



AQIP PATHWAY

Policy Changes Adopted on Second Reading

The Higher Learning Commission (HLC) Board of Trustees (“the Board”) adopted these policies on second reading at its meeting on November 1–2, 2018.

Background

In 2016, HLC initiated an evaluation of the Pathways for Reaffirmation of Accreditation. During the last academic year, HLC expanded this evaluation to include the recently redesigned AQIP Pathway as institutions had completed some of the new review processes within the 8-year cycle. HLC staff noted a sharp decrease in the number of institutions selecting the AQIP Pathway, which signaled a need to reimagine the ways in which HLC supports its continuous quality improvement efforts.

The Board instructed HLC staff to identify a plan for AQIP institutions to transition to another pathway in anticipation of the Board taking steps in June 2018 to phase out the AQIP Pathway. The adopted changes remove references to the AQIP Pathway from all HLC policies.

Further details about the plan to phase out the AQIP Pathway are available on HLC’s website at hlcommission.org/aqip. Please note that policies related to AQIP Pathway evaluations conducted during the transition will remain in effect for the institution under review until it moves to another pathway. Once the transition occurs, policies applicable to that pathway will apply, in addition to all other HLC policies then in effect. Policies related to the AQIP Pathway are available in [Appendix B](#) of HLC’s Policy Book.

HLC circulated these policy changes to the membership and other interested parties after the Board’s June meeting. No comments were received.

Note: The Board adopted additional changes on second reading for policies related to [Notice](#), [Show-Cause](#) and the [evaluative framework for the HLC Criteria](#). These changes are incorporated here.

Implementation

These policies are effective immediately.

Adopted Policy

Wording that was deleted or revised is shown as strikethrough (~~old wording~~); new language, whether through addition or revision, is shown in bold (**new wording**). These revisions have been made on HLC's website at hlcommission.org/policies.

Policy Title: **Evaluative Framework for the HLC Criteria**
Number: INST.A.10.020

An institution must be judged by the Commission to have met each of the Criteria for Accreditation, the Core Components and the Federal Compliance Requirements to merit the grant of initial accreditation or the reaffirmation of accreditation.

In preparation for accreditation and reaffirmation of accreditation, an institution shall provide evidence through a self-study or self-evaluation process that it meets each of the Criteria and the Core Components. The distinctiveness of an institution's mission may condition the strategies it adopts and the evidence it provides that it meets each Core Component. The institution shall also provide evidence with regard to those sub-components of the Criteria that apply to the institution. An institution in its evidence or a team in its review may identify topics or issues related to a Core Component other than those specified in the sub-components to be included in evaluating the institution's meeting of the Core Component.

For institutions applying for initial accreditation the submission of evidence from the self-study or self-evaluation process constitutes the official application for accreditation. An institution applying for initial accreditation shall also demonstrate conformity with the Assumed Practices.

The judgment that the organization meets the Criteria for Accreditation and Core Components is based on detailed information about all parts of the institution. Such information may be acquired through evidence provided to the Commission by the institution or acquired by the Commission from other sources prior to, during, or subsequent to an evaluation process. This information will be confirmed in the written report of the visiting team; ~~in the pattern of portfolios, reports, panel views and appraisals required of institutions participating in the AQIP processes;~~ or in other review documents identified by the Commission as core elements of a process for reaffirmation of accreditation.

In the evaluation process, the Commission will review the institution against the Criteria and Core Components according to the following evaluative framework.

In the evaluation process, the Commission will review the institution against the Criteria and Core Components according to the following evaluative framework.

Core Components. The institution meets the Core Component if:

- a. the Core Component is met without concerns, that is the institution meets or exceeds the expectations embodied in the Component, **or to the extent opportunities for improvement exist, peer review or a decision-making body has determined that monitoring is not required;** or
- b. the Core Component is met with concerns, that is the institution demonstrates the characteristics expected by the Component, but performance in relation to some aspect of the Component must be improved, **and peer review or a decision-making body has determined that monitoring is required to assure that the institution ameliorates the concerns.**

The institution does not meet the Core Component if the institution fails to meet the Component in its entirety or is so deficient in one or more aspects of the Component that the Component is judged not to be met.

Criteria for Accreditation. The institution meets the Criterion if:

- a. the Criterion is met without concerns, that is the institution meets or exceeds the expectations embodied in the Criterion, **or to the extent opportunities for improvement exist, peer review or a decision-making body has determined that monitoring is not required;** or
- b. the Criterion is met with concerns, that is the institution demonstrates the characteristics expected by the Criterion, but performance in relation to some Core Components of the Criterion must be improved, **and peer review or a decision-making body has determined that monitoring is required to assure that the institution ameliorates the concerns.**

The Criterion is not met if the institution fails to meet the Criterion in its entirety or is so deficient in one or more Core Components of the Criterion that the Criterion is judged not to be met.

The institution meets the Criterion only if all Core Components are met. The institution must be judged to meet all five Criteria for Accreditation to merit accreditation. **For purposes of compliance with the Criteria for Accreditation, findings of “met” and “met with concerns” both constitute compliance.**

The Commission will grant or reaffirm accreditation (with or without conditions or sanctions), deny accreditation, or withdraw accreditation based on the outcome of this evaluation.

Policy History

Last Revised: November 2018

First Adopted: February 2003

Revision History: February 2012 (effective January 2013), November 2018

Notes: Formerly policy number 1.1(a)2, 2013 – 1.1(a)1, 1.1(a)1.1. The Revised Criteria for Accreditation, Assumed Practices, and other new and revised related policies adopted February 2012 are effective for all accredited institutions on January 1, 2013.

Related Policies: INST.F.10.010 Routine Monitoring and Data Collection

Policy Title: Substantive Requirements for Reaffirmation of Accreditation

Number: INST.C.10.010

Each institution shall have its accreditation reaffirmed by formal action of the Commission according to its decision-making policies. The basis for reaffirmation shall be evidence that the institution meets the Criteria for Accreditation and Federal Compliance Requirements.

Reaffirmation Cycle

Reaffirmation shall occur not more than ten years from the date of the last formal Commission action reaffirming accreditation; for an institution that received initial accreditation after its most recent comprehensive evaluation, reaffirmation shall occur not more than four years after the initial accreditation action. Should the reaffirmation action take place in the spring or fall following the required date for reaffirmation, such action shall be considered to have met the requirements of this policy provided that the evaluation visit takes place no later than ten, or, where applicable, four, years from the date of the last reaffirmation action.

The cycle for reaffirmation may be less than ten years for institutions that participate in or are assigned by the Commission to processes that require more frequent reaffirmation.

An institution may file a formal request for an extension of its reaffirmation process, provided that it has a compelling reason for seeking such extension and it is not under sanction or show-cause with, or pending withdrawal by, the Commission or any other recognized accrediting agency. An institution must file such a request with sufficient time for a decision to be made prior to the expiration of an

institution's current reaffirmation period. Such request will be considered and acted on through the Commission's decision-making processes. The extension shall be no more than one year beyond the institution's regular cycle as established by the terms of the reaffirmation process in which it participates. The maximum cycle permitted under this policy is eleven (11) years.

Procedural Requirements for Reaffirmation

Prior to every formal Commission action reaffirming the accreditation of an institution that institution and the Commission shall have participated in a process that includes the following components:

- self-study activities at the institution that result in submission to the Commission of evidence that the institution meets the Criteria for Accreditation and the Federal Compliance Requirements; and, in the same or different submission as required by the process in which the institution participates, evidence of continuing improvement at the institution;
- visit to the institution by a team of Commission Peer Reviewers for the purpose of gathering additional information to determine whether the institution meets the Criteria for Accreditation and the Federal Compliance Requirements and to verify where appropriate evidence provided by the institution;
- analysis by Commission Peer Reviewers of the evidence provided by the institution and the additional information gathered during the visit;
- written report prepared by Commission Peer Reviewers documenting their conclusions regarding whether the institution meets the Criteria for Accreditation and the Federal Compliance Requirements, including but not limited to, requirements related to assessment of student learning, and, in the same or a different report as required by the process in which the institution participates, conclusions regarding continuous improvement and identifying deficiencies, if any, at the institution;
- an opportunity for an institution to provide a written response prior to Commission action following procedures outlined by the Commission.

Processes for Reaffirmation

Each accredited institution in good standing with the Commission shall reaffirm and maintain its accredited status by participating in evaluation processes that: 1) document that it meets the

Commission's Criteria for Accreditation and the Federal Compliance Requirements, 2) demonstrate a focus on institutional improvement, and 3) fulfill the Commission's procedural requirements for reaffirming and maintaining accreditation. These evaluation processes shall be known as accreditation pathways. The pathways are: Standard, ~~and Open and the Academic Quality Improvement Program (AQIP)~~. The Commission may approve other pathways. Each pathway shall include a series of evaluative activities that the Commission determines to be appropriate for that pathway provided that each pathway allows an institution to fulfill the procedural requirements necessary to maintain accreditation. In any pathway the Commission staff may seek external assistance from peer reviewers or individuals with appropriate expertise who do not participate as peer reviewers in the evaluation process but provide particularized advice and assistance where appropriate to Commission staff or evaluation team members.

