**COSMA Annual Report Submission Instructions**

**Academic Year 2023-24**

**Due Date**: **NO LATER THAN July 31**.

Use this document; changes are made annually.

**2023-24 Annual Fees Announcement:**

Annual Membership Fees have increased by **10 percent for the 2024-25 membership/fiscal year (July 1 – June 30) to $1,980.** We are instituting a process to allow “limited resource institutions\*” a reduced fee for membership. COSMA wants to enable all sport management programs to afford the accreditation process and to ensure a more equitable financial process for member institutions. The following guidelines will help you navigate an “exceptions” process that will be evaluated annually.

\*Be among the bottom 15 percent of active Division I schools from a resource standpoint, as determined by per capita school expenditures, per capita athletics department funding and per capita Pell Grant aid for the student body. **OR**

Be a member of a conference in which 60 percent of the schools are among the bottom 15 percent of active Division I members from a resource standpoint. ([AASP Grants for Schools - NCAA.org](https://www.ncaa.org/sports/2017/2/8/aasp-grants-for-schools.aspx))

1. If your program is budgeted for and can afford to pay the $1,980 annually, do nothing differently.
2. Programs going through first-time accreditation in FY 2024-25: Gradual payment schedule

Year 1: $495 (25% of $1,980)

Year 2: $990 (50% of $1,980)

Year 3: $1,485 (75% of $1,980)

Year 4: $1,980 (100%)

1. Other adjustments to membership fees will be determined on a case-by-case basis. See page 11 for additional information.

Late fees ($200) will be enforced for the 2024-25 fiscal year.

Not submitting materials or not communicating with COSMA Headquarters will result in AUTOMATIC ADMINISTRATIVE PROBATION on August 1. An email will be sent to your University/College and Departmental Administrators.

**The Annual Report consists of three parts:**

**Section 1**: Programmatic Information (completed by all programs), pages 3-5

**Section 2**: Outcomes Assessment (completed by programs in Candidacy Status and Accredited Programs) – pages 6-10

**Section 3**: Budget Chart: Reference for programs yet to be accredited and for those requesting annual fee reductions – page 11.

Program Information Profile – This Council for Higher Education Accreditation (CHEA) form has been modified to include basic student outcomes information: Graduation rate, completion rate, transfer rate, graduates going to graduate school and job placement rate. If you collect these data as part of your Operational Effectiveness Goals, refer to that matrix – page 10.

Extension request: For extension of fee payment and/or Annual Report submission (page 12).

COSMA Annual Report 2023-24

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

**This annual report should be completed for your academic unit/sport management program and submitted electronically to COSMA by July 31 of each year.**

**SECTION 1: PROGRAMMATIC INFORMATION**

**(COMPLETED BY ALL PROGRAMS)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Institution’s Name: | |  | | | | | |
| Address: | |  | | | | | |
| City: |  | | State: |  | | ZIP/Postal Code: |  |
| Primary COSMA Contact Name and Designated Alternate Contact: | | Name 1:  Name 2: | | | | | |
| Telephone: | |  | | Email: |  | | |
| Sport Management Degree Program(s): | | [e.g., Bachelor of Science, Sport Management] | | | | | |
| Name of College where Sport Management degree(s) is housed: | | [e.g., College of Business, Education, etc.] | | | | | |
| Academic Unit URL: | | | | | | | |

A. Check the box to reflect the accreditation status of your academic unit/sport management program:

|  |  |
| --- | --- |
|  | Accredited |
|  | Reaffirmation of Accreditation (check if within 2 years/letter received) \* |
|  | Candidate for Accreditation\* |
|  | Program Member (have not been granted Candidacy Status) |

\*Estimate the month and year you want to hold a site visit:

|  |
| --- |
| **[e.g., submission of self-study February 2023 and site visit April 2023]** |

B. Identify any significant changes that have taken place in your sport management degree programs during the reporting period. Indicate the impact of any of these changes, if applicable, in a written statement of explanation.

