

REPORT OF THE WSCUC VISITING TEAM

SEEKING ACCREDITATION VISIT 2 For Institutions Seeking Initial Accreditation

To: **University of Silicon Andhra**
April 13 – 15, 2021

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The team evaluated the institution under the WSCUC Standards of Accreditation and prepared this report containing its collective judgment for consideration and action by the institution and by the WASC Senior College and University Commission. The formal action concerning the institution's status is taken by the Commission and is described in a letter from the Commission to the institution. Once an institution achieves either candidacy or initial accreditation, the team report and Commission Action Letter associated with the review that resulted in the granting of either candidacy or initial accreditation and the team reports and Commission Action Letters of any subsequent reviews will be made available to the public by publication on the WSCUC website.

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SECTION I. OVERVIEW AND CONTEXT

A. Description of the Institution and Visit

Founded in 2016, the University of Silicon Andhra (UofSA) operates as a non-profit, public benefit corporation. UofSA received approval to operate in the state of California from the Bureau for Private Postsecondary Education (BPPE) in April 2016 and started offering classes in January 2017.

Authorized programs offered by the institution include:

- Master of Arts in Carnatic Music
- Master of Arts in Kuchipudi Dance
- Diploma in Carnatic Music
- Diploma in Kuchipudi Dance
- Diploma in Bharatanatyam
- Diploma in Sanskrit
- Diploma in Telugu
- Certificate in Carnatic Music
- Certificate in Kuchipudi Dance
- Certificate in Bharatnatyam
- Certificate in Sanskrit
- Certificate in Telugu

Building on its well-known elementary and secondary curriculum of its partner Silicon Andhra (accredited by the WASC Accrediting Commission for Schools), UofSA intends to expand its teaching, academic, and performance offerings to become a world-renowned center of Indian arts, languages, culture, health, technology, sciences, and education.

The institution first applied for eligibility for accreditation in Spring 2018, deferring review until Fall 2018. The Eligibility Review Committee (ERC) found the institution met the threshold qualifications for eligibility, moving them to Seeking Accreditation Visit 1 (SAV1) status. The SAV1 visit for UofSA took place in February 2020. At that time, the SAV1 Team evaluated the institution's progress with Criterion 7, 8, 9, 10, 13, and 15 and overall alignment with the WSCUC Standards. On the latter, the team made the following recommendations to the

Commission regarding candidacy and initial accreditation:

- For Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives, the team found UofSA presented sufficient evidence to demonstrate compliance with the Standard as required for Initial Accreditation.
- For Standard 2: Achieving Educational Objectives Through Core Functions, the team determined that UofSA presented sufficient evidence to demonstrate compliance with the Standard as required for Initial Accreditation.
- For Standard 3: Developing and Applying Resources and Organizational Structure to Ensure Quality and Sustainability, the team determined that UofSA presented sufficient evidence to demonstrate compliance with the Standard as required for Candidacy.
- For Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement, the team determined that UofSA presented sufficient evidence to demonstrate compliance with the Standard as required for Candidacy.

The Commission Action Letter of July 08, 2020, determined that UofSA was in minimal compliance with Standards 3 and 4 and would require a Seeking Accreditation Visit 2 (SAV2) to address the recommendations for those Standards for initial accreditation. UofSA submitted the SAV2 institutional report on February 3, 2021. The SAV2 Team held a conference call on March 24 to review the report, discuss questions, and prepare a list of items to request from the institution.

On April 13-15, 2021, the Team convened virtually to conduct interviews based on the information provided to assess UofSA for accreditation. The institution's leadership provided an institutional report prepared in response to the specific WSCUC Criteria for Review (CFR).