Institutions not yet accredited by the Commission as well as accredited institutions that are on probation, under show-cause, or pending withdrawal action shall participate in evaluation activities specifically outlined in Commission policy applicable to such designation and shall not participate in a pathway.

Entrance Requirements for Each Pathway

The Commission shall determine the entrance requirements for each pathway in relation to the institution's history with the Commission. These requirements shall include the length of its accreditation with the Commission, as well as such factors as interim monitoring, substantive change and change of control requests, sanctions, show-cause orders, adverse actions, and any other information the Commission deems relevant. In addition, the Commission may exercise discretion in determining an appropriate pathway for an institution.

Assignment to a Pathway

Subsequent to granting of initial accreditation and after removal of probation or show-cause, institutions shall be limited to the Standard Pathway for a minimum of ten years until such time as they shall meet the entrance requirements for a different pathway and make appropriate application to enter such pathway. An institution undergoing approval of a change of control, structure or organization or removal from notice may be subject to limitation to the Standard Pathway. A pathways assignment shall be made by the Board of Trustees in making these accrediting decisions.

A decision renewing an institution's assignment to a pathway or determining an institution's eligibility for a different pathway shall always take place at reaffirmation of accreditation and may take place at other times as established by the procedures of the pathway or Commission policy. A pathway determination after initial accreditation, a continuation of eligibility for a pathway, and any change of pathway shall be a formal decision by the Commission and shall be subject to all Commission requirements related to the pathway as well as to the Commission's decision-making process. Such decision shall also indicate the date of the next Assurance Review or comprehensive evaluation and the institution's placement in the cycle for that pathway.

An institution shall receive notice of a recommended pathway assignment prior to the formal decision placing it on a pathway. In cases where the Pathway assignment is not based on entrance requirements for the Pathway but on Commission discretion and exempting any pathways assignments made at the discretion of the Board of Trustees related to sanction or other actions assigned to the Board, the institution shall have an opportunity to respond prior to the assignment being made through the Commission's decision-making process. After a pathway assignment has been made, it is subject to additional review or change only at the discretion of the Commission.

Change of Pathways by the Commission

The Commission may at its discretion move an institution from one Pathway to another if: 1) the institution fails to fulfill the requirements of its Pathway, 2) serious concerns arise about the institution's capacity to continue to meet the Criteria for Accreditation or the Federal Compliance Requirements, or 3) the institution needs to be monitored more closely through the processes of the Standard Pathway.

All other changes in pathways will occur subsequent to reaffirmation of accreditation. (Note that assignment to a pathway following Commission policy is not a change of a pathway.)

Policy History

Last Revised: November 2018

First Adopted: June 2012

Revision History: November 2012, November 2018

Notes: Policies combined November 2012 - 1A.1.1, 1A1.2, 1A.1.3, 1A.1.4, 1A.1.5, 1A.1.6, 1A.1.7

Related Policies:

Policy Title: Process Requirements for Each Pathway

Number: INST.C.10.020

Standard Pathway

An institution on the Standard Pathway shall have its accreditation reaffirmed every ten years except for an institution that has received initial accreditation after its most recent comprehensive evaluation. Subsequent to initial accreditation, reaffirmation shall occur not more than four years after the initial accreditation action. Reaffirmation for all other institutions on the Standard Pathway shall be contingent on the institution having undergone comprehensive evaluations in years four and ten of the cycle through a process that assures the higher education community and the public that the institution continues to meet the Criteria for Accreditation and Federal Compliance Requirements, and that the institution demonstrates a focus on continuing improvement.

Subsequent to reaffirmation, the Commission will also renew the institution's assignment to the Standard Pathway or declare it eligible to choose another Pathway. Renewal of assignment to the Standard Pathway will be contingent on the institution demonstrating that it meets the Criteria for Accreditation and the Federal Compliance Requirements, and not receiving an action involving show-cause, probation, or withdrawal. An institution on the Standard Pathway declared eligible to choose another Pathway may move to that pathway subsequent to reaffirmation provided it files a letter of acceptance within a limited timeframe as required by the requirements of the pathway being sought. The institution may also choose to remain on the Standard Pathway.

Open Pathway

An institution on the Open Pathway shall have its accreditation reaffirmed every ten years. Reaffirmation shall be contingent on the institution having undergone an Assurance Review in year four of the cycle and a comprehensive evaluation in year ten of the cycle through processes that assure the higher education community and the public that the institution continues to meet the Criteria for Accreditation and the Federal Compliance Requirements, and demonstrates a focus on continuing improvement.

At reaffirmation, the Commission will determine whether to renew the institution's eligibility for the Open Pathway. An institution may lose eligibility for the Open Pathway if serious concerns arise about the institution's capacity to continue to meet the Criteria for Accreditation and Federal Compliance Requirements; the institution needs to be monitored more closely through the processes

of the Standard Pathway; or the institution does not fulfill the requirements of the Open Pathway, including those of the Quality Initiative.

Process Elements Common to Open and Standard Pathway

Assurance Review. Institutions in the Open and Standard Pathways shall participate in an Assurance Review that has the following components:

- Assurance Filing by the institution;
- Review by the Assurance Review team composed of Commission Peer Reviewers appointed by Commission staff in accordance with team selection procedures; such review shall include analysis of the Assurance Filing as well as of information from any on-site visit conducted to institutions on the Standard Pathway or to institutions on the Open Pathway in year ten or in year four where specifically required by the Assurance Review team;
- Written report prepared by the Assurance Review team that outlines the team's findings related to the institution's meeting the Criteria for Accreditation and identifies any strengths and challenges or deficiencies.

The Assurance Review for an institution with distance or correspondence education shall include a specific focus on these forms of delivery.

Assurance Filing. The Assurance Filing shall be housed on the Commission's web-based platform, known as the Assurance System, and composed of the following parts: 1) information submitted by the institution to document evidence of meeting, and of any institutional improvement related to, the Criteria for Accreditation, which shall consist of an Assurance Argument, Evidence File, and any addenda required by the evaluation team or Commission staff to the above information; and 2) information supplied by the Commission including but not limited to summary data from the institution's recent Institutional Update, records related to evaluation visits, official actions and correspondence, public comments, results of Commission-sponsored student surveys, complaints, and any other information the Commission deems appropriate.

For comprehensive evaluations, the Assurance Filing shall also address the Federal Compliance Requirements and, if applicable, provide information for branch campus evaluation.

Comprehensive Evaluation. An institution on the Standard Pathway and an institution in year ten of the Open Pathway shall undergo a comprehensive evaluation, which shall consist of the Assurance

Review with an on-site visit. In addition to reviewing the Assurance Filing and related materials, the Assurance Review team shall also visit the institution's main campus and other institutional locations as determined by the Commission based on its policies and procedures. For institutions that offer only distance or correspondence education, the team shall conduct its on-site visit to the institution's administrative offices but may include other institutional locations, if any, in the on-site visit. The President of the Commission shall determine whether the liaison or other Commission staff member will accompany any visit related to an Assurance Review.

The length of the visit shall be one and one-half days, but the Commission may lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues.

In a comprehensive evaluation, the team's report will include any findings from the on-site visit, the multi-campus evaluation, if applicable, and the review of compliance with Federal Compliance Requirements.

Other Visits. When the Commission is conducting an Assurance Review for an institution in year 4 of the Open Pathway, an on-site visit will not be required; however, a team may call for an on-site visit to gather additional information not available electronically or to conduct further review of specific issues arising from the Assurance Review. In addition, if the team is considering a sanction or withdrawal, it must call for an on-site visit.

Multi-Campus Evaluation. When an institution that has multiple branch campuses undergoes a comprehensive evaluation, the Commission will send one or more Commission Peer Reviewers to visit the institution's branch campuses. The Peer Reviewer may, but is not required to, be a member of the Assurance Review team. Such branch campus visits may precede or follow the Commission's comprehensive evaluation visit to the institution's main campus. The Commission will determine the campuses to be included in the branch campus visit, but the focus of the visit will be on branch campuses not recently visited by the Commission. The Peer Reviewer visiting the branch campus will complete a form outlining findings arising from the visit. The purpose of this form shall be to inform the comprehensive evaluation team regarding the quality of the institution's branch campuses. The Peer Reviewer will make no formal recommendation, and there will be no formal Commission action arising from the branch campus evaluation visit.

Process Elements Specific to the Open Pathway

Quality Initiative. An institution on the Open Pathway shall conduct after year four and prior to year ten of its reaffirmation cycle a Quality Initiative through which it demonstrates an ongoing commitment to improving its quality. The institution shall select a topic for the Initiative that shall be reviewed and approved by a panel of Commission Peer Reviewers. The institution shall compile a report explaining the results of the initiative and no later than year nine of its reaffirmation cycle submit it to the Commission for review.