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

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

1. Were changes (e.g., curricular) made in any of your sport management majors, concentrations or emphases?

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

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

|  |  |
| --- | --- |
|  | No (skip to Section C) |
|  | Yes. If yes, please identify the new degree programs and answer B4. |

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

|  |  |
| --- | --- |
|  | No |
|  | Yes. Provide a copy/URL of the approval letter from your accrediting body. |

1. Do you have an Associate’s degree program in sport management to include in the accreditation process?

|  |  |
| --- | --- |
|  | No |
|  | Yes (You will be contacted to discuss this.) |

C. Identify any administrative and other changes that directly affect your academic unit/sport management program and attach an updated organizational chart that shows these relationships. Such changes would include:

* Your sport management unit’s primary representative to COSMA
* Your institution’s President, Academic Vice President, Dean, Provost, etc.
* The head of your academic unit/sport management program (if different from the primary representative to the COSMA).
* Faculty changes

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | | Name | **Title** |
|  | **Email** | |  |
| **Position** | | **Name** | **Title** |
|  | **Email** | |  |
| **Position** | | **Name** | **Title** |
|  | **Email** | |  |

What impact have these changes had on your program? Comment specifically about faculty changes (faculty leaving, new faculty, other forms of faculty turnover). If you have a new COSMA accreditation primary representative: What are you doing to maintain continuity with the accreditation process? Provide a narrative response to these questions.

|  |
| --- |
|  |

***Other Changes/Issues***

D. Briefly comment on other changes or issues pertaining to your academic unit/sport management program (e.g., new partnerships, innovations, campus locations, change in program delivery, etc). Describe any modifications made to your program delivery, collection of outcomes assessment data and grading/graduation requirements, if applicable. Provide supporting documentation, as needed. Failure to report changes may result in administrative probation.

|  |
| --- |
|  |

[Optional Responses]

E. How has COSMA and the accreditation process benefitted your program, faculty, students, alumni and/or other?

|  |
| --- |
|  |

F. What can COSMA do to serve you better?

|  |
| --- |
|  |

**SECTION 2: OUTCOMES ASSESSMENT (TO BE COMPLETED BY ACCREDITED PROGRAMS AND PROGRAMS IN CANDIDACY STATUS)**

A. Has your outcomes assessment plan changed from initial approval or since last year’s Annual Report?

|  |  |  |
| --- | --- | --- |
|  | No | |
|  | Yes. **Attach the revised O/A plan.** |  |

B. Complete the following chart if you are responding to feedback from the Board of Commissioners as follows:

* Notes and Observations in a recent accreditation granted letter
* Required response items to a Candidacy Status granted letter
* Action Items from a Site Visit report
* Required response items to an accreditation deferred letter

Copy and paste the note, observation, action item or required response item in Column 1. Indicate your response to the item in the second column. Feel free to include your response as an addendum and attach documentation accordingly. **You have two years to resolve Notes**.

|  |  |  |
| --- | --- | --- |
| ***Notes, Observations, Action Items,***  ***Required responses*** | | ***Your Response*** |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |

C. Provide the URL(s) for the page on your academic unit/sport management program’s website that makes available to the public the following (pp. 7-10 of this document):

* SLO matrix
* OEG matrix
* Program information profile
* Statement of accreditation status (includes Candidacy Status)
* Accreditation seal (accredited programs only)

This information must be updated annually. Failure to comply with this request will result in Administrative Probation.

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

D. Complete the following program-level student learning outcomes (SLO) matrix and program-level operational effectiveness goals (OEG) matrix.

Student Learning Outcomes Matrix - Academic Year 2023 – 2024

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

*Note: If you are using different direct and indirect measures for different degree programs, please replicate the matrix, using one matrix for each program that has different measures. If different programs use the same measures, only one copy of the matrix is needed.*

**Student Learning Outcomes Matrix Narrative:**

Your outcomes assessment plan must include, at minimum, two direct and two indirect measures across all student learning outcomes. Some measurement tools will be used to measure more than one student learning outcome. Each student learning outcomes must be measured at least once; including more and varied measures is a better practice and is encouraged. Below, narrate how you “**close the loop**” by describing any **changes and improvements you made and plan to make as a result of your assessment activity**:

* Address ALL SLOs – those that meet or exceed expectations and those that do not.
* Explain why you have measures with insufficient data.
* Describe how this outcomes assessment data drives curricular and other decisions.
* Describe how have you improved/changed this year based on this data (close the loop).