Those items included:

- Standard 3: CFR 3.4, CFR 3.6, CFR 3.7 and CFR 3.9

- Standard 4: CFR 4.1 and CFR 4.2

B. The Institution's Seeking Accreditation Visit Report: Quality and Rigor of the Review and Report

The SAV2 Team found the institutional report to be accurate and well organized. The report addressed the concerns and recommendations identified in the July 2020 WSCUC Commission Action Letter (CAL). Materials addressed the issues identified under each Standard as highlighted in the SAV1 report and CAL. The Team felt that the institution was extremely helpful in clarifying pre-visit team questions and provided all additional requested materials either before or during the visit. Because of the narrow focus of the SAV2, the institutional report reflected the involvement of key constituents directly concerned with the CFRs under review. The team found that the report was self-reflective and addressed institutional growth, strengths, and items for future consideration.

C. Response to Issues Raised in Past Commission Letters

UofSA has consistently addressed concerns raised by the Commission throughout the accreditation process. Institutional leadership took recommendations seriously, and improvements were evident at each subsequent visit(s). Outside of the findings of the SAV1 visit, addressed in the SAV2 review, there are no outstanding issues.

SECTION II. EVALUATION OF INSTITUTIONAL COMPLIANCE WITH WSCUC'S STANDARDS AND IDENTIFIED CFRs FROM PRIOR SEEKING ACCREDITATION VISITS

Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability

The SAV2 Team focused on four CFRs subordinate to Standard 3: evidence of financial stability and enrollment management planning (CFR 3.4), implementing measurable criteria for the performance evaluation of senior leadership (CFR 3.6), clearly and formally documenting decision-making processes that outline the scope of authority and responsibility across its administrative positions (CFR 3.7), implementing structures for the Board of Regents that are in

line with the California State law and the WSCUC Governing Board Policy (CFR 3.9), and putting in place the appropriate Board committees, implementing a plan to evaluate the CEO, and performing a regular Board self-evaluation (CFR 3.9).

Fiscal, Physical, and Information Resources

CFR 3.4 The institution is financially stable and has unqualified independent financial audits and resources sufficient to ensure long-term viability. Resource planning and development include realistic budgeting, enrollment management, and diversification of revenue sources. Resource planning is integrated with all other institutional planning. Resources are aligned with educational purposes and objectives.

In assessing financial stability, the team reviewed audited financial statements for UofSA for the fiscal years ending December 31, 2019, and December 31, 2020. The 2019 audit report shows a positive change in net assets of \$49K on revenue of \$757K. The 2020 audit report shows a 13% increase in revenues to \$855K but an adverse change in net assets of \$102K due to increased investment in program expenses.

UofSA's financial support continues to come from external contributions primarily. In 2019 and 2020, external contributions represented 68% and 76%, respectively, of total revenue. Support from external contributors and specifically from Silicon Andhra Foundation remains paramount to the institution's success. During the visit, the team requested and was provided with a Board Resolution from the Foundation that commits to multi-year financial support for UofSA that ranges from \$770K in 2021 to \$1.12M in 2025. Therefore, the financial condition of the Foundation is crucial to the ongoing sustainability of UofSA until such time that the institution becomes financially independent. The team reviewed audited financials for the Foundation, which shows an operating profit of \$1.48M in 2019 on total revenue of \$4.9M, and an operating profit of \$1.37M on total revenue of \$4.86M in 2020. The team commends the

Foundation for continuing to show fundraising strength during a pandemic. Nonetheless, the Foundation has only \$1.7M of cash on hand as of June 30, 2020, which further exemplifies that the University's finances are heavily reliant on the Foundation's fundraising success.

UofSA provided the team with an enrollment management plan that aligns with its budget plan and targets student enrollment and retention.

The enrollment plan projects student enrollment increasing from 187 students in Fall 2021 to approximately 785 students in Fall 2025. Based on enrollment projections, the budget plan anticipates revenues of \$1.5M in fiscal year 2021, increasing to revenues of \$4.9 million in fiscal year 2025. The budget plan also anticipates profitability of \$7K in fiscal year 2021, increasing to \$1.5M in fiscal year 2025, which is a 30% return on revenue in 2025. These figures are optimistic. The Board and the administration agree that the lack of accreditation remains a barrier to enrollment. The introduction of new programs and the institution's timing for achieving WSCUC accreditation are two drivers for meeting enrollment growth goals. If awarded WSCUC accreditation, the institution plans to become a Student and Exchange Visitor Program (SEVIS) certifying institution to attract more international students.

