REPORT OF THE WSCUC VISITING TEAM

SEEKING ACCREDITATION VISIT 1

For Institutions Seeking Candidacy or Initial Accreditation

To Kansas Health Science University

Date of visit: April 28- May 1, 2026

Team Roster

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The team evaluated the institution under the 2023 WSCUC Standards of Accreditation Revised 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 Institution and Visit

Institutional Background and Mission

Kansas Health Science University (KHSU) is a private, non-profit, graduate-level institution located in downtown Wichita, Kansas. Established in 2018 and formerly known as Kansas Health Science Center, the university was founded in direct response to a physician shortage documented by a Kansas Governor's task force convened in 2017. Simultaneously, the City of Wichita's downtown revitalization efforts created an opportunity to anchor a new health sciences institution in the emerging biomedical corridor. KHSU enrolled its inaugural class in August 2022 through its sole academic college, the Kansas College of Osteopathic Medicine (KansasCOM). The institution legally changed its name from Kansas Health Science Center to Kansas Health Science University in July 2024, with approval from the Board of Trustees and all required regulatory bodies.

KHSU's institutional mission is: "The Kansas Health Science University is committed to providing exceptional programs that produce forward-thinking, empathetic health care leaders who are dedicated to innovation, research, and finding collective solutions to advance underserved communities." The complementary vision statement commits the university "…to positively transform communities through directly addressing the disparity in access to health care for Kansas and beyond." Both statements were unanimously adopted by the Board of Trustees in January 2020 and are reviewed annually, with the most recent review occurring on October 7, 2025.

KHSU is classified as a large-city institution and does not provide campus housing. As of 2025–2026, the university enrolls 511 students, employs 179 staff and 11 administrators, and has a faculty of 26 full-time and 38 part-time members, supplemented by 437 clinical preceptors. The institution currently offers a single degree program: the Doctor of Osteopathic Medicine (DO), a four-year professional doctorate (CIP 51.1202) delivered through KansasCOM. KHSU does not currently offer programs at or below the baccalaureate level. The institution's inaugural cohort of 91 students is scheduled to graduate in May 2026. Subsequent cohorts have grown the enrollment to the current total of 511 students.

KHSU is one of six nonprofit universities within The Community Solution Education System (The System), a 501(c)(3) Supporting Organization established in 2009. The System structure provides shared infrastructure across areas including technology and cybersecurity, financial aid and Title IV

compliance, payroll and accounting, state authorization, and institutional research. This structure has been reviewed and endorsed by WSCUC and the U.S. Department of Education. The other WSCUC-accredited institutions within The Community Solution Education System are The Chicago School, Pacific Oaks College, The Colleges of Law, and Saybrook University.

KansasCOM received pre-accreditation status from the Commission on Osteopathic College Accreditation (COCA) on December 8, 2021, which authorized the enrollment of its inaugural class. Prior to that grant, the institution had been reviewed under COCA's pre-accreditation Standards twice and granted Candidacy. Full COCA accreditation becomes available upon graduation of the first class, scheduled for May 2026.

KHSU submitted its Notification of Intent to Apply for WSCUC accreditation on February 22, 2023. WSCUC granted Eligibility on September 5, 2023. The letter noted a strong alignment between COCA's Standards and WSCUC's sixteen Eligibility Criteria and found that KHSU had met the threshold qualifications for Eligibility. The letter contained no substantive recommendations requiring corrective action. The sole procedural condition was that KHSU must obtain U.S. Department of Education approval to change accrediting agencies; that approval was received on October 28, 2024. The Eligibility letter confirmed the sole approved program as the Doctor of Osteopathic Medicine, delivered on-site (Appendix A of the ERC letter).

KHSU's self-study was submitted to WSCUC in February 2026. The SAV1 site visit was originally scheduled for November 2025 but was postponed at the institution's request and rescheduled for April 28–May 1, 2026.

Student complaints received through COCA during 2025, and the resulting site visits and findings, are addressed in Section I.C and Section II of this report.

Description of the Review Process

The review team conducted its preliminary work in advance of the site visit through a structured series of activities. Each team member reviewed the institutional report, supporting evidence, and completed the SAV1 Team Worksheet; on March 27, 2026, the team convened by videoconference to synthesize findings by Standard and identify priority areas for the visit. Following that meeting, the team assistant chair met with the KHSU Accreditation Liaison Officer to discuss the visit agenda and a set of additional documents requested by the team, which were provided prior to the on-site visit. On April 28, 2026, the team convened to prepare for the on-site visit. The on-site visit took place April 29 through May 1, 2026.

The self-study references plans for a future Master of Biomedical Sciences program; however, that program is pending initial WSCUC accreditation and has not been launched.

KHSU does not operate off-campus instructional sites independent of the main Wichita campus. The DO program includes required clinical rotations conducted at approved preceptor sites and training locations across Kansas and the broader region, as is standard in osteopathic medical education; these were considered as part of the team's review. The institution does not offer distance education programs or use distance education technology. Accordingly, no separate appendix on distance education is appended to this report.

