

Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal or other sponsor funds and equipment, or the integrity of the PHS or other sponsor supported research process. The RIO may, in consultation with other University officials and ORI or other appropriate regulatory agencies and/or sponsor, take appropriate interim action to protect against any such threat. Interim action might include additional monitoring of the research process and the handling of federal/sponsor funds and equipment, reassignment of personnel or of the responsibility for the handling of federal/sponsor funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, notify ORI or any other appropriate regulatory agency and/or other sponsor immediately if they have reason to believe that any of the following conditions exist:

Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;

HHS or other sponsor resources or interests are threatened;

Research activities should be suspended;

There is a reasonable indication of possible violations of civil or criminal law;

Federal action is required to protect the interests of those involved in the research misconduct proceeding;

The research misconduct proceeding may be made public prematurely and HHS action may be necessary to safeguard evidence and protect the rights of those involved; or

The research community or public should be informed.

VI. Conducting the Assessment and Inquiry

A. Assessment of Allegations

Upon receiving an allegation of research misconduct, the RIO shall promptly assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence

of research misconduct may be identified, whether it is within the jurisdictional criteria of federal agencies, and whether the allegation falls within the definition of research misconduct in this policy and any applicable federal regulations. An inquiry must be conducted if these criteria are met.

The assessment period should be brief. In conducting the assessment, the RIO need not interview the complainant, respondent(s), or other witnesses, or gather data beyond any that may have been submitted with the allegation, except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO shall, on or before the date which the respondent(s) is notified of the allegation, obtain custody of, inventory, and sequester all research records and evidence needed to conduct the research misconduct proceeding, as provided in the Notice to Respondent(s); Sequestration of Research Records section below.

B. Initiation and Purpose of Inquiry

If the RIO determines that the criteria for an inquiry are met, they will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

C. Notice to Respondent(s); Sequestration of Research Records

At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify the respondent(s) in writing, if the respondent(s) is known. If the inquiry subsequently identifies additional respondent(s), they must be notified in writing. The notification to respondent(s) will be included in the institutional record.

On or before the date on which the respondent(s) is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed including those ultimately not relied upon, to conduct the research misconduct proceeding, inventory and index the records and evidence, and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users or are required by the respondent to continue their research during the inquiry. In such cases, custody will be limited to substantially equivalent copies of the data or evidence on such instruments. The RIO may consult with the appropriate regulatory agency for advice and assistance in this regard.

In the event that additional respondents are identified after an inquiry has begun, the University will: (a) add the additional respondents to the ongoing case; or (b) conduct a separate inquiry process for the additional respondents.

D. Appointment of Inquiry Committee

The RIO, in consultation with other institutional officials as appropriate, will appoint an inquiry committee and committee chair as soon after the initiation of the inquiry as is practical. The inquiry committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.

E. Charge to the Committee and First Meeting

The RIO will prepare a charge for the inquiry committee that:

- Sets forth the time for completion of the inquiry;
- Describes the allegations and any related issues identified during the allegation assessment;
- States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent(s), complainant and key witnesses, to provide information to the RIO who will communicate to the DO whether an investigation is warranted, not to determine whether research misconduct definitely occurred or who was responsible;
- States that an investigation is warranted if the committee determines: (1) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of the appropriate federal code; and, (2) the allegation may have substance, based on the committee's review during the inquiry.
- Informs the inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of this policy.

At the committee's first meeting, the RIO will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The RIO shall be present or available throughout the inquiry to advise the committee as needed.

The respondent(s) shall be notified in writing by the RIO within ten (10) days of the receipt of the allegation or as soon as possible consistent with the need to assemble appropriate expertise and secure potential evidence that a complaint has been lodged and that an Inquiry has been initiated. The respondent(s) must be informed of the nature of the allegation and the procedures to be followed. The RIO shall invite the respondent(s) to make a written response to the allegation(s) and to comment during the course of the Inquiry. Those comments will be included in the final Inquiry Report.

F. Inquiry Process

Although not required, the inquiry committee will normally interview the complainant, the respondent(s) and key witnesses as well as examining relevant research records and

materials. The inquiry committee shall evaluate the evidence, including the testimony obtained during the inquiry. After consultation with the RIO, the committee members will decide whether an investigation is warranted based on the criteria in this policy and in any applicable federal or other appropriate regulations (42 CFR 93.307(f)). The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent(s), misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the University shall promptly consult with the ORI or appropriate federal regulatory agency to determine the next steps that should be taken. If a non-federal sponsor is involved without federal funds, the RIO will consult with appropriate University officials to determine the next steps.

G. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision of the DO on whether an investigation is warranted, must be completed within 90 calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry record must include documentation of the reasons for exceeding the 90-day period.

The respondent(s) and all involved individuals are expected to cooperate by timely response to request for documents and/or information.