Review of the Quality Initiative Report. A panel of Peer Reviewers shall review the Quality Initiative Report. The panel shall determine whether the institution has met the stated expectations for the Quality Initiative. The panel will complete a form explaining its findings. The form will be sent with the written report resulting from the comprehensive evaluation in year ten to the Institutional Actions Council.

Process Elements Specific to the Standard Pathway

An institution on the Standard Pathway shall demonstrate institutional improvement through an approach integrated with and focused on the Criteria for Accreditation. In addition, an institution on the Standard Pathway shall demonstrate that it has made reasonable progress in resolving any concerns resulting from the previous comprehensive evaluation or raised by the Commission during the period between evaluations.

AQIP Pathway

~~**AQIP Cycle.** An institution on the AQIP Pathway shall have its accreditation reaffirmed every eight years. Reaffirmation shall be contingent on the institution having undergone a comprehensive review through a series of AQIP activities culminating in a Comprehensive Quality Review that assure the higher education community and the public that the institution continues to meet the Criteria for Accreditation and the Federal Compliance Requirements, and demonstrates a focus on continuing improvement.~~

~~At reaffirmation, the Commission will also determine whether to renew the institution's eligibility to participate in the AQIP Pathway. An institution may lose eligibility for the AQIP Pathway if serious concerns arise about the institution's capacity to continue to meet the Criteria for Accreditation or Federal Compliance Requirements, the institution needs to be monitored more closely through the~~

processes of the Standard Pathway, or the institution does not fulfill the requirements of the AQIP Pathway.

Systems Portfolio. The Systems Portfolio is a vehicle through which the institution documents its self-evaluation of its institutional systems organized around quality principles, its meeting of the Criteria for Accreditation and its provision of distance and correspondence education, if any. An institution on the AQIP Pathway shall be required to submit a Systems Portfolio no later than year three of its initial AQIP cycle, and again in year seven prior to reaffirmation with this timeline repeating in subsequent AQIP cycles.

Systems Appraisal. A team of Commission Peer Reviewers appointed by Commission staff in accordance with team selection procedures shall conduct an analysis of the Systems Portfolio submitted by the institution and shall prepare a detailed written report. The report will outline the team's findings related to the institution's ability to meet the Criteria for Accreditation and quality expectations required for participation in the AQIP Pathway, and will include any deficiencies identified for institutional follow-up by the time of the Comprehensive Quality Review in the eighth and final year of the cycle.

Comprehensive Quality Review. The Commission staff will appoint a team of Commission Peer Reviewers in accordance with team selection procedures. The team may, but is not required to, include members previously on the institution's Systems Appraisal team. The team shall conduct a visit to the institution's main campus or, for institutions that offer only distance or correspondence education, to its administrative offices. The length of the visit shall be two days, but the Commission may lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues. Prior to the visit the institution shall submit the required Federal Compliance materials. In preparation for the Comprehensive Quality Review, the team shall review those materials along with the entire record of the institution's participation in the AQIP Pathway including its Systems Portfolio and Appraisal and the record of any quality improvement projects undertaken by the institution in the form of Action Projects. The Comprehensive Quality Review team will determine whether the record demonstrates that the institution meets the Commission's requirements for reaffirmation and whether it maintains an appropriate focus on improvement sufficient to render it eligible for continued participation in the AQIP Pathway. The team members will prepare a detailed written report of their findings from the visit related to the institution's meeting the Criteria for Accreditation and Federal Compliance Requirements, and including any deficiencies identified. The team's report will make a

~~recommendation to the Commission's decision-making body regarding the institution's reaffirmation of accreditation, including any interim monitoring or sanction, and its continued eligibility for the AQIP Pathway or eligibility for the Open Pathway. The Comprehensive Quality Review of an institution with distance or correspondence education shall include a specific focus on these forms of delivery. A Comprehensive Quality Review is required proximate to the final year of the AQIP Pathway cycle and may also occur in the fourth year based upon institutional request or a staff determination.~~

~~**Multi-Campus Evaluation.** When an institution that has multiple branch campuses undergoes a Comprehensive Quality Review, the Commission will send one or more Peer Reviewers to visit the institution's branch campuses. The Peer Reviewer may, but is not required to, be a member of the Comprehensive Quality Review team. Such branch campus visits may precede or follow the Comprehensive Quality Review to the institution's main campus. The Commission will determine the branch campuses to be included in the visit, but the focus of the visit will be on branch campuses not recently visited by the Commission. The Peer Reviewer visiting the branch campus will complete a form outlining findings arising from the visit. The purpose of this form shall be to inform the Comprehensive Quality Review team regarding the quality of the institution's branch campuses. The Peer Reviewer will make no formal recommendation, and there will be no formal Commission action arising from the branch campus evaluation visit.~~

Policy History

Last Revised: November 2018

First Adopted: June 2012

Revision History: November 2012, June 2014, November 2018

Notes: Policies combined in November 2012 - 1A.2.1, 1A.2.2, 1A.2.3, 1A.2.4, 1A.2.5

Related Policies: COMM.B.10.010 Staff Role and Responsibility

Policy Title: Process Requirements Leading to Commission Action for Reaffirmation

Number: INST.C.10.030

Recommendations Arising From Pathways for Reaffirmation

The team of Commission Peer Reviewers conducting either a comprehensive evaluation or Assurance Review in the Standard or Open Pathway, ~~or a Comprehensive Quality Review in the AQIP Pathway,~~

shall in its written report make a recommendation for Commission action to complete the review. For comprehensive evaluations ~~and for Comprehensive Quality Reviews~~, the team shall recommend whether to reaffirm the institution's accreditation and whether to require interim monitoring, if needed, as available on the institution's pathway. For Assurance Reviews, the team shall recommend whether to continue the institution in its current cycle and whether to require any interim monitoring as available on the institution's pathway. Any team may recommend a sanction or withdrawal of accreditation. These recommendations, along with the team's written report, shall be forwarded to a Commission decision-making body for review and action.

Institutional Responses to Recommendations Arising From Pathways for Reaffirmation

An institution shall have the opportunity to provide a written response to the written report of a comprehensive evaluation or Assurance Review ~~or Comprehensive Quality Review~~ following Commission policies for the provision of institutional responses. In all cases involving a response to comprehensive evaluation, Assurance Review, or other visit, an institution shall have at least two weeks to prepare and submit an institutional response to the team report prior to review and action through the Commission's decision-making processes.

Policy History

Last Revised: November 2018

First Adopted: June 2012

Revision History: June 2014, November 2018

Notes: Policies combined November 2012 – 1A.3.1, 1A.3.2.

Related Policies: INST.G.10.020 Official Records (Institutional Responses within the Process)

Policy Title: Institutional Data for Commission Teams

Number: INST.C.20.010

Prior to any on-site visit, the Commission will provide the team with a record of the institutional indicators that have been submitted by the institution over the years. Prior to ~~an AQIP evaluation or a~~ comprehensive evaluation culminating in reaffirmation of accreditation or prior to other Commission evaluation where the Commission determines it to be appropriate, the Commission may also provide aggregate data collected from a survey administered to students by the Commission.

The institution will provide other information required by the Commission on-site, ~~or in the self-study report~~, Assurance Argument, ~~or in the Systems Portfolio Systems Appraisal materials~~.

Policy History

Last Revised: November 2018

First Adopted:

Revision History: February 2014, June 2014, November 2018

Notes: Former policy number 1.3(d)

Related Policies:

Policy Title: Notice

Number: INST.E.10.010

Notice is a public sanction that attaches to an institution's accreditation status. The sanction of Notice is imposed based on an overall judgment that the institution is at risk of being out of compliance with HLC requirements related to the Criteria for Accreditation, Assumed Practices, or Federal Compliance Requirements. It will be supported by findings that one or more Criteria for Accreditation or Federal Compliance Requirement is Met with Concerns by the institution. The determination is not based on any minimum number of such findings. An action to impose Notice is a final action not subject to appeal.

In placing an institution on Notice the Board of Trustees will identify in the letter notifying the institution of the action the deficiencies at the institution that led to Notice. The letter will also specify a date for submission of a written report on the corrective measures taken by the institution during the Notice period and for a subsequent Notice evaluation. The written report must provide clear evidence that the institution has ameliorated the deficiencies that led to the Notice action and is no longer at risk for compliance issues. The Notice evaluation will determine whether claims made in the report are verifiable and demonstrate significant improvement in the deficient areas.

The Notice period will typically be one year and shall not exceed two years, commencing on the date of the Board's action placing the institution on Notice until the date the Board determines whether the deficiencies that led to the institution being placed on Notice have been ameliorated. The filing of the report and the subsequent Notice evaluation will take place within this time period as established by the Board. The Board of Trustees may impose Notice at the end of Probation or Show-Cause if the

institution has demonstrated compliance with the areas previously identified as non-compliant but remains at risk related to those areas of non-compliance or other deficiencies.