The team asked about contingency plans should enrollment projections not materialize and was provided with a "Plan B" budget. The significant difference in the Plan B budget is an increase in student attrition from 20% in the Plan A budget to 30% in the Plan B budget. Operating expenses under both Plan A and Plan B are identical, which is surprising since the administration indicated that most expenses for UofSA are variable. The Plan B budget further suggests that if student enrollment is lower than projected and tuition revenues fall short, fundraising revenues, including contributions from UofSA, would increase. However, UofSA did not provide a written fundraising road map document, and the fundraising database resides in a

Microsoft spreadsheet. Both the Board and the administration are aware of the financial vulnerabilities of heavy reliance on a few key donors.

The team, therefore, recommends that UofSA prioritize the creation of a written Development strategy and vision plan that incorporates an electronic fundraising database. The written plan would likely increase fundraising ROI. A written Development plan can also provide direction for the cultivation of potential donors by UofSA and the Foundation. The team also recommends that UofSA further improve its budgeting process by developing budgets based on “Best Case,” “Most Likely Case,” and “Worst Case” scenarios. The worst-case scenario budget should factor in a reduction in expenses. The institution would then have a written plan of action that is accessible should revenues under both budget plans fail to materialize.

Implementing measurable criteria for the performance evaluation of senior leadership such as the CEO and CAO

CFR 3.6: The institution’s leadership, at all levels, is characterized by integrity, high performance, appropriate responsibility, and accountability.

At the time of the SAV1 visit, the team found formal processes documenting performance expectations and evaluating performance against those criteria to be absent. For the SAV2 evaluation, UofSA has developed and implemented a performance review structure for all senior leadership, including a regular assessment of the president’s performance by the Board (CFR 3.9).

Clear lines of effective decision making

CFR 3.7: The institution’s organizational structures and decision-making processes are clear and consistent with its purposes, support effective decision making, and place priority on sustaining institutional capacity and educational effectiveness.

As happens in maturing organizations, UofSA suffered from ad hoc decision-making centralized at the CEO, CAO, and CFO levels. The SAV1 Team found this to be true during its

2020 visit and recommended that as the institution grows, this would need to be an area for attention.

The SAV2 Team found defined lines of authority making, formalized roles and responsibilities across the many new positions created in the past year, and aligned decision-making at appropriate organizational levels. The work to align organizational structures supports the new evaluation structure for all key personnel (CFR 3.6). UofSA is still a very small organization. Ongoing attention to CFR 3.7 will be necessary to ensure organizational development is sensitive to appropriate levels of decision-making and authority.

Structures and Practices of the Board of Regents

CFR 3.9: The institution has an independent governing board or similar authority that, consistent with its legal and fiduciary authority, exercises appropriate oversight over institutional integrity, policies, and ongoing operations, including hiring and evaluating the chief executive officer.

Of the issues reviewed at the SAV1 visit, lack of compliance with CFR 3.9 was of utmost concern for the team. Several areas of Board management lacked, including a formalized committee structure, diversity of the Board members, and evaluation of the CEO. UofSA took the recommendations of the team and the Commission quite seriously and began to immediately put into place training and structures to reverse the identified deficiencies.

At the time of the SAV2 review, the team found that the institution's Board much improved. New Board members include experienced higher education professionals, bringing a level of training and deep experience to the institution. As mentioned in CFR 3.6, the CEO role has a defined evaluation structure. That role is no longer a voting member of the Board, bringing its activities in compliance with California law for non-profit organizations. UofSA also shared the newly constituted Board committee structure and provided documentation of meetings and

decisions made by the various groups. The team was exceptionally impressed with the level of investment in time and learning demonstrated by the Board and feels this is no longer an area of concern for UofSA.