VII. The Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report shall be prepared that includes the following information: (1) the names, professional aliases, and positions of the respondent; (2) a description of the allegation(s) of research misconduct; (3) the funding support, if any, for example, grant numbers, grant applications, contracts and publications listing specific financial support; (4) the names, titles, and subject matter expertise of the committee members and experts who conducted the inquiry; (5) Inventory of sequestered research records and other evidence and description of how sequestration was conducted; (6) Transcripts of any transcribed interviews; (7) Timeline and procedural history; (8) Any scientific or forensic analyses conducted; (9) the basis for recommending or not recommending that the allegations warrant an investigation; (10) any comments on the inquiry report by the respondent or complainant and (11) any institutional actions taken, including communications with journals or funding agencies. University counsel and/or other officials with compliance background should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO and the inquiry committee.

B. Notification to the Respondent(s) and Opportunity to Comment

The RIO shall notify the respondent(s) whether the inquiry found an investigation to be warranted, include a copy of the draft inquiry report for comment within 10 working days, and include a copy of or refer to the applicable federal or other appropriate regulations and the University policy on research misconduct.

Any comments that are submitted will be attached to the final inquiry report. Based on the comments, the inquiry committee may revise the draft report as appropriate and prepare it in final form. The committee will deliver the final report to the RIO.

C. University Decision and Notification

Decision by Deciding Official

The RIO will transmit the final inquiry report and any comments to the DO, who will determine in writing whether an investigation is warranted. The inquiry is completed when the DO makes this determination.

Notification to ORI

Within 30 calendar days of the DO's decision that an investigation is warranted, the RIO will provide ORI or other appropriate regulatory agency and/or sponsor with the DO's written decision and a copy of the inquiry report. The RIO will also notify those institutional officials who need to know of the DO's decision. The RIO must provide the following information to ORI upon request: (1) the institutional policies and procedures under which the inquiry was conducted; (2) the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and (3) the charges to be considered in the investigation.

Documentation of Decision Not to Investigate

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted. These documents must be provided to ORI or other authorized HHS personnel upon request.

VIII. Conducting the Investigation

A. Initiation and Purpose

The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted. The purpose of the investigation is to develop a factual record by

exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. In conducting the investigation, the RIO will pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of additional instances of possible research misconduct, and continue the investigation to completion. If in the course of the investigation, the RIO determines there are additional instances of research misconduct, they will notify the respondent(s).

B. Notifying ORI and Respondent(s); Sequestration of Research Records

On or before the date on which the investigation begins, the RIO must: (1) notify the ORI Director of the decision to begin the investigation and provide any appropriate regulatory agency or sponsor a copy of the inquiry report; and (2) notify the respondent(s) in writing of the allegations to be investigated. The RIO must also give the respondent(s) written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The RIO will, prior to notifying respondent(s) of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceedings, including those ultimately not relied upon, that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

C. Appointment of the Investigation Committee

The RIO, in consultation with other University officials as appropriate, will appoint an investigation committee and the committee chair within 10 days of the beginning of the investigation or as soon thereafter as practical. The investigation committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation, are not a complainant and, where practical, should include individuals with appropriate scientific or professional expertise to evaluate the evidence and issues related to the allegation. Individuals appointed to the investigation committee may also have served on the inquiry committee.

D. Charge to the Committee and First Meeting

Charge to the Committee

The RIO will define the subject matter of the investigation in a written charge to the committee that:

- Describes the allegations and related issues identified during the inquiry;
- Identifies the respondent(s);
- Informs the committee that it must conduct the investigation as prescribed below in the Investigation Process section;
- Defines research misconduct;
- Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
- Informs the committee that in order to determine that the respondent(s) committed research misconduct it must find that a preponderance of the evidence establishes that: (1) research misconduct, as defined in this policy, occurred (respondent(s) has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion); (2) the research misconduct is a significant departure from accepted practices of the relevant research community; and (3) the respondent(s) committed the research misconduct intentionally, knowingly, or recklessly; and
- Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy and any applicable federal regulations (42 CFR 93.313).

First Meeting

The RIO shall convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee shall be provided with a copy of this policy and any applicable federal regulations. The RIO shall be present or available throughout the investigation to advise the committee as needed.

E. Investigation Process

The investigation committee and the RIO shall:

- Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
- Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
- Interview each respondent(s), complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent(s), and record or transcribe each interview,

provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and

- Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion.

F. Time for Completion

The investigation is to be completed within 180 days of beginning it, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to ORI or other appropriate regulatory agency or sponsor. However, if the RIO determines that the investigation will not be completed within this 180-day period, when appropriate, they will submit to ORI a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with ORI, if ORI grants the request for an extension and directs the filing of such reports.

IX. The Investigation Report

A. Elements of the Investigation Report

The investigation committee and the RIO are responsible for preparing a written draft report of the investigation that includes the necessary requirements of 42 CFR 93.313. This includes, but is not limited to:

- Describes the nature of the allegation of research misconduct, including identification of the respondent(s);
- Composition of investigation committee, including name(s), position(s), and subject matter expertise;
- Describes and documents the PHS and/or other support, including, for example, the numbers of any grants that are involved, grant applications, contracts, publications listing sponsor support, and any other documentation found;
- Describes the specific allegations of research misconduct considered in the investigation;
- Includes the University policies and procedures under which the investigation was conducted, unless those policies and procedures were provided to ORI previously;
- Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
- Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings shall: (1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly; (2) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent(s), including any effort by the respondent(s) to establish by a preponderance of the evidence that they did not engage in research misconduct because of honest error or a difference of opinion;

(3) identify the specific financial support; (4) identify whether any publications need correction or retraction; (5) identify the person(s) responsible for the misconduct; and (6) list any current support or known applications or proposals for support that the respondent(s) has pending with any federal agencies or other sponsors.