B. The Institution's Seeking Accreditation Visit 1 Report: Quality and Rigor of the Review and Report

The KHSU SAV 1 Report, submitted February 2026, reflected an institutional effort to engage with WSCUC's 2023 Standards and Criteria for Review (CFR) and demonstrated a commendable level of self-awareness about the institution's stage of development. The report was appropriately organized and clearly written, providing the review team with a workable foundation for the visit, though the team identified meaningful gaps in evidentiary support across several Standards.

The report followed the required WSCUC structure and was logically organized, with synthesis and reflection sections at the close of each Standard serving as a notable strength. Navigating the report was manageable, though some evidence links were described rather than directly verified, and the breadth of the evidence inventory varied considerably by Standard. The team's preliminary assessment was further limited by the fact that a number of requested documents were not provided until just prior to the visit.

The report generally portrayed institutional conditions accurately and honestly, acknowledging candidly that KHSU was a start-up with limited longitudinal data, no graduates yet, and maturing data systems and governance structures. The team found these characterizations consistent with its preliminary review, though in certain areas the narrative outpaced the available evidence.

A multi-disciplinary Steering Committee was established in May 2023 and reconstituted in December 2025 for final updates, with CFR-level responsibilities distributed across faculty, administration, and staff. System-level colleagues from other WSCUC accredited institutions provided peer review, and the document was presented to the Board of Trustees throughout the process.

The report demonstrated genuine engagement with the WSCUC Standards, acknowledging the COCA student complaint crisis of 2025, resulting leadership changes, and the Rapid Response Action Plan as areas of ongoing improvement. Evidence quality was uneven across Standards: compliance was well-supported in areas tied to COCA alignment, while evidence was comparatively thin in areas where institutional maturity was still developing, including faculty adequacy analysis, CQI outcomes, board self-evaluation, and disaggregated student outcome data.

The team identified the following as priority areas requiring additional documentation or clarification during the visit: (1) the distinction between overall and first-time COMLEX Level 1 pass rates; (2) financial claims and supporting documentation; (3) current COCA accreditation standing in light of the August 2025 complaint site visit; (4) the loop-closing mechanism connecting assessment data to documented institutional decisions; and (5) evidence of board self-evaluation processes. These areas are discussed further in Section II.

C. Response to Issues Raised in the Eligibility Review Committee Letter

The ERC letter of September 5, 2023, granted KHSU Eligibility without substantive recommendations. The sole procedural condition, that KHSU obtain U.S. Department of Education approval to change accrediting agencies before proceeding to SAV1, was satisfied on October 28, 2024.

Because the ERC letter contained no substantive recommendations requiring institutional action, there are no specific recommendations for the team to evaluate in this section. The institution confirms this in Section 3 of its self-study, and the team's preliminary review is consistent with that representation. Several significant developments have occurred since Eligibility was granted in September 2023 detailed below:

<u>COCA Student Complaint Process and Site Visits (2025)</u>

During the spring and summer of 2025, KHSU–KansasCOM received multiple student complaints submitted through COCA. COCA conducted a focused complaint site visit in August 2025; findings were reviewed at its December 2025 meeting. COCA conducted a separate accreditation site visit in February 2026. As of the time of the WSCUC self-study submission and the team's preliminary review, the COM remained in pre-accreditation status with COCA, and the institution reported no findings that would result in a negative status change. However, the February 2026 site visit written report will not be available until the COCA Commission meeting in April 2026, concurrent with the WSCUC visit. The team has identified current COCA standing as a critical inquiry area, particularly as it relates to CFR 1.8 (candid communication with accreditors) and CFRs 1.4 and 1.5 (complaint and

equity policies). The institution acknowledges this directly in its self-study. The team requested available documentation from both COCA site visits and the institution demonstrated that it has provided timely and complete communication to WSCUC consistent with CFR 1.8.

Institutional Name Change

In July 2024, the institution formally changed its name from Kansas Health Science Center to Kansas Health Science University. The change was approved by the Board of Trustees, filed with the Kansas Board of Regents, and recognized by the U.S. Department of Education (as reflected in the updated Program Participation Agreement, June 2025). The name change is consistent with the institution's strategic direction toward program expansion and does not raise concerns for the team regarding institutional identity or continuity.

Leadership Transitions

As of the visit, KHSU is operating under interim executive leadership. Dr. Kimberly Long serves as Interim President and Chief Executive Officer; the Chief Academic Officer/ALO position is also filled on an interim basis by a Community Solution Education System Office level official. The self-study acknowledges these conditions under CFR 3.9. The team examined leadership continuity, the timeline for permanent placement, and whether interim arrangements have affected institutional capacity or decision-making in areas material to accreditation.