Findings for Standard 3

The team finds that UofSA meets Standard 3 at a level sufficient for Initial Accreditation. Only the Commission is authorized to make the final determination as to whether or not an institution complies with the Standards.

Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

For Standard 4, the SAV 2 team focused on the quality assurance processes, specifically developing methodologies for evaluating non-academic functions (CFR 4.1) and formalizing the work of the institutional research office, and evaluating the institutional research capacity (CFR 4.2).

Quality Assurance Processes

CFR 4.1 The institution employs a deliberate set of quality-assurance processes in both academic and non-academic areas, including new curriculum and program approval processes, periodic program review, assessment of student learning, and other forms of ongoing evaluation. These processes include collecting, analyzing, and interpreting data; tracking learning results over time; using comparative data from external sources; and improving structures, services, processes, curricula, pedagogy, and learning results.

At the time of the SAV1 visit, UofSA was in the midst of reviewing the MA in Kuchipudi Dance. The academic program review process was well-formulated, and program chairs and faculty were trained to conduct a program review and provide a program review guide and assessment plan. The SAV1 team recommended that the institution develop a comprehensive

evaluation function for non-academic offices to measure the effectiveness of those functions and ensure that all units were meeting goals and key performance indicators set by the institution.

Over the last year, UofSA has created an administrative review process and an Institutional Effectiveness Administrative Plan Guide. This work ensures that administrative units have operational goals that are appropriate, feasible, consistent with the institutional mission, adequate resources, and an effective assessment process. While the formal review process for the administrative units will not begin until fall 2021, the Vice President of Institutional Effectiveness and Institutional Research has already started training administrative managers. The training, held over the last few months, consists of 3-hour workshop sessions followed by one-on-one meetings. The unit managers work to develop unit goals aligned with the institutional strategic goals and benchmarks from the relevant professional associations or standards. The review cycle and data collection should begin in fall 2021, with the analysis and the reporting of the review plans scheduled to follow in spring 2022.

While it is clear to the SAV2 team that in creating the Vice President of Institutional Effectiveness and Institutional Research position, the work of IE and IR has taken leaps and bounds at the institution. However many of the plans and processes are still in an infancy stage. The administrative unit managers have just begun receiving training on measuring the effectiveness of their offices and have yet to attend any external professional development related to their official functions.

At the time of the review, the team could only see the plan and process for the review, not any completed review plans or reviews in the process. In limited discussions with senior staff, the SAV2 Team found the UofSA senior team could speak about the excitement of developing the upcoming review process. Still, there did not seem to be a holistic understanding of the purpose of the administrative review process at the unit level. In light of this, the team

recommends that the institution further develop and refine the administrative review process and specifically focus on implementing the review of non-academic offices beginning in fall 2021. The team recommends that the institution finalize the timeline for the review cycle and ensure that closing the loop of the review process occurs in the 2022-2022 academic year.

Institutional Research Capacity

CFR 4.2 The institution has institutional research capacity consistent with its purposes and characteristics. Data are disseminated internally and externally in a timely manner, and analyzed, interpreted, and incorporated in institutional review, planning, and decision-making. Periodic reviews are conducted to ensure the effectiveness of the institutional research function and the suitability and usefulness of the data generated.

In response to the previous review, UofSA assessed the utility of the data produced by the institutional research function. The institution created a data collection chart that lists the type of survey, the information captured, who is responsible for data collection, and the timing of the survey administration. The institution has also continued to provide survey data to key constituents at the institution. In an Institute for Higher Education Policy (IHEP) Quality on the Line survey administered to students, faculty, and staff results indicated an increase in overall satisfaction from fall 2019 to fall 2020 in ratings regarding prospective students receiving information. In addition to publishing a public data collection chart, the institution also distributed the survey instruments for the PACE, IHEP, Graduation Delay, and Alumni survey to the faculty and staff to solicit their feedback regarding the current set of questions on each survey. The institution was still in the process of evaluating the survey questionnaires at the time of the visit.