If, at the end of the Notice period, the Board finds that the deficiencies leading to the Notice action have not been ameliorated, the Board may place the institution on Probation or may withdraw its accreditation following Commission policy. The Board is not required to provide a period of Probation to an institution prior to withdrawing its accreditation after the institution has been on Notice. The Board may also renew Notice if the institution complies with all the Criteria for Accreditation and Federal Compliance Requirements and is making progress but has not completely ameliorated the conditions that led to the Notice. This renewal will be available for an additional year if the institution was originally placed on Notice for one year or for an additional six months if the institution was originally placed on Notice for two years. The Board will act on any renewal or extension of Notice at the next regularly scheduled Board meeting after the renewal or extension has concluded. At that time the Board has the same options for action it had at the end of the original Notice period, except that no further renewal or extension of Notice shall be available.

Process for Imposing or Removing Notice

Only the Board of Trustees, acting on the recommendation of any evaluation team, ~~an the~~ Institutional Actions ~~Council Hearing Committee~~, or the President, shall take action placing an institution on Notice. A team recommendation to place an institution on Notice, other than one arising from an advisory visit process, will automatically be referred to ~~an the~~ Institutional Actions ~~Council Hearing Committee~~. The Board will consider both the team recommendation and Institutional Actions ~~Council Hearing Committee~~ recommendations in its deliberations. The President of the Commission makes a recommendation for Notice resulting from an advisory visit process directly to the Board. In all cases, the Board of Trustees will act on a recommendation for Notice only if the institution's chief executive officer has been given an opportunity of at least two (2) weeks to place before the Board of Trustees a written response to the recommendation.

The Board of Trustees, acting on the recommendations of ~~the Commission President~~ **any evaluation team and the Institutional Actions Council**, based on the ~~focused evaluation~~ **Notice** report and recommendation or other information, may remove an institution from Notice; may determine that the institution is not in compliance with one or more of the Criteria for Accreditation or Federal Compliance Requirements or is not in conformity with the Assumed Practices and place the institution on Probation or withdraw accreditation, following Commission policy; or, when the

institution's response and actions are insufficient or inadequate to make a judgment, may define a process for determining whether the institution is in compliance with one or more of the Commission's Criteria for Accreditation, or Federal Compliance Requirements and is in conformity with all the Assumed Practices. For a renewal or extension of Notice, the Board may determine whether to call for another Notice report and Notice evaluation or whether a previously scheduled evaluation visit shall consider whether the conditions of Notice have been satisfied.

Pathways Assignment

The Board shall reassign an institution ~~on the Open Pathway~~ to the Standard Pathway as may be necessary in the action that places the institution on Notice. The institution shall remain on the Standard Pathway until such time as it has reestablished its eligibility for a different Pathway for the ~~Open or AQIP Pathway~~ as determined by a comprehensive evaluation for reaffirmation of accreditation. ~~An institution on the AQIP Pathway if placed on Notice may remain on that Pathway or may be reassigned to the Standard Pathway as determined by the Board in the action placing the institution on Notice.~~

Substantive Change During the Notice Period

An institution on Notice may file one or more applications for substantive change during the Notice period. However, any application related to deficiencies identified in the Notice action will be subject to strict scrutiny and may be deferred by staff or by the Institutional Actions ~~Council Committee~~ for consideration by the Commission after the Board has removed Notice, or the application may be denied. An approval of a substantive change for an institution on Notice is not indicative of a determination by the Commission that an institution has corrected identified areas of deficiency.

An institution on Notice is not eligible for the Notification Program for Additional Locations and shall be removed from that program by staff after being placed on Notice. After Notice has been removed with no further sanction or Show-Cause imposed and provided that the Notice was not related to the quality of the institution's off-campus instruction or related issues, the institution may apply after the next comprehensive evaluation or after a period of four years, whichever is longer, to be restored to the Notification Program. If the Notice was related to the quality of the institution's off-campus instruction or related issues, the institution may not reapply until it has completed the ten years of good standing required for access to the Notification Program for Additional Locations.

Public Disclosure of Notice Actions

A Public Disclosure Notice for an institution on Notice will be available on the Commission's website shortly after, but not more than twenty-four (24) hours after, the Commission notifies the institution of the action imposing Notice. An institution on Notice must notify its Board members, administrators, faculty, staff, students, prospective students, and any other constituencies about the action in a timely manner not more than fourteen (14) days after receiving the action letter from the Commission; the notification must include information on how to contact the Commission for further information; the institution must also disclose this status whenever it refers to its Commission accreditation.

Notice Evaluation at the End of the Notice Period

The Notice evaluation ~~conducted~~ at the end of the Notice period will be conducted following Commission policies and procedures for ~~focused evaluations conducted as~~ Routine Monitoring. (See INST.F.10.010, Routine Monitoring.)

Policy History

Last Revised: November 2018

First Adopted: June 2000

Revision History: February 2011, June 2012, February 2014, June 2017, November 2018

Notes: Policies combined November 2012 – 2.5(a), 2.5(a)1, 2.5(a)2

Related Policies: INST.F.20.010 Special Monitoring

Policy Title: Probation

Number: INST.E.20.010

Probation is a public sanction that attaches to an institution's accreditation status. This status indicates that an accredited institution is no longer in compliance with one or more of the Commission's Criteria for Accreditation or Federal Compliance Requirements or is out of conformity with the Assumed Practices. The institution remains accredited while it is on Probation. An action to impose Probation is a final action not subject to appeal.

In placing an institution on Probation the Board of Trustees will identify in the letter notifying the institution of the action the specific areas of non-compliance that led to the Probation and the date for the institution's next comprehensive evaluation at which time the institution must provide clear

evidence of having ameliorated the areas of non-compliance as well as clear evidence of compliance with each of the Criteria for Accreditation including the Assumed Practices, or Federal Compliance Requirements.

The initial period for Probation shall be two (2) years commencing with the date of the Board's action placing the institution on Probation and concluding with the Board's determination that Probation be removed and accreditation continued or that accreditation be withdrawn. The period for Probation may be less than two (2) years if the Board so determines. Regardless of the initial length of probation, under rare circumstances an institution may be eligible for one extension of its initial period of Probation as explained below.

The comprehensive evaluation process to consider removal of probation will take place within the time period for the sanction established by the Board. If the institution has been on Notice prior to the imposition of Probation, the Board may take that history into account in determining the length of Probation. An institution that receives Probation for less than two (2) years is not entitled to the remainder of the two (2) years if, at the end of the probationary period, it has not been able to demonstrate compliance with the Criteria for Accreditation and Federal Compliance Requirements.

The Board may at its sole discretion grant one extension of Probation at the end of the initial period of Probation if the institution is not able to demonstrate compliance with the Criteria for Accreditation and the Core Components but is able to demonstrate all of the following to show that it is eligible for the extension:

- clear evidence of substantial progress towards meeting the Criteria for Accreditation and Core Components, including evidence of substantial implementation of necessary improvements, in the majority of areas in which the institution has been previously found to be non-compliant;
- verifiable plans to cure the remaining areas of non-compliance or any other areas of non-compliance identified in the action granting the extension by the end of the extension period;
- sufficient capacity and resources in place to cure the identified areas of non-compliance during the extension; and
- likelihood that the institution will be able to demonstrate compliance with all the Criteria for Accreditation and the Core Components by the end of the extension.

The extension shall be for an additional six months beyond the initial period of Probation. In no case shall the time period of Probation, including the extension period, exceed three years.

The institution shall host a focused evaluation as soon as possible after the six-month extension has concluded to determine whether the improvements anticipated in the action granting the extension are in place and functioning to cure any areas of non-compliance identified in that action and whether the Criteria for Accreditation and Core Components are met such that Probation may be removed following the requirements for removal of Probation stipulated in this policy or whether accreditation shall be withdrawn or other action taken following Commission policy. The report of the focused evaluation team, and any response to that report filed by the institution, shall be considered by the Board of Trustees in determining its action at end the of extension period.

The Board is not required to have placed an institution on Notice prior to the imposition of Probation nor is the Board required to provide a period of Probation prior to withdrawing accreditation. In making the judgment about whether to provide a period of Probation or an extension of Probation the Board will weigh the capacity of the institution to resolve the areas of non-compliance within the probationary period, any harm that might result to students and the public from allowing the institution time to resolve areas of non-compliance while remaining accredited, and other factors. Therefore, the Board may choose to withdraw accreditation without providing a period of Probation or withhold an extension of Probation upon consideration of such factors.

The Board also has the discretion at any time during the probationary period to reevaluate its decision to allow for a period of Probation if it receives evidence of additional non-compliance with the Criteria for Accreditation, including the Assumed Practices, or Federal Compliance Requirements or deteriorating conditions at the institution that have the capacity to affect the teaching and learning experience at the institution. In such cases the Board may move to Show-Cause or take other action provided for in these policies.