Inaugural Class Approaching Graduation

The inaugural cohort of 91 students enrolled in August 2022 is scheduled to graduate in May 2026, concurrently with the WSCUC site visit window. This is a significant milestone: graduation will trigger eligibility for full COCA accreditation and will make available the institution's first graduation rate, residency match data, and COMLEX Level 2 CE outcomes. The team assessed the institution's readiness to collect, analyze, and use these data for accreditation purposes going forward.

Advancement Campaign and Financial Trajectory

The institution reports raising $27 million toward a $30 million advancement campaign goal and projects a surplus of approximately $1 million in FY2026. These claims are significant in the context of KHSU's long-term financial sustainability (CFR 3.4, 3.5). The team noted, however, that the self-study did not provide an independently verified fundraising report, grant award letters, or a proforma-to-actuals financial comparison in accessible form. This was identified as a priority documentation request for the visit.

Section II – Evaluation of Institutional Compliance with WSCUC Standards

Organizing the Team Report on Compliance with WSCUC Standards

Standard 1: Defining Institutional Mission and Acting with Integrity

KHSU's mission and vision are focused on producing empathetic health care leaders who are dedicated to addressing disparities in access to health care for Kansas and beyond. The KHSU mission and vision statements were developed in collaboration with the senior leadership, faculty, staff and input from the Board of Trustees and are reviewed annually at the September board meeting, with no changes to date. Institutional policy requires student, faculty, and staff review and input if there are any proposed changes to the mission or vision (CFR 1.1). The visiting team commended KHSU for the strength of its focus on its mission and commitment to community engagement and serving underserved communities. During the site visit, the team met with representatives from all constituent groups. The commitment to mission is demonstrated by deliberately seeking clinical rotations within rural communities throughout Kansas and surrounding states, as well as serving the homeless population in the City of Wichita through mobile clinics. Though students arrive from diverse geographical areas nationwide, the curriculum and clinical rotations are designed to motivate students to serve underserved rural communities upon completion. In meetings with the KHSU team, all stakeholders spoke fervently about the need to uphold this commitment as students complete their medical training and are matched after graduation.

KHSU's commitment to mission permeates its culture. Among leadership, from the Board to academic leaders to faculty, staff, and students, there is a united vision toward ensuring that KHSU fulfills its commitment to preparing excellent physicians dedicated to serving rural communities and the medically underserved (CFR 1.1).

KHSU has worked hard to establish a culture of accountability and transparency under the current leadership. Prior to the current academic year and under previous leadership, there was limited access to senior leadership, lack of collaborative input and transparency on critical decisions, and inadequate communication from senior leadership to the campus. The focus this academic year has been on addressing and improving all these areas. Senior leadership has an open-door policy and communicates frequently with all constituents. The interim president, dean, and faculty meet with the students frequently during "donut hour" and join the students during lunch breaks. Communications occur frequently via multiple channels including town hall meetings, emails, updates to students/staff,

and mentors regarding any changes in policies, etc. (CFR 1.3). KHSU has evolved to its collaborative and transparent model reflective of the leadership of its current president. The campus community embraces the evolved culture and is prepared to launch new programs and larger cohorts. A recurring theme from each of the meetings during the site visit was the deliberate effort of KHSU leadership to communicate frequently, honestly and effectively with 'open door' policies for faculty, staff and students (CFRs 1.1, 1.2, 1.3, 1.4, 1.7, 1.8).

Multiple student complaints submitted through COCA were focused on topics such as financial aid and student accounts, timely responses, communication and transparency, and policy consistency with last minute changes not communicated adequately. The campus leadership has responded to each of the concerns with specific actions, including hiring more staff on campus in financial aid to support student's needs, increased communications and multiple other initiatives. The KHSU SAV1 report notes that policies are undergoing revisions frequently in the initial development phase to reflect the real operational conditions once students were enrolled. The leadership team is reviewing how institutional policies are developed, reviewed, and communicated and how to engage multiple campus constituencies in the process (CFR 1.4). Institutional policies, including the academic freedom policy, are published in the catalog and on the Internal Employee Intranet (CFR 1.6).

As a member of The Community Solution Education System, KHSU benefits from a networked infrastructure (business process, internal controls, financial management systems, technology support, student learning support, legal, etc.) with five member colleges. The member schools share expertise and experience that result in an integrated, scalable model that is both impactful and cost effective. The infrastructure offers marketing, employee benefits, instructional design and institutional research and data reporting that supports collective problem solving and allows KHSU to focus on its core mission of training providers.

Standard 2: Achieving Educational Objectives and Student Success

During the site visit the team completed interviews with pre-clinical and clinical students; a cross-section of faculty including faculty governance representatives; administrators from Academic Affairs, Student Affairs, Curriculum, Clinical Medicine, Assessment, Institutional Effectiveness, and other units; the Dean of the College; the Interim President and CEO; and the Board of Trustees. It also toured the campus.