B. Comments on the Draft Report and Access to Evidence

Respondent(s)

The RIO shall give the respondent(s) a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to the evidence on which the report is based. The respondent(s) shall be allowed 30 days from the date they received the draft report to submit comments to the RIO. The respondent(s)'s comments shall be included and considered in the final report.

Confidentiality

In distributing the draft report, or portions thereof, to the respondent(s), the RIO shall inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. The RIO may require that the recipient sign a confidentiality agreement.

C. Decision by the Deciding Official

The RIO shall assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments are included and considered, and transmit the final investigation report to the DO, who shall determine in writing: (1) whether the University accepts the investigation report, its findings, and the recommended institutional actions; and (2) the appropriate University actions in response to the accepted findings of research misconduct. If this determination varies from the findings of the investigation committee, the DO shall, as part of their written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO may return the report to the investigation committee with a request for further fact-finding or analysis.

When a final decision on the case has been reached, the RIO shall normally notify both the respondent(s) and the complainant(s) in writing. After informing the appropriate federal regulatory agency and/or other sponsors, the DO shall determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent(s) in the work, or other relevant parties should be notified of the outcome of the case. The RIO shall be responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

D. Notice to the Appropriate Federal Agency and/or Other Sponsor

Unless an extension has been granted, the RIO must within the 180-day period for completing the investigation prepare the following: (1) a copy of the final investigation report with all attachments and any appeal; (2) a statement of whether the institution accepts the findings of the investigation report or the outcome of the appeal; (3) a statement of whether the institution found misconduct and, if so, who committed the misconduct; and (4) a description of any pending or completed administrative actions against the respondent(s).

E. Maintaining Records for Review by ORI

The RIO must maintain and provide to ORI, or other appropriate regulatory agencies or sponsors, upon request “records of research misconduct proceedings” as that term is defined by 42 CFR 93.318 or any subsequent regulations. Unless custody has been transferred to HHS or ORI has advised in writing that the records no longer need to be retained, the institutional records of research misconduct proceedings must be maintained in a secure manner for seven years after completion of the proceeding or the completion of any PHS proceeding involving the research misconduct allegation. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by ORI to carry out its review of an allegation of research misconduct or of the institution’s handling of such an allegation.

X. Completion of Cases; Reporting Premature Closures to Appropriate Regulatory Agency

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify the appropriate regulatory agency, specifically including ORI when required, in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that respondent(s) has admitted guilt, a settlement with the respondent(s) has been reached, or for any other reason, except: (1) closing of a case at the inquiry stage on the basis that an investigation is not warranted; or (2) a finding of no misconduct at the investigation stage.

XI. Institutional Administrative Actions

If the DO determines that research misconduct is substantiated by the findings, they shall decide on the appropriate actions to be taken, after consultation with the RIO when required. The administrative actions may include, but are not limited to:

- Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading

to possible rank reduction or termination of employment as guided by appropriate University officials and Collective Bargaining Agreements;

- Restitution of funds to the grantor agency as appropriate; and
- Other action appropriate to the misconduct.

XII. Other Considerations

A. Termination or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the institution's responsibilities under applicable law (42 CFR 93). If the respondent(s), without admitting to the misconduct, elects to resign his or her position after the institution receives an allegation of research misconduct, the assessment of the allegation shall proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent(s) refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee shall use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent(s)'s failure to cooperate and its effect on the evidence.

B. Restoration of the Respondent(s)'s Reputation

Following a final finding of no research misconduct and upon the request of the respondent(s), the RIO shall undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent(s), the RIO shall publicize the final outcome in any forum in which the allegation of research misconduct was previously publicized. Any institutional actions to restore the respondent(s)'s reputation should first be approved by the DO.

C. Protection of Complainant, Witnesses and Committee Members

During the research misconduct proceeding and upon its completion, regardless of whether it was determined that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO will be responsible for implementing any steps the DO approves.

D. Allegations Not Made in Good Faith

If relevant, the DO will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness or committee member acted in good faith. If the DO determines that there was an absence of good faith they will determine whether any administrative action should be taken against the person who failed to act in good faith.

XIII. References

- 42 CFR Part 93, as revised by the Public Health Service Policies on Research Misconduct Final Rule (2024), applicable to proceedings initiated on or after January 1, 2026.

Expiration Date:

History

Approved by the University Senate on this date: 04/15/2014

Month/Year Posted, Last Reviewed: 05/2016

Approved by Provost and Vice President of Academic Affairs on this date: 08/24/2016

Updated February 23, 2024, with institutional name changes.

Effective Date: 01/01/2026

SenEx: 03/10/2026

Reviewed by University Senate: MM/DD/YYYY

Approved by Provost/President: MM/DD/YYYY

Template Updated: February 28, 2024