At the end of the period of Probation or following the extension of Probation or at any time during Probation as specifically outlined in this policy, if the institution cannot provide evidence of ameliorating the areas of non-compliance within the timeframe specified by the Board for the Probation, or if further evidence surfaces that suggests the institution is found not to be in compliance with one or more of the Criteria for Accreditation, whether or not the areas of non-compliance are the same or different from those originally identified, the Board shall withdraw the institution's accreditation or take other action as provided for in these policies.

Process for Imposing or Removing Probation

Only the Board of Trustees, acting on the recommendation of any evaluation team, an Institutional Actions Council Committee, or the President, shall take action placing an institution on Probation. A team recommendation to place an institution on Probation or extend Probation, other than one arising from an advisory visit process, will automatically be referred to an Institutional Actions Council Hearing Committee. The Board will consider both the team recommendation and the Institutional Actions Council Hearing Committee recommendations in its deliberations. The Board may also act of its own accord to grant an extension of Probation at the time it considers removing Probation without a prior recommendation by an evaluation team or Institutional Actions Council. The President of the Commission makes a recommendation for Probation resulting from an advisory visit process directly to the Board. In all cases, the Board of Trustees will act on a recommendation for Probation only if the institution's chief executive officer has been given an opportunity of at least two (2) weeks to place before the Board of Trustees a written response to the recommendation.

At the end of Probation the Board of Trustees will review recommendations from the comprehensive evaluation team that evaluated the institution and from the Institutional Actions Council Hearing Committee. In taking action, the Board of Trustees may choose to accept, reject, or modify these recommendations. The Board of Trustees may continue accreditation, withdraw accreditation or take other action as provided for in these policies, including imposing a period of Notice if the institution has remediated the areas of non-compliance but remains at risk in those areas or in relation to other deficiencies.

Pathways Assignment

An institution placed on Probation is also removed from any reaffirmation pathway until it is removed from Probation. An institution removed from Probation will be placed on the Standard Pathway for its next reaffirmation cycle.

If the Board of Trustees removes the institution from Probation and does not withdraw accreditation or issue an Order to Show-Cause, the Board shall reaffirm the institution's accreditation and assign it to the Standard Pathway. The institution will have an evaluation to reaffirm accreditation no later than four (4) years after the Board acts to remove Probation although the Board may set the reaffirmation date earlier, and the institution will be placed in the Standard Pathway accordingly. The Board may also require interim monitoring as a part of its action. The institution will remain on the Standard Pathway until it completes the full ten (10)-year cycle. If at that time accreditation is

reaffirmed without further sanction, it may be considered to be eligible for the Open or AQIP Pathways.

Substantive Change During the Probationary Period

An institution on Probation may file one or more applications for substantive change during the Probationary period. However, the institution must address in its application the question of why the change is immediately necessary and how the institution will manage the change while continuing to work to remedy the areas of non-compliance; the application will be subject to strict scrutiny by the Commission. The institution should anticipate that the application is likely to be denied or deferred by staff or by the Institutional Actions Council Committee for consideration by the Commission until after the Board has removed Probation. An approval of a substantive change for an institution on Probation is not indicative of a determination by the Commission that an institution has corrected identified areas of non-compliance.

An institution on Probation is not eligible for the Notification Program for Additional Locations and shall be removed from that program by staff after being placed on Probation. The institution may not reapply until it has completed ten (10) years in good standing as required for access to the Notification Program for Additional Locations.

Public Disclosure of Probation Actions

A Public Disclosure Notice for an institution on Probation will be available on the Commission's website shortly after, but not more than twenty-four (24) hours after, the Commission notifies the institution of the action imposing Probation. An institution on Probation must notify its Board members, administrators, faculty, staff, students, prospective students, and any other constituencies about the action in a timely manner not more than fourteen (14) days after receiving the action letter from the Commission; the notification must include information on how to contact the Commission for further information; the institution must also disclose this status whenever it refers to its Commission accreditation.

Comprehensive Evaluation Visit During Probation

An institution on Probation shall undergo a comprehensive evaluation by the Commission according to a schedule set by the Commission's Board of Trustees in placing the institution on Probation. While the evaluation will review the institution's compliance with all the Criteria for Accreditation and Federal Compliance Requirements and conformity with the Assumed Practices, the Commission

may determine, if the institution has had a recent comprehensive evaluation within the previous three (3) years prior to the imposition of Probation, that the visit will focus primarily on those areas in which the institution has been found to be non-compliant; therefore the Commission may attenuate some aspects of the visit unrelated to the issues involved in Probation.

The President of the Commission shall determine whether the institutional liaison or other Commission staff member will accompany evaluation visits related to Probation. The comprehensive evaluation for an institution undergoing such an evaluation during Probation has the following elements:

Assurance Review.

- Assurance Filing by the institution;
- Review by the comprehensive evaluation team composed of Commission Peer Reviewers appointed by Commission staff in accordance with team selection procedures; such review shall include analysis of the Assurance Filing as well as of information from the onsite visit conducted to the institution;
- Written report prepared by the comprehensive evaluation team outlining the team's findings related to the evidence required of the institution and the conditions that led to the imposition of Probation. The report shall identify strengths and challenges or deficiencies for the institution.

The Assurance Review for an institution with distance or correspondence education shall include a specific focus on these forms of delivery.

Assurance Filing. Information assembled by the institution through a self-evaluative or self-study process:

1. evidence of remediation of the areas of non-compliance identified in the letter notifying the institution of Probation;
2. evidence of conformity with the Assumed Practices;
3. evidence of meeting the Criteria for Accreditation;
4. branch campus evaluation information, if applicable;

5. evidence of compliance with the Federal Compliance Requirements; and
6. any addenda requested by the team or the Commission during the evaluation process.

In addition, the Commission shall supply information, including but not limited to: summary data from the institution's recent Institutional Update; records related to evaluation visits, official actions and correspondence; public comments, complaints and results of Commission-sponsored surveys; information from the institution's accreditation file regarding other recognized accrediting agencies, when appropriate; and any other information the Commission deems appropriate together with any response the institution wishes to file with regard to this information.

On-Site Visit. A team of Peer Reviewers appointed by Commission staff in accordance with Commission procedures shall conduct a visit to the institution's main campus and other institutional locations as shall be determined by the Commission based on its policies and procedures; for institutions that offer only distance or correspondence education, the team shall conduct its on-site visit to the institution's administrative offices but may include other institutional locations.

The length of the visit shall be three (3) days, but the Commission shall retain discretion to lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities as a part of a particular Comprehensive Evaluation to examine specific issues.

Recommendations Arising from Comprehensive Evaluations During Probation. The team of Commission Peer Reviewers conducting a comprehensive evaluation during Probation shall in its written report make a recommendation to the Commission's Board of Trustees for Commission action.

The team shall recommend whether to remove Probation, specifying interim monitoring that should be attached to the removal, or to withdraw accreditation. In recommending withdrawal of accreditation, the team may also recommend for the Board's consideration an effective date for the withdrawal action.

These recommendations, along with the team's written report, shall be forwarded to an Institutional Actions Council Hearing Committee and from there to the Commission's Board of Trustees.

Institutional Responses to Recommendations Arising from Comprehensive Evaluations During Probation. An institution shall have the opportunity to provide a written response to the written report of a comprehensive evaluation following Commission policies for the provision of institutional

responses. An institution shall have at least two weeks to prepare and submit an institutional response to the team report prior to review and action through the Commission's decision-making processes.

Policy History

Last Revised: November 2018

First Adopted: August 1988

Revision History: February 1998, May 2002, February 2011, June 2012, November 2012, February 2014, February 2015, November 2018

Notes: Policies combined November 2012 – 2.5(b), 2.5(b)1, 2.5(b)2, 2.5(b)3

*Related Policies: INST.G.10.020 Official Records (Institutional Responses within the Process),
COMM.B.10.010 Staff Role and Responsibility*

Policy Title: Show-Cause (Procedural Order)

Number: INST.E.30.010

The Board of Trustees may require an accredited institution to show cause, **typically** within one (1) year (**the Show-Cause period**), as to why its accreditation should not be removed. The basis for the issuance of a Show-Cause Order will be the Board's determination that there is probable cause that the institution does not meet the Criteria for Accreditation or the Federal Compliance Requirements or is out of conformity with the Assumed Practices. **The Board of Trustees may consider shortening the Show-Cause period based on factors including but not limited to the following:**

- a. **the institution has spent a period of time immediately preceding the issuance of the Show-Cause Order on Probation;**
- b. **findings of noncompliance pose a serious risk of imminent harm or danger to students.**

The Show-Cause Order is public. The institution remains accredited while it is on Show-Cause. An order to show cause is a final action not subject to appeal.