The team's review of the self-study, along with the interviews and activities during the site visit, led it to conclude that the institution's analysis and conclusions are accurate regarding the

appropriateness of its sole degree program, including its definition of entry requirements and levels of achievement necessary for graduation (CFR 2.1), and that the course of study is sufficient in breadth and depth, and ensures the development of professional competencies relevant to the Doctor of Osteopathic medicine degree (CFR 2.2). The team noted that the success of KansasCOM students in the 2026 residency match is a significant external validation of the overall quality of the degree program. Faculty exercise effective academic leadership and act consistently to ensure that the quality of the academic program and that its educational purposes have been sustained throughout the four year matriculation of the initial admitted cohort (CFR 2.6).

When considering the capacity and scale of the faculty to design and deliver the curriculum and to evaluate, improve, and promote student learning and success (CFR 2.5), the team noted that a robust formal estimation of faculty effort was provided but the question remained whether a concurrent calculation of the effort required to deliver the preclinical curriculum had also been performed. However, representatives of the Curriculum Committee, Academic Affairs and Accreditation, and the Dean of KansasCOM disclosed, during interviews, that a formal estimation of effort required to deliver the preclinical curriculum had been undertaken. Meanwhile students confirmed they experience sufficient faculty capacity and scale, as did interviews with members of administration responsible for clinical rotations. The latter disclosed that it had met a requirement by COCA to demonstrate the availability of 120% of the necessary clinical rotation slots.

The inaugural class was scheduled to graduate from the College of Osteopathic Medicine two weeks after the site visit. Therefore, the team could not directly assess the extent to which KHSU analyzes the outcomes of its students, following graduation, and uses the results for improvement (CFR 2.11). Nonetheless, interviews demonstrated significant institutional capacity to track and analyze such data. Meanwhile, plans were being made to establish a method to obtain post-graduation outcomes data, mostly from graduate surveys, but also from state licensure boards, regarding graduate attainment of licensure and certification, in the long term. The timing of the residency match, occurring before graduation, has already allowed KHSU to gather an initial round of post-graduation outcomes, because it informs the institution how many of the graduates have signed employment contracts, where, and in what specialties.

The self-study implied, and interviews confirmed, that substantial institutional effort and attention has been devoted to supporting the reasonable, timely progress of students toward completion of their degrees, and toward providing timely, accurate, and complete information and advising about

academic requirements. A higher rate of licensure board and course failure was detected than had been planned for in the first two cohorts. This was identified in a timely manner, and the institution responded by implementing curricular changes that resulted in higher pass rates among subsequent cohorts. Throughout this process the institution supported students, and both administrators and students themselves expressed confidence in the resources available for timely degree completion (CFRs 2.10, 2.12).

The self-study implied, and interviews bore out, that the institution offers sufficient student support and co-curricular services to promote students' academic, personal, and professional development, and that it assesses and uses the result to improve their effectiveness. Students reported having access to a wide variety of high quality resources for licensure exam preparation, while members of administration reported the slate of resources is being evaluated by faculty to streamline resources to better align with curriculum design and faculty values. Student wellbeing is assessed formally through the Wellbeing Index, administered at the start of each trimester and supplemented with institution-specific questions addressing self-harm, self-efficacy, and basic needs such as food insecurity, with results informing themed programming efforts, such as a suicide awareness luncheon, though the extent to which this data drives systemic resource allocation remains an area for further development. While initial conversations are underway regarding future programming for student organizations and co-curricular activities, the team noted that feedback mechanisms for gauging student and faculty satisfaction with support services, coordination of support for students on off-campus clinical rotations, and the availability of proactive board exam preparation resources are areas warranting additional clarification and development (CFRs 2.13, 2.14).

The team found three areas where the institution's analysis and conclusions about its achievement of educational effectiveness and student success were less well supported by evidence. First, while care has been taken to establish program and institutional learning outcomes (PLO and ILO), including mapping them to the level of individual exam items, the self-study implied, and interviews bore out, that achievement standards have not been set (CFR 2.9), nor are cohort or individual student achievement summaries of PLO and ILO used in academic advising and student support (CFR 2.3). Second, while a Program Review policy exists and a Program Review summary was provided, the self-study implied, and interviews bore out, that the review process did not include analysis of the program's achievement of its learning outcomes (CFR 2.4). Third, while there is evidence that faculty are expected to engage in mission and degree-relevant research and creative

activity, interviews revealed that rank and promotion policies do not qualify and quantify the expectations for research required for rank promotion (CFR 2.8). The team recommends that KHSU address and grow in each of these areas. The self-study also raised questions about faculty involvement in creating and evaluating student learning outcomes and establishing standards of student performance (CFR 2.7); however, the site visit provided ample evidence of faculty involvement at the course level, notwithstanding the absence of formal standards for PLO and ILO achievement.

Standard 3: Assuring Resources and Organizational Structures

The team commended KHSU for its performance on two Standard 3 criteria. Resource planning at KHSU is collaborative, transparent, and inclusive. Academic department, administrative, and student support leaders work collaboratively to allocate resources so that initiatives identified as priorities are adequately funded. Decisions are mission and data-based relying on the robust information technology systems managed through The Community Solution Education System.

