

*Southern Association of Colleges and Schools*

*Commission on Colleges*

*1866 Southern Lane*

*Decatur, Georgia 30033-4097*

**Differentiated Review Verification Form**

***All sections of this form must be completed.***

Institution:

Reaffirmation Class:

Institution Track:

Institution CEO Name:

Institution CEO Telephone Number:

Institution CEO Email Address:

Institution Accreditation Liaison Name:

Institution Accreditation Liaison Telephone Number:

Institution Accreditation Liaison Email Address:

**Has the institution experienced a change in the CEO position in the past five (5) years (since July 1, 2015)?**

Yes

No

**If yes, provide a clear statement of the nature and purpose of the change.**

**Has the institution experienced a significant (20% or more) increase/decrease in enrollment over the past five (5) years (since July 1, 2015)?**

Yes

No

**If yes, provide a clear statement of the nature of the enrollment changes for the past five (5) years (since July 1, 2015).**

**Has the institution experienced issues with board/administrative distinction in the past five (5) years (since July 1, 2015)?**

Yes

No

**If yes, provide a clear statement of the nature of the issues with board/administrative distinction which occurred in the past five (5) years (since July 1, 2015).**

**Has the institution been placed on sanction from a programmatic, professional or national athletic association or accreditor in the past five (5) years (since July 1, 2015)?**

Yes

No

**If yes, provide a clear statement which includes the accreditor, sanction, and year of sanction which occurred in the past five (5) years (since July 1, 2015).**

By signing below, we attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(name of institution)* has conducted an honest assessment of compliance and has provided complete and accurate disclosure of timely information regarding compliance with the identified Standards of the *Principles of Accreditation*.

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accreditation Liaison**

**Name of Accreditation Liaison**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Executive Officer**

**Name of Chief Executive Officer**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Approved July 2020*