The Board of Trustees will explain the reasons for its decision and areas of probable non-compliance in the Show-Cause Order and in the letter provided to the institution after the action to impose Show-Cause. The Show-Cause Order will require that an institution (1) **submit in a timeframe defined by the Show-Cause order a Provisional Plan comporting with HLC requirements for such plans to the Institutional Actions Council for review and approval during the Show-Cause period,** (2) present its case for continued accreditation by means of a report, known as a Show-Cause Report,

that provides substantive evidence that the institution continues to meet each of the Criteria for Accreditation including the Assumed Practices, and Federal Compliance Requirements and has resolved the issues that led to the findings of probable non-compliance identified in the Show-Cause Order, and (23) host an on-site evaluation team to validate the report. The President of the Commission shall determine whether the institutional liaison or other Commission staff member will accompany the Show-Cause Evaluation Visit. The on-site team will produce a report that includes its findings regarding the institution's compliance with the Criteria for Accreditation and the Federal Compliance Requirements and conformity with the Assumed Practices for consideration by the Board of Trustees. Only the Board of Trustees may issue a Show-Cause Order, and only the Board of Trustees may find that the Show-Cause Order has been addressed, and that the institution has demonstrated compliance with the Criteria for Accreditation and the Federal Compliance Requirements and conformity with the Assumed Practices.

Process for Imposing or Removing a Show-Cause Order

The Board of Trustees shall take action at the end of the Show-Cause period. If the institution has demonstrated to the sole satisfaction of the Board that it has ameliorated each finding of probable non-compliance identified by the Board detailed in the Show-Cause Order and that it meets each of the Criteria for Accreditation, including but not limited to the Assumed Practices and Federal Compliance Requirements, the Board may remove the institution from Show-Cause and cancel the Order; the Board may also reaffirm accreditation as required by the institution's reaffirmation cycle with the Commission. The Board may remove the institution from Show-Cause subject to a period of Notice if the institution has demonstrated compliance with the Criteria for Accreditation, including but not limited to the Assumed Practices and Federal Compliance Requirements, but remains at risk related to those areas of non-compliance or other deficiencies. No language in other Commission policies including but not limited to the policy on Probation shall be interpreted to create a right by an institution to additional time after a period of Show-Cause concludes to demonstrate compliance with the Criteria for Accreditation or Federal Compliance Requirements.

If the institution has not demonstrated to the sole satisfaction of the Board 1) that it has ameliorated each area of non-compliance identified by the Board detailed in the Show-Cause Order and 2) that it meets each of the Criteria for Accreditation and Federal Compliance Requirements, the Board shall withdraw accreditation or take any other action provided for in Commission policy including Probation or Reconsideration, as appropriate, subject to the requirements of those policies provided

that in no case shall the period of time provided to an institution determined to be non-compliant be more than two (2) years including the Show-Cause period.

In all cases, the Board of Trustees will act at the conclusion of a Show-Cause process only if the institution's chief executive officer has been given opportunity to place before the Board of Trustees a written response to the Show-Cause Report and any other information arising in the Show-Cause process. An institution shall have at least two (2) weeks to prepare and submit an institutional response to the team report prior to review and action by the Board of Trustees.

Board Committee Hearing in Show-Cause

At the time it establishes the order, or within a reasonable period of time thereafter, the Board of Trustees will name individuals to conduct a Board Committee Hearing in keeping with INST.E.70.010 Special Protocols Related to Adverse Actions. The hearing will occur after the on-site visit but prior to the Board of Trustees meeting at which the Board of Trustees will take final action on the Show-Cause Order.

Pathways Assignment

An institution placed on Show-Cause is removed from any reaffirmation pathway until it is removed from Show-Cause.

If, at the conclusion of the Show-Cause period, the Board of Trustees removes the institution from Show-Cause and does not withdraw accreditation or place the institution on Probation or take other action related to a finding of non-compliance, the Board shall assign the institution to the Standard Pathway. The institution will have an evaluation to reaffirm accreditation no later than four (4) years after the Board acts to remove Show-Cause and depending on the previous date of reaffirmation although the Board may set the reaffirmation date earlier, and the institution will be set in the Standard Pathway accordingly. The Board may also require interim monitoring as a part of its action. The institution will remain on the Standard Pathway until it completes a full ten (10) year cycle and is then reaffirmed without further sanction at which time it may be considered for **another Pathway** ~~the open or AQIP Pathways~~.

Substantive Change During the Show-Cause Period

The Commission will not consider for approval any substantive change during the Show-Cause period **other than a Provisional Plan as required under this policy and any accompanying Teach-Out**

Agreements, unless the institution can demonstrate that the change is required by law or by the requirements of a specialized accreditor or is essential for the institution to demonstrate compliance with the Criteria for Accreditation or Federal Compliance Requirements or to remain fiscally viable. Even if the Commission accepts the application after this showing of necessity, the application will be subject to strict scrutiny by the Commission and may be denied or deferred by staff or by the Institutional Actions Council Committee for consideration by the Commission after the Board has removed Show-Cause. An approval of a substantive change for an institution on Show-Cause is not indicative of a determination by the Commission that an institution has corrected identified areas of probable non-compliance.

An institution on Show-Cause is not eligible for the Notification Program for Additional Locations and shall be removed from that program by staff after being placed on Show-Cause. The institution may not reapply until it has completed ten (10) years in good standing as required for access to the Notification Program for Additional Locations.

Public Disclosure of Show-Cause

A Public Disclosure Notice for an institution on Show-Cause will be available on the Commission's website after, but not more than twenty-four (24) hours after, the Commission notifies the institution of the action issuing the Show-Cause Order. An institution on Show-Cause must notify its Board members, administrators, faculty, staff, students, prospective students, and any other constituencies about the action in a timely manner not more than fourteen (14) days after receiving the action letter from the Commission; the notification must include information on how to contact the Commission for further information; the institution must also disclose this status whenever it refers to its Commission accreditation.

Show-Cause Evaluation Visit

An institution under a Show-Cause Order shall undergo a Show-Cause Evaluation Visit by the Commission according to a schedule set by the Commission's Board of Trustees in placing the institution on Show-Cause. The evaluation will review the institution's compliance with all the Criteria for Accreditation and Federal Compliance Requirements and conformity with the Assumed Practices. The visit will be narrowly tailored at the Commission's discretion to make this key determination.

A team of peer reviewers appointed by Commission staff in accordance with Commission procedures shall conduct a visit to the institution's main campus and other institutional locations as determined by the Commission based on its policies and procedures; for institutions that offer only distance or correspondence education, the team shall conduct its on-site visit to the institution's administrative offices but may include other institutional locations.

The length of the visit shall be three (3) days, but the Commission shall retain discretion to lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues.

The President of the Commission shall determine whether the institutional liaison or other Commission staff member will accompany evaluation visits related to Show-Cause.

Institutional Responses to the Show-Cause Evaluation Visit Report

An institution shall have the opportunity to provide a written response to the written report of a Show-Cause evaluation following Commission policies for the provision of institutional responses. An institution shall have at least two (2) weeks to prepare and submit an institutional response to the team report prior to review and action through the Commission's decision-making processes.

Policy History

Last Revised: November 2018

First Adopted: June 2000

Revision History: June 2006, November 2012, February 2014, February 2015, November 2018

Notes: Policies combined November 2012 – 2.5(c), 2.5(c)1, 2.5(c)2, 2.5(c)3

Related Policies: INST.E.70.010 Special Protocols Related to Adverse Actions, INST.B.30.040 Public Disclosure, COMM.B.10.010 Staff Role and Responsibility

Policy Title: Routine Monitoring and Data Collection

Number: INST.F.10.010

Monitoring on Pathways. An institution on the Standard, or Open, or AQIP Pathway may be required to file one or more interim reports. An institution on the Standard or AQIP Pathway may be required to host one or more focused visits. Such monitoring shall be appropriate in circumstances where the team has concluded that the Commission should review the institution's progress in addressing a serious issue at the institution, the resolution of which is relevant to the institution's

future compliance with, or improvement regarding, the Criteria for Accreditation. Commission staff may seek external assistance from peer reviewers or individuals with appropriate expertise who do not participate as peer reviewers in the evaluation process related to monitoring but provide particularized advice and assistance where appropriate to Commission staff or evaluation team members.

Other Monitoring. An institution, regardless of its pathway, is always subject to monitoring in the form of interim reports or focused evaluations related to review by the Commission of the following: financial and non-financial indicators; a change of control, structure or organization transaction; substantive change; complaints; conformity with Assumed Practices; or other Commission investigation or review.

Process for Requiring Monitoring. An evaluation team or staff may recommend that an institution be required to file an interim report or host a focused on-site evaluation on one or more topics. An appropriate decision-making body, or Commission staff where allowed by Commission policy, shall determine whether the monitoring is appropriate for the institution, and, if so, shall act to approve such monitoring.

For an institution that is being considered for initial accreditation, such monitoring shall be appropriate in conjunction with the grant of initial accreditation only when the monitoring is with regard to a discrete issue and does not call into the question the institution's compliance with the Criteria for Accreditation, in which case the institution will not be granted initial accreditation.