KHSU employs sufficient faculty and staff to deliver programs and to support students. KHSU provides faculty and staff professional development opportunities. KHSU offers additional resources for faculty through the Innovation in Teaching and Learning department through The Community Solution Education System. (CFR 3.1, 3,3, 3.6)

Budgeting is achieved using conservative revenue projections and spending models. When budget adjustments are needed, departments collaborate to adjust their budgets and work collaboratively with other departments to achieve desired spending levels. Collaborators during team interviews expressed appreciation for the inclusive, data-informed approach to resource allocation. As one example, when the Finance team identified the need to reduce spending by 10%, rather than applying across-the-board cuts, budget owners were asked to identify reductions, resulting in savings that in some cases exceeded the initial target. New hires were delayed and spending was slowed rather than programs cut, with the expectation of meeting or exceeding planned outcomes while maintaining commitment to mission and values (CFR 3.4).

After the team's review of the most current audited financial statements (with unqualified opinions), proforma statements, and enrollments (actual and projected), KHSU complies with CFR 3.5. Resources are sufficient in scope to support the program offered by KHSU. Given the success of the first graduating class, KHSU is well positioned to meet its increased enrollment projections and projects a $1 million surplus for fiscal year 2027.

The team commended KHSU's exceptional facilities and the learning support (classrooms and laboratories) offered to students. The campus is committed to anatomy labs without cadavers and makes state-of-the-art holographic laboratories available for students. Faculty cited research literature supporting the equivalence of holographic anatomical learning to cadaver-based instruction. The institution operates with appropriate autonomy (CFR 3.7). The president has differentiated the on-campus culture with transparency and integrity that is valued and respected by faculty and staff and appreciated by students and the Board.

The Board has a broad range of experience and expertise, including local business and community leaders, retired executives of major corporations, respected academic leaders of innovation, and osteopathic physicians who lead with a passion for providing care, all united with a strong commitment to training physicians to serve rural communities in Kansas, throughout the Midwest, and the rural communities across the country (CRF 3.8).

Data are shared and used to formulate and assess the college's progress toward achieving outcomes. Decision making is transparent and evidence based. Leaders are accessible to faculty, students and staff (CFR 3.10).

Standard 4: Creating an Institution Committed to Quality Assurance and Improvement

As a relatively new institution, KHSU demonstrates a commitment to quality improvement and a desire to continue the development of quality assurance practices as the institution matures. Guided by its Academic Center for Excellence (ACE) and the Assessment and Outcomes Subcommittee of the Curriculum Committee, KHSU routinely assesses academic outcomes data related to student performance on direct measures (e.g. individual course exams, OSCEs), in individual courses, as well as on nationally normed COMLEX, COMAT, and COMSAE exams (CFRs 4.1, 4.6). Additionally, The Community Solution Education System's Office of Institutional Effectiveness and Research (OIER) supports ACE with institutional research activities that include (but are not limited to) enrollment trend analyses, overall retention rates, and predictive modeling that compares admission criteria with course success and standardized exam performance (CFRs 4.4, 4.6). KHSU faculty noted that aspects of these student outcomes analyses helped to inform recent curricular improvements that included stronger integration of Case-Based Learning (CBL) pedagogy throughout several courses. Subsequent analyses have suggested that these changes have increased student satisfaction (as measured via course instructor evaluations) and overall student learning (based upon an increase in COMLEX, COMAT, and COMSAE pass rates) (CFRs 4.4, 4.5).

While KHSU has demonstrated a commitment to a culture of quality improvement related to academic excellence, it also has opportunities to mature in this area. KHSU is currently collaborating with OIER to develop a methodology and resulting analyses related to disaggregated student retention rates. The team recommends that KHSU develops this methodology and conducts analyses of these data as it also begins to analyze disaggregated graduation rate data from its first graduating class (AY2025/26) (CFR 4.2). Additionally, KHSU has yet to conduct a thorough and systematic review of its DO program based upon its internal Program Review policy. As an essential part of the program review process, it is advised that KHSU curate, develop benchmarks related to, and analyze aggregate PLO and ILO data from across the program (see the team's review of Standard 2 for more details). Thus, the team recommends that KHSU continues to develop comprehensive academic quality assurance procedures and processes to ensure that aggregated program and institutional learning outcome data are utilized to support curricular improvement and operational effectiveness (CFR 4.1).

Student Support and Campus Climate

As KHSU continues to build supportive structures and an effective climate to ensure student success, it is also building its capacity to assess the effectiveness of both support services and the campus climate. In addition to measuring use of student support services, KHSU has conducted annual student focus groups to assess the effectiveness of support services and student perceptions of the overall campus climate. Additionally, KHSU has utilized the Mayo Clinic's *The State of Well Being Assessment* to monitor student wellness on campus. Summaries of these analyses are provided to the campus community via an annual assessment report (CFRs 4.1, 4.3). KHSU administration noted that use-rate analysis and feedback from focus groups related to the effectiveness of learning support services recently prompted an increase in the number of learning support specialists at the institution (CFR 4.5). Additionally, KHSU recently adopted RNL's *Adult Student Priorities Survey* as a nationally normed measure of student satisfaction and plans to use the data to improve student support and campus climate (CFRs 4.1, 4.3).