While the institution has completed several initial steps in reviewing the functionality of the institutional research office, there are still several areas in need of assessment by the

institution. There is a heavy focus on survey administration in terms of data collection, but little to no mention of other data that the institutional research office has access to on the data collection schedule, such as enrollment, graduation, and retention.

The team encourages the institution to expand the data collection methodology diversify sources outside of survey research. Also, the team recommends that the institution further its institutional research and institutional effectiveness processes of integrating and disseminating data throughout the institution and operational areas. Effective institutional research work includes closing the loop even in circumstances where the institution performs well while ensuring goals and intended outcomes are consistently monitored and strategically adjusted as the institution improves in crucial areas.

Since the institution was still in the process of reviewing the IR function, the team recommends that the institution consider completing a more holistic review of the university's Institutional Research capacity. This review should include evaluating IR services, types and efficacy of data collected, survey calendar and survey questionnaire review, reporting timelines, and a needs assessment and satisfaction rating from internal constituents.

Findings for Standard Four

The team finds that UofSA meets Standard 4 at a level sufficient for Initial Accreditation. Only the Commission is authorized to make the final determination as to whether or not an institution complies with the Standards.

SECTION III. FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS

Findings in Regards to Standards 3 and 4

Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability

The team finds that UofSA meets Standard 3 at a level sufficient for Initial Accreditation.

Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

The team finds that UofSA meets Standard 4 at a level sufficient for Initial Accreditation.

For findings on both Standards, only the Commission is authorized to make the final determination as to whether or not an institution complies with the Standards. That determination is made at the June 2021 WSCUC Commission meeting.

Commendations

The team commends UofSA for the following:

- The transformation of the Board in regards to its structure and work resulting in compliance with both CA law and WSCUC standards (CFR 3.9). The SAV2 team also commends the level of commitment demonstrated by a diverse and qualified Board whose members are deeply engaged and active in advancing the mission and vision of the institution.
- Creating formal position descriptions for key roles in campus leadership (CFR 3.6).
- Implementation of a performance evaluation infrastructure of all staff roles.
- Developing formal process for review of academic and non-academic offices

Recommendations

The SAV2 Team provides the following recommendations to the UofSA:

- With a goal of growth and advancement of higher education expertise across the university and the Standards requirement for employing competent staff in all key roles, the institution should consider a professional development strategy for specific functional disciplines within higher education, including student services, program review and assessment, enrollment management, and finance and reporting. (CFR 3.2).
- UofSA has set lofty goals for fundraising outside of its partnership with the Silicon Andhra foundation. As a result, creating a comprehensive written Development strategy

and vision that reflects the external fundraising goals articulated in the strategic plan is needed (CFR 3.4).

- The institution's budgeting process continues to need improvement. Revenue budgets provided to the team take into account a contingency resulting from a shortfall in tuition revenue. Still, there is no documented strategy to execute on the contingency revenue increase. We also recommend the institution Implement unit budgeting. The institution will know the actual cost of running each unit with targeted KPI's for each unit. In turn, new managers will understand the cost of running their departments and how this contributes to the entire annual organizational budget. These adjustments to the budget structure are necessary for implementing IPEDS reporting requirements (CFR 3.4).
- That the institution further develops and refine ongoing program review processes, specifically on the implementation of the review of non-academic offices. Importantly, in the 2021-2022 academic year to begin implementation and the reporting, closing the loop of the review process in the 2022-2023 academic year (CFR 4.1).
- As the institution moves beyond data collection and furthers its IR/IE processes of integrating and disseminating data throughout the institution and operational areas, it will be essential to close the loop even in circumstances where the institution performs well - in addition, ensuring that goals and intended outcomes are consistently monitored and strategically adjusted as the institution improves in crucial areas (CFR 4.2).
- That the institution completes a holistic review of the university's Institutional Research capacity. This review should include evaluating IR services, types and efficacy of data collected, survey calendar and survey questionnaire review, reporting timelines, and a needs assessment and satisfaction rating from internal constituents (CFR 4.2).