Resolution recommending that the Computer Competency Exam be dissolved and computer competency requirement suspended until an effective model for defining and assessing computer competency is adopted

WHEREAS, The use of technology is highly prevalent in secondary education which has evolved significantly since the original design of the Computer Competency Exam ten years prior;

WHEREAS, the vast majority, 98% - 99%, of incoming freshman and transfer students pass the Computer Competency Exam, an average of 41 students have completed the Computer Literacy course for the last two years;

WHEREAS, the Computer Competency Exam is difficult to keep current as the adoption of new technology happens more rapidly than the current model can sustain (i.e. current exam assesses MS Excel 2003, MS Word 2003, Windows XP, and Internet Explorer 6);

WHEREAS, the Computer Competency Exam only measures aptitude in the Microsoft Windows platform. It does not accommodate a diversity of operating systems such as Mac OX, Linux, nor others;

WHEREAS, the definition of computer competency at Rowan University is ambiguous;

WHEREAS, there is no body responsible for defining and assessing computer competency;

AND WHEREAS, the expenditures for the exam has more than doubled in the last three years, FY09 total cost of $45,000;

BE IT RESOLVED, that the Computer Competency Exam is dissolved;
BE IT RESOLVED, that the computer competency requirement is suspended;

AND BE IT FURTHER RESOLVED, that a task force for Computer Competency is established. This body will be responsible for:

✦ defining the college level computer/technological competency specific to program of study
✦ designing and implementing an effective model for assessing computer/technological competency
✦ ensuring the computer competency model complies with Middle States guidelines

Acceptance:
_____ I give my approval. I have forwarded this item to __________________________ for implementation.

_____ No approval is actually needed. I have forwarded this item to the following individual or office for informational purposes only:

________________________________________________________________________

ADDITIONAL REVIEW NEEDED:
_____ I am willing to give approval if the following modification(s) are made:

_____ Before I can approve or reject this item, I need clarification on the following:

_____ I have forwarded this item to the following individual or office for further consideration and consultation.

Rejection:
_____ I decline acceptance of this item for the following reason:


Please Return this Copy to the University Senate President ~ Retain a Copy for Your Records