Board of Trustees (BOT)

As part of its quality assurance framework, KHSU has developed board training and governance procedures to support effective oversight by the Board of Trustees (BOT). For example, at on-boarding KHSU board members are required to participate in an extensive orientation that highlights KHSU's mission, vision, and values while also introducing key governance topics, such as fiduciary responsibility. BOT members are also given access to the Association of Governing Boards (AGB)

materials throughout their terms of service (CFR 4.7). Additionally, the BOT conducts an annual assessment survey of board performance (CFR 4.7).

Strategic Planning

As KHSU's Strategic Action Plan 2023-2028 was developed under previous executive leadership, the university is currently operating under the Interim President's ten strategic priorities that were developed in response to both the leadership transition and the university's need to rapidly respond to numerous student complaints to the Commission on Osteopathic College Accreditation (COCA). Both documents were developed using a community-engaged and data-driven process (CFR 4.8). KHSU plans to engage in a new community-engaged and data-driven strategic planning process once a permanent president is appointed.

B. Presenting Issues, Analyzing Evidence and Formulating Conclusions.

All presenting issues identified during the evaluation have been addressed within each standard section of this report, along with the corresponding evidence analyzed by the team in reaching its conclusions. The team notes, however, that there is one additional area of note for KHSU that warrants attention beyond the standard-by-standard findings, as detailed below.

The team identified a gap between KHSU's stated aspirations as a developing university and the language and cultural framing it currently uses to describe itself. At present, KHSU consistently positions itself in internal documents, public-facing materials, and staff and faculty communications as a single-program institution centered on its Doctor of Osteopathic Medicine (DO) program. As the institution pursues institutional accreditation and works toward expanding its program offerings, this self-concept presents a structural and cultural barrier to the organizational readiness needed to support that growth.

The team reviewed KHSU's self-study, mission and vision statements, website content, program catalogs, and institutional planning documents. Across these materials, references to the institution's identity were consistently framed in terms of the DO program, and personnel at multiple levels described the institution's purpose and scope in single-program terms. The evidence consistently shows that KHSU's institutional culture and language have not yet made the transition from a single-program college to a university preparing to offer multiple programs. While this framing is appropriate at an early stage of institutional development, it is now misaligned with KHSU's goals and strategic direction.

The team acknowledges that KHSU has not yet launched additional programs and that the DO program naturally dominates current operations. However, the institutional groundwork for expansion,

including governance structures, administrative systems, faculty development, and shared vocabulary, requires that the culture begin shifting now, in advance of programmatic growth.

The team encourages KHSU to intentionally and proactively begin the cultural and language shift from a single-program institution to a university that is organizationally and conceptually prepared to offer additional programs. This includes revisiting how the institution describes itself in formal documents, how leadership communicates the university's scope and direction, and how faculty and staff are oriented toward a broader institutional mission. This shift does not diminish the centrality or importance of the DO program; it contextualizes it appropriately within a larger university identity that KHSU is actively building.

Section III. Commendations and Recommendations

The Team commends KHSU for:

- The strength of its commitment to community engagement and serving underserved communities.
- Collaborative and responsible resource allocation in support of mission-aligned strategic initiatives, with operating results that have consistently exceeded financial projections.
- Exceptional facilities and systems that support students, faculty and staff.
- Leadership changes that have improved the campus climate including transparency, trust, and communication.
- Strong use of data to strategically inform decisions supporting student success and planning for future initiatives.
- A collaborative approach to planning and decision-making among leadership teams across the university and at The System level, demonstrated through frequent, well-coordinated meetings.

The Team recommends that KHSU:

- Further develop the culture of assessment by establishing expectations for student achievement of program and institutional learning outcomes, and the annual collection, review, and dissemination of assessment results reported by degree programs, to inform program development and strategic planning. (CFR 2.3)
- Continue to develop and operationalize university policies and procedures to increase institutional maturity and to ensure timely responses to grievances. (CFR 1.4)

- Institute a university level program review process that includes periodic review of degree programs, including analysis of student achievement of the program's learning outcomes, based on established expectations for achievement. (CFR 2.4)
- Develop additional policies and procedures around the faculty rank promotion and contract renewal process to promote clarity and consistency in decision-making. (CFR 2.8)
- Continue development of comprehensive academic quality assurance procedures and processes to ensure that aggregated program and institutional learning outcome data are utilized to support curricular improvement and operational effectiveness. (CFR 4.1)

Appendices

Four federal compliance forms

1 - Credit Hour Review Form

Under federal regulations, WSCUC is required to demonstrate that it monitors the institution's credit hour policy and processes as well as the lengths of its programs.