Program-Level Operational Effectiveness Goals Matrix

Academic Year 2023-24

|  |  |  |  |
| --- | --- | --- | --- |
| **Identify Each Operational Effectiveness Goal and Measurement Tool(s)** | **Identify the Benchmark (e.g., 80% will achieve a rating of 5)** | **Data Summary** | **Assessment Results:**  **Does not meet expectation**  **Meets expectation**  **Exceeds expectation**  **Insufficient data** |
| **SAMPLE OEG 1** – Optimize graduation rates | | | |
| Graduation rate from registrar’s office | 60% 4-year graduation rate | 67% | Exceeds expectations |
| Senior graduation survey | 100% completion rate | 90% | Does not meet expectations |
|  |  |  |  |
| **OEG 2** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
|  |  |  |  |
| **OEG 3** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
|  |  |  |  |
| **OEG 4** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
|  |  |  |  |
| **OEG 5** |  |  |  |
| **Measure 1** |  |  |  |
| **Measure 2** |  |  |  |
| **Note: You are not required to have five OEGs – you may have more or fewer.**  **Required Narrative: Close the loop and explain why you met, exceeded or did not meet any expectations. Explain why there was insufficient data (if applicable). Discuss what you may do differently next year or any corrective action you will take.** | | | |

PROGRAM INFORMATION PROFILE

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

**Name of Institution**:

Program/Specialized Accreditor(s):

Institutional Accreditor:

Date of Next Comprehensive Program Accreditation Review:

Date of Next Comprehensive Institutional Accreditation Review:

*URL where accreditation status is stated:*

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

1. Graduation Year: \_\_\_\_\_\_\_ # of Graduates: Graduation Rate:
2. Average Time to Degree: 4-Year Degree: \_\_\_\_\_ 5-year Degree \_\_\_\_\_\_\_\_\_\_
3. Annual Transfer Activity (into Program): Year: \_\_\_\_\_

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

1. Graduates Entering Graduate School: Year: \_\_\_\_\_

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

1. Job Placement (if appropriate): Year: \_\_\_\_\_

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

*Form developed by the Council for Higher Education Accreditation. © updated 2020*

**SECTION 3: BUDGET CHART AND FLOWCHART**

(OPTIONAL FOR PROGRAMS REQUESTING FEE REDUCTION)

REVIEWED ANNUALLY

|  |  |
| --- | --- |
| Step 1: Are you working toward first-time accreditation? | |
| Yes | No |
| ↓ | ↓ |
| Your membership fee is as follows:  Year 1: $495  Year 2: $990  Year 3: $1,485  Year 4: $1,980 | Move to Step 2 |
| Step 2: Do you have temporary financial need or a long-term financial need? | |
| Temporary | Long-term |
| ↓ | ↓ |
| Discuss your need with COSMA leadership on an annual basis | Discuss options for achievable,  regular payments |
| Email: cosma@cosmaweb.org | Email: cosma@cosmaweb.org |

Options for temporary financial relief:

* Take off a percentage of the full cost (e.g., 25%, 10%)
* Pay fee in two installments: $990 July 1 – December 31 and $990 January 1 – June 30

Options for long-term financial relief:

* Assess long-term budget and propose an amount
* Consider working toward full fee with extended period to reach it (> three years)

REQUEST FOR AN EXTENSION

In extenuating circumstances, the Board of Commissioners will work with programs individually to modify the timelines set forward in the *Accreditation Process* manual for the following steps of accreditation:

* Reaffirmation of Accreditation (every 7 years)
* Candidacy Status (up to 5 years)
* Annual Report submission (annually by July 31)

It is the responsibility of the COSMA Primary Contact to communicate to COSMA headquarters and with the Board of Commissioners regarding extension requests. The Board of Commissioners will make decisions on a case-by-case basis. Not all requests will be granted or the timeline may be modified from what is requested. Even if your program is facing more than one “extenuating circumstance” listed below as examples, your request may be denied by the Board of Commissioners. Additional information or reporting may be requested to allow for the extension. Extension requests must be made well in advance of the deadline:

* Reaffirmation of Accreditation: Nine (9) months prior to the expiration of accreditation
* Candidacy Status: One (1) year prior to the expiration of Candidacy Status
* Annual Report: No later than May 31, two (2) months prior to the due date

**Previous deadline**: (e.g., Reaffirmation of Accreditation by February 2025)

**Requested new deadline**: (e.g., A one-year extension to February 2026)

**What are the extenuating circumstances facing your program and/or leadership that merit asking for an extension?** (e.g., significant or number of changes in leadership, significant budget cuts, significant program redesign or reorganization or similar)

**From the most recent Annual Reporting cycle, list any feedback, comments or concerns raised by the Commissioner and staff who reviewed your report. Add pages, as needed.** (e.g., modifications to outcomes assessment, insufficient data issues, loss of faculty/lines, incomplete or inadequate outcomes assessment data analysis, loss of other important program capacities or experiences, etc.)