Interim Reports. An institution shall submit a required interim report according to the due date established in the action calling for the interim report. Staff will review and prepare a written analysis of all reports and may act on behalf of the Commission to accept the report or require additional reports on the same or related topic or may recommend to the Commission's decision-making bodies that further monitoring, including new interim reports or focused visits, as appropriate to the institution's Pathway assignment, be required on the same topics identified in the action or on other topics.

Focused Visits. An institution on the Standard or AQIP Pathway shall host a focused visit according to the date established in the action calling for the focused visit. The institution shall submit a focused report to the Commission prior to the evaluation on the topics identified in that action prior to the focused visit. Commission staff may expand the focus of the evaluation where appropriate to review additional topics of concern to the Commission. The focused visit shall be conducted by a team of Commission Peer Reviewers appointed by Commission staff. The length of the focused visit shall be

one and one-half days, but the Commission may lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues.

The focused visit team will prepare a written report addressing the topics of concern identified in the action calling for the focused visit and any areas of concern raised by Commission staff and identifying deficiencies, if any, at the institution. The focused visit team report shall include a recommendation for Commission action either accepting the institution's focused report or calling for additional monitoring, sanction or withdrawal of accreditation. The institution shall have the opportunity to file a written response to the focused visit report prior to a decision-making body acting on the report. Focused visit reports will be considered through the Commission's regular review and decision-making processes.

Data Reporting From Affiliated Institutions

All affiliated institutions will complete data reports for the Commission; such reporting will occur annually as well as periodically. The Commission, with oversight as appropriate from the Board of Trustees, will determine the contents of this reporting to assure that it addresses potential or developing problems with an institution's compliance with accrediting requirements and institutional stability, as well as solicits updated information on the scope of activities of each affiliated institution. Data required from each institution will include, at minimum, annual financial information, headcount and enrollment, measures related to student achievement, and other indicators. The data reporting will provide the Commission with sufficient information to understand and respond to significant shifts in an institution's capacity and/or scope of educational activities.

Institutional Contact for Data Reporting

To assure that the organization provides accurate and consistent information, each affiliated organization identifies a liaison who will bear administrative responsibility for submitting the report in a timely manner. Commission training will be available for those liaisons.

Commission Follow-Up to Institutional Data

In reviewing and analyzing institutional data, the Commission will look at relationships among a variety of indicators and other information in any given year or over several years. If those relationships suggest that the organization may be experiencing problems or very rapid change, the Commission will ask the organization to submit an explanation of the data. In particular, the Commission will ask institutions that were identified through review of information about student

achievement for more information about student academic achievement at those institutions. The Commission staff may forward data, and any explanation or other information provided by the institution, to a Financial or Non-Financial Panel for further review. If non-financial data, particularly enrollment information, and any other information submitted by the institution, are indicative of problems, rapid change, significant growth, or require validation, the Commission staff may call for an on-site evaluation as soon as possible; require that an institution address concerns arising from these data in the next evaluation process; or recommend to the Institutional Actions Council additional institutional monitoring through any process provided for in Commission policy and procedure.

Monitoring of Student Enrollment Growth

The Commission will monitor enrollment growth through institutional annual data reporting and will monitor on an ongoing basis growth in enrollment and programs at those institutions that have significant enrollment growth as defined in Commission procedures. The Commission will ask institutions that have been identified through the annual data reporting process as having significant enrollment growth to provide information about enrollment growth at the program level. The Commission may take follow-up action.

Surveying of Students

The Commission may survey students of an institution to gather information about their experience at the institution prior to a site visit at the institution scheduled by the Commission. The Commission will provide aggregate data resulting from the survey to the institution under review and the evaluation team prior to the visit. The institution will have an opportunity to provide additional information or other data in response to the student survey data to the evaluation team and the Commission prior to the visit.

Policy History

Last Revised: November 2018

First Adopted: November 1999, February 2003, February 2007

Revision History: February 2001, February 2007, February 2009, February 2010, November 2010, June 2012, November 2012, April 2013, February 2014, June 2014, November 2018

Notes: Policies combined November 2012 – 3.6, 3.6(a), 1.3, 1.3(a), 1.3(b), 1.3(c)

Related Policies:

Policy Title: Official Records

Number: INST.G.10.020

The Commission will transmit all documents and communications to an affiliated or applying institution or to other parties through electronic means whenever possible. The Commission will expect that all affiliated and applying institutions receive Commission communications transmitted electronically and that such institutions submit all documents, including self-studies, and communications electronically whenever possible. When the Commission withdraws the accreditation of an institution or imposes a sanction, the Commission will ensure that the institution receives the letter conveying the action by also sending a certified copy.

When an institution submits correspondence or other documents in a non-electronic form, the Commission reserves the right to digitize the document, to archive the electronic representation thereof and treat that representation as the original, and to destroy the non-electronic submission. The Commission record will then consist of the electronic version.

Official Records of Commission Processes and Actions

While the various review processes allow for frequent, clear and open communication between the institution and the Commission, the record of official action will be the action letter signed by the President and accompanied by a newly-adopted Statement of Accreditation Status.

Official Action of the Commission

The official relationship between an affiliated institution and the Commission will be recorded in the action letter, which is accompanied by appropriate documents that summarize the accrediting relationship or identify relevant aspects of that relationship. Such documents typically include at minimum the Statement of Accreditation Status (SAS) and the Organization Profile (OP) or any other comparable document developed by the Commission to summarize officially the key components of the relationship and other information about the institution.

Statement of Accreditation Status

The Statement of Accreditation Status (SAS) provides official information regarding the conditions of the institution's accreditation with the Commission. Such information will include, but is not

restricted to, the type of affiliation the institution has with the Commission; sanctions, if any, attendant to that status; the date of the institution's next comprehensive evaluation; and any monitoring the institution must undergo prior to that evaluation. Other information relevant to the facts of the institution's relationship with the Commission may be added.

The SAS is accompanied by the Organizational Profile (OP), a summary of data provided to the Commission by each affiliated institution. It is updated annually after the Commission receives the institution's annual data report and may be updated at the time of action by any Commission decision-making body or by Commission staff. The SAS and OP are public documents and are posted on the Commission's website.

Changes to the SAS. Staff may act on its own initiative or at the request of an institution to approve the following changes to the SAS: editing with non-substantive amendments; and changing the date of upcoming evaluations or filing of reports by no more than one year and not to exceed the maximum timeframe for evaluation visits provided in Commission policy.

Staff may recommend to the Institutional Actions Council for review and action on the staff's own initiative or at the request of an institution the following changes to the SAS: substantive amendments including modifications to the Stipulations section; and changing the date of upcoming evaluations or filing of reports by more than one year or beyond the maximum ten years required for a comprehensive evaluation.

Communication With the Institution

Through all accrediting processes, the Commission office will transmit its formal and official communications to an institution through the chief executive officer (CEO). A copy of the official action letter will also be provided to the chair of the institution's governing board. The Commission will also communicate with the individual identified by the institution as the Accreditation Liaison Officer. The responsibilities of the Accreditation Liaison Officer will be specified in Commission procedure.

Exit Session

An evaluation visit will normally conclude with a meeting between the evaluation team and the CEO of the institution. With the agreement of the team chair, the institution's CEO may invite other persons to attend the meeting. At this meeting the chairperson of the team will explain the next steps in the evaluation process, including identifying any additional information the team may need, and

may orally summarize the team's preliminary findings. The team's oral summary of its preliminary findings may differ from the findings and recommendations provided in the draft or final written report. The oral summary is not a part of the official record of the evaluation and should not be relied on by the institution to make any public announcement regarding the outcome of the evaluation or to take other action.

Distribution of the Team Report

The final team report will be part of the official record of the evaluation. The staff will be responsible for submitting copies of it to the CEO of the institution who will be expected to distribute the report internally and to determine whether wider distribution of it is warranted. The staff will also forward copies of the report to persons designated by the Commission to participate in the various review processes.

Institutional Responses Within the Processes

The CEO of the institution is expected to file written responses to any of the following:

1. an evaluation team's report and recommendations;
2. a decision of a First Committee (Level 1) of the Institutional Actions Council calling for substantial modifications in the action;
3. a recommendation of a First Committee (Level 1) or Second Committee (Level 2) regarding initial status, sanction, denial or withdrawal of status;
4. desk review or panel recommendations;
5. staff recommendations or reports regarding Change of Control, Structure or Organization or changes in the institution's accredited relationship with the Commission as reflected in the Statement of Affiliation Status; or
6. a recommendation of the Commission President for sanction, denial or withdrawal of status.

The CEO shall submit the written response within two weeks of receipt of the final evaluation team report. The response shall be considered in the review processes prior to the final action, including adverse action, and becomes a part of the official record of the process.