Credit Hour - §600.2

The accrediting agency, as part of its review of an institution for renewal of accreditation, must conduct an effective review and evaluation of the reliability and accuracy of the institution's assignment of credit hours.

1) The accrediting agency meets this requirement if-
   i) It reviews the institution's-
      b) Policies and procedures for determining the credit hours, as defined in 34 CFR 600.2, that the institution awards for courses and programs; and
      b) The application of the institution's policies and procedures to its programs and coursework; and
1) Makes a reasonable determination of whether the institution's assignment of credit hours conforms to commonly accepted practice in higher education.

Credit hour is defined by the Department of Education as follows:
Except as provided in 34 CFR 668.8(k) and (l), a credit hour is an amount of student work defined by an institution, as approved by the institution's accrediting agency or State approval agency, that is consistent with commonly accepted practice in postsecondary education and that--

1) Reasonably approximates not less than:

i. One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different period of time; or

j. At least an equivalent amount of work as required in paragraph 1.i. of this definition for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours; and

1) Permits an institution, in determining the amount of work associated with a credit hour, to take into account a variety of delivery methods, measurements of student work, academic calendars, disciplines and degree levels.

See also WSCUC Credit Hour Policy.

Material Reviewed	Institution provides links to materials to be reviewed (materials should be exhibits in appendices)	Review team members enter findings and recommendations as appropriate
Policy on credit hour	Link to institutional policy on credit hour: https://catalog.kansashsc.org/content.php?catoid=183&navoid=24233&hl=credit+hour&returnto=search#credit-definition	Is this policy easily accessible? _X__ YES ___ NO Comments:
Process(es) for periodic review of credit hour	Link to description of process for periodic review of credit hour: Credit Hour Policy	Does the institution have a procedure for periodic review of credit hour assignments to ensure that they are accurate and reliable (for example, through program review, new course approval process, periodic audits)? _X__ YES ___ NO Does the institution adhere to this procedure? _X__ YES ___ NO Comments:
Schedule of on-ground courses showing when they meet	Link to recent schedule of on-ground courses: Course Rotation Information 2025-2026	Does this schedule show that on-ground courses meet for the prescribed number of hours? _X__ YES ___ NO Comments:
Sample syllabi or equivalent for on-ground and distance education courses	Link to at least 1-2 syllabi from each degree level and mode of delivery. All courses are on ground. HSS 603 Syllabus MEDE730 Pediatrics 2026	How many syllabi were reviewed for each degree level and mode of delivery? 2 What discipline(s) were the courses from? DO Program Did the material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? _X__ YES ___ NO Comments:
Sample syllabi or equivalent for other kinds of courses that do not meet for the prescribed hours (e.g., internships, labs, clinical, independent study, accelerated).	Link to at least 1-2 syllabi from each degree level. ANES 801 Anesthesiology EMED 900E & EMED900S Emergency Medicine	How many syllabi were reviewed for each degree level? 3 What kinds of courses were reviewed? Internal Medicine What discipline(s) were the courses from? DO program Did the material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? _X__ YES ___ NO Comments:

Review Completed By: M. Fields
Date: May 1, 2026

2 - MARKETING AND RECRUITMENT REVIEW FORM

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's recruiting and admissions practices. Under WSCUC policy***, an accredited institution bears final responsibility for ensuring the quality and integrity of all activities conducted in its name, including advertising, marketing, and/or recruiting communications outsourced to unaccredited entities.

Material Reviewed	**Institution provides locations of materials to be reviewed**	**Review team members enter findings and recommendations as appropriate**
**Federal regulations	Link to policy or description of student recruitment practices: Student Recruitment Policy	Does the institution follow federal regulations on recruiting students? _X__ YES ___ NO Comments:
Degree completion and cost	Link to marketing materials about degree programs and costs: Program Information: https://wascsenior.box.com/s/b4r7s9h6mk9el3l2nsmkx4g2ku913nh9 Cost information: https://kansascom.kansashsu.org/admissions/financial-resources/tuition-fees/ Marketing Samples: KHSU Marketing – Enrollment + Advancement	Does the institution provide information about the typical length of time to degree? _X__ YES ___ NO Does the institution provide information about the overall cost of the degree? _X__ YES ___ NO Comments:
***Outsourcing advertising, marketing, and/or recruiting	Link to advertising, marketing, and/or recruiting communications produced in conjunction with an unaccredited entity: All content, creative, and strategy are developed by The Community Solution Education System Marketing group. Most media buying power is run by an agency of record (AOR), Mason Media Interactive. Other firms are employed based on the market and strategy.	Does the institution outsource any advertising, marketing, and/or recruiting of programs with an unaccredited entity? _X__ YES ___ NO Are the communications from the unaccredited entity consistent with institutional materials? _X__ YES ___ NO Comments: Marketing is through The Community Solution Education System
Careers and employment	Link to marketing materials about careers and employment available to graduates: https://kansascom.kansashsu.org/academics/doctor-osteopathic-medicine-program/	Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? _X_ YES ___ NO Does the institution provide information about the employment of its graduates, as applicable? ___ YES ___ NO Comments: N/A the first graduates were May 8, 2026

*§602.16

**Section 487 (a)(20) of the Higher Education Act (HEA) prohibits Title IV eligible institutions from providing incentive compensation to employees or third-party entities for their success in securing student enrollments. Incentive compensation includes commissions, bonus payments, merit salary adjustments, and promotion decisions based solely on success in enrolling students. These regulations do not apply to the recruitment of international students residing in foreign countries who are not eligible to receive Federal financial aid.

***Agreements with Unaccredited Entities Policy. See also Agreements with Unaccredited Entities Guide.

Review Completed By: M. Fields
Date: May 1, 2026

3 – STUDENT COMPLAINTS REVIEW FORM

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's student complaints policies, procedures, and records. WSCUC Complaints and Third-Party Comments Policy requires that an institution have a process for receiving and handling complaints and grievances by institutional personnel or students. Records of complaints and grievances are to be retained by the institution until the next scheduled comprehensive review to allow the review team an opportunity to review the records, as appropriate. WSCUC 2023 Standards of Accreditation, Standard 1, CFR 1.4, requires institutions to maintain appropriate operating policies and business procedures, including timely and fair responses to complaints and grievances.

Material Reviewed	**Institution provides locations of materials to be reviewed**	**Review team members enter findings and recommendations as appropriate**
Policy on student complaints	Link to policy for handling student complaints: https://catalog.kansashsc.org/content.php?catoid=183&navoid=24236&hl=complaints&returnto=search#student-grievance-policy-and-procedures	Does the institution have a policy or formal procedure for student complaints? _X_ YES ___ NO If so, is the policy or procedure easily accessible? _X_ YES ___ NO If so, where? Catalog Comments:
Process(es) / procedure	Link to procedure for addressing student complaints and evidence of adherence to procedure: Specific complaint files with details on timing and outcomes will be available to the team at the visit.	Does the institution have a procedure for addressing student complaints? _X__ YES ___ NO If so, does the institution provide evidence that it adheres to this procedure? _X_ YES ___ NO Comments:

Records maintenance and tracking	Link to description of how and where student complaints are maintained and tracked/monitored over time: The office of the College of Osteopathic Dean and the Senior Associate Dean of Student Life	Does the institution maintain records of student complaints? _X__ YES ___ NO If so, where? Does the institution have an effective way of tracking and monitoring student complaints over time? _X_ YES ___ NO Comments:
Records retention	Link to description or policy regarding retention of records of complaints and grievances: Records Retention and Management Policy	Does the institution retain records of complaints and grievances at least until the next scheduled WSCUC comprehensive review? _X__ YES ___ NO Comments:

*§602.16

Review Completed By: M. Fields

Date: May 1, 2026

4 – TRANSFER CREDIT POLICY REVIEW FORM

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's transfer credit policy and practices. Under WSCUC policy**, institutions must publicly disclose transfer of credit policies and criteria regarding acceptance of credit earned at another institution.

Material Reviewed	**Institution provides locations of materials to be reviewed**	**Review team members enter findings and recommendations as appropriate**
Transfer Credit Policy(ies)	Link to policy for receiving transfer credit: As a doctoral level institution, KHSU does not allow transfer credit or grant transfer equivalencies. This may change is the portfolio expends and appropriate policy will be created at that time.	Does the institution have a policy or formal procedure for receiving transfer credit? ___ YES __X_ NO If so, is the policy or procedure publicly available? ___ YES ___ NO Where? Does the policy(s) include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education? ___ YES _X_ NO Comments: Does the institution have written criteria explaining their evaluation process for awarding credit based on prior learning experiences, such as military service, paid or unpaid employment, and other demonstrated competency or learning? ___ YES _X_ NO

		Comments: As a doctoral-level institution, KHSU does not accept transfer credit or grant transfer equivalencies; therefore, no related policies, procedures, or evaluation criteria exist. Should the institution's program portfolio expand in the future, appropriate transfer credit policies will be developed at that time.
Transfer credit policy implementation	Link to evidence of implementation of transfer credit in accordance with published criteria (at least three credit records with student identifying information removed): N/A	How many transfer credit records were examined? N/A What discipline(s) were the credit records from? N/A Did the evidence demonstrate that transfer credit was awarded in accordance with published criteria? ___ YES ___ NO N/A Comments:

*§602.24(e): Transfer of credit policies. The accrediting agency must confirm, as part of its review for renewal of accreditation, that the institution has transfer of credit policies that--

(1) Are publicly disclosed in accordance with 668.43(a)(11); and

(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

**WSCUC Transfer of Credit Policy

Review Completed By: M. Fields
Date: May 1, 2026

Report of distance education courses and programs - N/A

Report on off-campus locations (if appropriate) - N/A