The documents identified in this section constitute the official record of the Commission's interaction with an institution. These documents are: team reports, institutional responses, recommendations from a First Committee (Level 1) or Second Committee (Level 2) of the Institutional Actions Council, analyses of required reports and change requests, ~~specific documents identified within the AQIP processes,~~ and all official letters from the Commission detailing actions taken regarding the institution's relationship with the Commission. The participants in those processes will be identified in the documents.

Other documents, including those documents developed by the staff to assist in specific processes and information regarding oral interactions, will not, except for good and sufficient cause, be included in materials provided in future review processes and will not be considered to be part of the official record of the interaction.

Definition of Official Records of a Process

The documents identified in this section constitute the official record of the Commission's interaction with an institution. These documents are: institutional self-studies and other materials submitted in preparation for Commission review; other reports and change applications submitted by the institution; team or panel reports; institutional responses; recommendations from an Institutional Actions Council Hearing Committee; analyses of required reports and change requests; ~~specific documents identified within the AQIP processes,~~ and action letters and all other official letters from the Commission regarding the institution's relationship with the Commission. The participants in those processes will be identified in the documents. For institutions applying for accreditation or accredited within the past ten years official records will also include documents arising from the current or any previous Eligibility Process or candidacy involving the institution.

Other documents, including those documents developed by the staff to assist in specific processes and information regarding oral interactions, will not, except for good and sufficient cause, be included in materials provided in future review processes and will not be considered to be part of the official record of the interaction.

Retention of Official Records

Through its record retention program, the Commission will maintain the official records of accredited institutions for at least the last full ten-year accreditation cycle, and, of applying institutions, for the institutions' Eligibility Process and candidacy reviews.

Policy History

Last Revised: November 2018

First Adopted: February 2012, November 1998, February 2001, February 2007, November 1998, February 1996

Revision History: revised February 2002, February 2009, June 2011, November 2010, November 2012, November 2018

Notes: Policies combined November 2012 - 2.4, 2.4(a), 2.4(b), 2.4(b)1, 2.4(c), 2.4(d), 2.4(e), 2.4(f), 2.4(g), 2.4(h), 2.4(i)

Related Policies: INST.B.30.040 Public Disclosure, INST.G.10.010 Management of Commission Information, INST.F.10.010 Routine Monitoring

Policy Title: Standards of Conduct

Number: PEER.A.10.040

The Commission expects Peer Reviewers to behave with the highest level of ethics and integrity while conducting any activity for the Commission. Peer reviewers must abide by appropriate and ethical standards of conduct to assure the public and the higher education community that evaluations have been carried out objectively and with the goal of assuring the public good.

While participating as Peer Reviewers in any institutional evaluation, hearing or other Commission activity as a Peer Reviewer, Peer Reviewers shall agree to abide by the following Standards of Conduct:

Peer Reviewers:

1. Conduct themselves with appropriate dignity and professionalism while representing the Commission.
2. Treat all institutional representatives, members of the public, fellow peer reviewers and Commission staff with courtesy and respect.
3. Adhere to the Commission's Policy on Objectivity and Conflict of Interest and disclose any actual or apparent conflicts to the Commission staff in advance of accepting any assignment.
4. Avoid representing interests that conflict or compete, or provide the appearance of conflict, competition or bias, with the fair and objective review of every institution.

5. Act with competence in all Commission activities by reading assigned materials in advance, reviewing Commission requirements, attending required training, and participating in all evaluation activities as outlined by Commission staff.
6. Follow the Commission policy for Peer Reviewers on Independent Consulting and guidelines on independent consulting and mock visits.
7. Decline any offer of gifts, incentives, or other compensation from any institution under review unless those gifts are nominal in nature (less than \$50 fair market value per individual gift) or of significance in a particular cultural context and notify the Commission staff of an offer of such gift that exceeds this threshold. (Note that the institution may provide a meal or social function for an evaluation team or other Commission group provided that the function is conducted simply and at reasonable cost.)
8. Act with appropriate fiscal moderation while conducting an institutional evaluation or other Commission activity and provide an accurate and honest reporting of all expenses incurred during that activity.
9. During an evaluation visit to an institution and for a period of one year after Commission action in the evaluation, refrain from seeking employment from or accepting employment, or any future relationship, with the institution under review.
10. During an evaluation visit to an institution and for a period of one year after Commission action in the evaluation, refrain from seeking to employ or otherwise hire or retain any employee of the institution under review.
11. Protect confidential information received through the Commission's processes and observe the Commission Policy on Confidentiality.
12. Refrain from commenting on the details of any institutional review in which they have been engaged unless compelled by legal process.
13. Cooperate in any legal process in which the Commission or its Board of Trustees or staff have become engaged, refrain from responding to any inquiries related to legal action made by institutions or their counsel, and direct such inquiries to Commission staff.

Policy on Objectivity and Conflict of Interest. Peer Reviewers must be able to render impartial and objective decisions on behalf of the Commission. Therefore, the Commission will not knowingly

allow any person whose past or present activities could affect his or her ability to be impartial and objective to participate in an institutional evaluation (Assurance Review, Focused Visit, Change Panel or Visit, ~~or AQIP process~~). Peer Reviewers will inform the staff of the Commission of any barrier to impartiality and objectivity known to them.

Confirmation of Objectivity Form. Through the Confirmation of Objectivity form a Peer Reviewer affirms a commitment to, and capacity for, impartiality. Before participating in any institutional evaluation each Peer Reviewer will sign a Confirmation of Objectivity form regarding each institution being evaluated. Before participating in any panel review, each Peer Reviewer will sign or orally agree to a Confirmation of Objectivity for each institution under consideration.

The Confirmation of Objectivity form will identify situations involving conflict of interest as well as provide examples of other situations that raise the potential for conflict of interest. The form will require that the person disclose any such conflicts, predisposition, or affiliation that could appear to jeopardize objectivity. When appropriate, Commission staff will notify the institution of that potential and will consult with the Peer Reviewer and the institution regarding that person's suitability for the assignment. The Commission staff reserves final responsibility for determining whether the Peer Reviewer who has identified a potential bias or predisposition will participate in an institutional evaluation, or review.

Policy on Confidentiality. In all Commission accreditation processes, a Peer Reviewer must agree to keep confidential any information provided by the institution under review and information gained as a result of participating in any part of the Commission's review processes. Confidential information includes, but is not limited to:

1. Information about the institution not available to the public through the institution's own program to share information and its reporting to the Federal Government (IPEDS);
2. Information the institution identifies as "proprietary" such as recruitment strategies including pricing policies, new strategic initiatives being considered or planned for, impending but not public changes in personnel, legal activities not yet part of the public record, planned acquisitions or mergers, courseware and software created by the institution for its own use;
3. Information provided in the institutional self study report or Assurance Filing, and information made available in the resource room or electronically including such documents as personnel files, minutes of meetings, transcripts of grievances and hearings, management

letters from external auditors, reports from internal and external quality assurance activities (i.e., reports from specialized accrediting agencies or program reviews);

4. Information identified explicitly by the institution as “Confidential”;
5. In clinical settings, patient identity, history, and all other information related to the patient’s involvement with the clinic;
6. Information shared orally during an on-site visit and any face-to-face hearing that might be part of the Commission’s review processes.

Keeping information confidential requires that the Peer Reviewer not discuss or disclose institutional information except as needed to further the purpose of the Commission’s evaluation processes. It also requires that the Peer Reviewer not make use of the information to benefit any person or organization. Maintenance of confidentiality survives the evaluation visit and continues after the process has concluded.

Independent Consulting

To avoid the appearance of possible conflict of interest in the accreditation process, no Peer Reviewer who evaluated an institution will serve as an independent consultant to that institution for a period of three years following the official Commission accrediting action. In addition, no Peer Reviewer will participate in an evaluation of an institution for which that Peer Reviewer served as an institutional consultant in the previous ten years.

Peer Reviewers will disclose to the Commission on an annual basis all consulting activities related to an institution accredited by the Commission or related to accreditation and will agree to inform any institution or other entity with which the Peer Reviewer is developing a consulting relationship that the Peer Reviewer is acting in a personal capacity and is not representing the Commission.

Any Peer Reviewer who violates this policy will be removed automatically from the Peer Review Corps.

Violations of the Standards of Conduct. The Commission staff will investigate allegations that a Peer Reviewer has violated the Standards of Conduct and may ask the Peer Reviewer or others involved to provide information. If there is a determination that a Peer Reviewer has violated a Standard of Conduct, the President of the Commission may issue a letter of reprimand or may ask a Commission

staff member to provide a verbal warning to the Peer Reviewer. The Commission may end the term of the Peer Reviewer prior to the regular completion date.

Policy History

Last Revised: November 2018

First Adopted: January 1983, February 1984, August 1990, February 2001, November 2006

Revision History: October 2003, November 2012, April 2013, November 2018

Notes: Policies combined in November 2012 – 5.1, 5.1(a), 5.2, 5.3, 8.2

Related Policies: