

HANDBOOK FOR REAFFIRMATION OF ACCREDITATION



Southern Association of Colleges and Schools
Commission on Colleges

SECOND PRINTING

HANDBOOK FOR REAFFIRMATION OF ACCREDITATION



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Second Printing

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of the Southern Association of Colleges and Schools

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CONTENTS

Preface	vii
Part I: An Overview of Accreditation and the Reaffirmation of Accreditation Review Process	1
The Purpose and Process of Accreditation	1
Benefits of the Internal Institutional Analysis	3
Documents of the Accreditation Process	3
Steps in the Accreditation Reaffirmation Process	5
Schedule and Reporting Deadlines	6
The Role of Review Committees	7
The Role of Institutional Leadership	8
<i>The Leadership Team</i>	8
<i>The Chief Executive Officer</i>	9
<i>The Accreditation Liason</i>	9
The Role of the Commission Staff	10
Part II: Compliance Certification.....	11
Leadership for Institutional Analysis of Compliance	11
Conducting the Compliance Review	12
Documenting Compliance	14
<i>Sources of Documentation</i>	14
<i>Presentation of Documentation</i>	15
Evaluating the Evidence Supporting Compliance	17
Making the Case for Compliance.....	18
Reporting and Communication Format	18

Part III: The Quality Enhancement Plan.....21

The Nature and Purpose of the Quality Enhancement Plan21

The Meaning of Student Learning in the Context of the QEP22

Institutional Support of the QEP22

Developing the QEP.....23

Leadership.....23

Identifying and Selecting the Focus23

Resources Needed for the QEP25

Elements of the QEP25

Time Needed for Developing the QEP26

Evaluating the QEP27

The Institution’s Evaluation of Its QEP.....27

The On-Site Review Committee’s Evaluation of the QEP....27

Part IV: The Review of the Institution29

The Off-Site Review29

The Role of the Off-Site Review Committee29

Composition of the Off-Site Review Committee30

*Materials Sent to Off-Site Review Committee Members
 and to the Commission*.....30

The Report of the Off-Site Review Committee.....32

Activities Following the Off-Site Review.....33

On-Site Review33

The Role of the On-Site Review Committee.....33

The Composition of the On-Site Review Committee.....34

*Materials Sent to On-Site Review Committee Members
 and to the Commission*.....34

Preparations for the On-Site Review Committee Visit35

The Visiting Committee on Campus36

The Reaffirmation Report.....36

Exit Conferences37

Following the On-Site Visit37

The Review by the Commission on Colleges.....38

The Impact Report of the QEP on Student Learning38

Additional Policies and Guidelines.....38

Appendices	39
Appendix A: Compliance Certification Form (excerpt).....	39
<i>Directions</i>	40
<i>Core Requirements</i>	41
Appendix B: Responsibilities of the Accreditation Liaison	43
<i>The Role of the Accreditation Liaison</i>	43
<i>Activities to Help You Prepare for the Accreditation Liaison Role</i>	45
<i>Decisions to Facilitate with the Leadership Team</i>	46
Appendix C: Examples of Narratives for the Compliance Certification	47
<i>Examples of Full Compliance</i>	48
<i>Example of Partial Compliance</i>	49
<i>Example of Non-Compliance</i>	51
Appendix D: Suggested Documentation and Methods for Reporting Compliance Status.....	53
<i>Core Requirements</i>	54
<i>Comprehensive Standards</i>	59
Appendix E: List of Other Revelant Documents Available on Web Page of the Commission on Colleges.....	73

PREFACE

This *Handbook for Reaffirmation of Accreditation*, authorized by the Executive Council of the Commission on Colleges and partially funded by The Pew Charitable Trusts, has been developed for use by institutions engaged in the process of review for the purpose of reaffirmation.

The Commission on Colleges' adoption of the *Principles of Accreditation: Foundations for Quality Enhancement* marked a new era in the approach used for granting and reaffirming accreditation of the Commission's member institutions. The *Principles of Accreditation* should be closely reviewed and extensively used along with this handbook.

While this handbook provides general guidelines for the Leadership Team responsible for managing the institutional review, it also should be helpful to all participants involved in the process. This is the second printing and as professional practice and consensus continues to inform the process of reaffirmation under the *Principles of Accreditation*, the handbook will be revised and institutions will be made aware of any changes incorporated.

While many individuals have contributed their time and expertise to the development of this handbook, we extend special appreciation to the leadership of the eight pilot institutions, the evaluators of the pilot project, and the members of the task forces for their dedication to the creation and fine tuning of this new review process and for their willingness to share their time and talent in the development of this and other support documents.

James T. Rogers
Executive Director
Commission on Colleges
Southern Association of Colleges and Schools

PART I

AN OVERVIEW OF ACCREDITATION AND THE REAFFIRMATION OF ACCREDITATION REVIEW PROCESS

Part I of this handbook presents an overview of the philosophy of accreditation and the reaffirmation of accreditation review process. Subsequent parts provide guidance for institutions conducting an internal assessment of their compliance with the Commission's accreditation standards to prepare for the external evaluation of compliance by off-site and on-site review committees. The Core Requirements, Comprehensive Standards, and federal regulations for accreditation are included in the Commission on College's *Principles of Accreditation: Foundations for Quality Enhancement*.

The *Principles of Accreditation* and the *Handbook for Reaffirmation of Accreditation*, along with Commission on Colleges policies and procedures, are the primary sources of information developed by the Commission to assist institutions in fulfilling their responsibilities in the accreditation process. When references in this handbook are made to the Core Requirements and Comprehensive Standards, they are meant to include the federal regulations. The federal regulations are requirements in the *1998 Higher Education Amendments* that the regional accrediting agencies must incorporate into their standards and enforce.

The Purpose and Process of Accreditation

Accreditation in the United States is a voluntary and self-regulatory mechanism of the higher education community. It plays a significant role in fostering public confidence in the educational enterprise, in maintaining standards, in enhancing institutional effectiveness, and in improving higher education. It also provides the basis on which colleges and universities can be assured that accredited institutions have complied with a common set of requirements and standards.

The adoption in 2001 of the *Principles of Accreditation* by the Commission on Colleges introduced significant changes in the approach to accreditation. The institution's effectiveness and its ability to create and sustain an environment that enhances student learning is the focus of this new approach. The process is designed to determine the quality of an institution within the framework of its mission, its goals, and its analysis of and response to crucial institutional issues.

There are four paramount concepts on which the success of the accreditation process depends. One is the belief that the accreditation of institutions should be conducted by peer reviewers, a process whereby institutional effectiveness and quality are professionally judged by peers from institutions of higher education whose expertise and experience are essential to their ability to exercise professional judgment. A second concept is institutional integrity and the assumption that all information disseminated by an institution seeking accreditation is truthful, accurate, and complete and that all of its dealings with its constituencies and the public are honest and forthright. A third concept is the institution's commitment to quality enhancement and continues improvement. The last paramount concept is the institution's focus on student learning and its effectiveness in supporting and enhancing student learning.

The accreditation process also assumes that *all* participants in the process will conduct their responsibilities with integrity, objectivity, fairness, and confidentiality.

In summary, the philosophy and process presented in the *Principles* are based on the expectation that accredited institutions will have made a commitment to:

- Comply with the Core Requirements and Comprehensive Standards contained in the *Principles* and the policies and procedures of the Commission on Colleges.
- Enhance the quality of its educational programs.
- Focus on student learning.
- Ensure a “culture of integrity” in all of its operations.
- Recognize the centrality of peer review to the effectiveness of the accreditation process.

Benefits of the Internal Institutional Analysis

An institution can derive numerous benefits from its internal assessment and determination of the extent of its compliance with the Core Requirements and Comprehensive Standards contained in the *Principles of Accreditation: Foundations for Quality Enhancement*. Among these benefits are the institution's opportunities to:

- Examine its mission statement to determine whether it accurately reflects its values, aspirations, and commitments to constituent groups.
- Review its goals, programs, and services to determine the extent to which they reflect its mission.
- Use the analysis of its compliance with the Core Requirements and Comprehensive Standards to evaluate the effectiveness of its programs, operations, and services.
- Strive for a level of performance that will challenge it to move beyond the status quo or beyond simply accepting a level of performance that, in its judgment, constitutes compliance with the accreditation requirements and standards.
- Build or enhance its database as an ongoing documentation of its continuous improvement as well as evidence of its compliance with the Core Requirements and Comprehensive Standards.
- Reinforce the concept of accreditation as an ongoing rather than an episodic event.
- Develop a Quality Enhancement Plan that will deal with an issue or issues that are important to its entire community and that demonstrate promise of making a significant impact on the quality of student learning.
- Strengthen the sense of involvement of all members of its community in enhancing institutional quality and effectiveness.
- Demonstrate its accountability to constituents and the public.

Documents of the Accreditation Process

Several documents are key elements of the reaffirmation process. They are:

1. ***Principles of Accreditation: Foundations for Quality Enhancement.*** *The Principles of Accreditation: Foundations for Quality Enhancement* is the primary source document describing the accreditation standards and process. Participants in the review process should consult it throughout the accreditation process. It contains the Core

Requirements and Comprehensive Standards with which institutions must comply in order to be granted candidacy, initial accreditation, or reaffirmation. The *Principles of Accreditation* contains four sections:

- Section 1 — Principles and Philosophy of Accreditation
- Section 2 — Core Requirements
- Section 3 — Comprehensive Standards
- Section 4 — Federal Regulations for Title IV Funding

The *Principles of Accreditation* states that “compliance with the Core Requirements is essential for gaining and maintaining accreditation with the Commission on Colleges. The requirements establish a level of development required of an institution seeking initial or continued accreditation. Compliance with the Core Requirements is necessary but not sufficient to warrant accreditation or reaffirmation of accreditation.”

In addition to compliance with the Core Requirements, the *Principles* also states that the “Comprehensive Standards establish a necessary level of accomplishment expected of all member institutions.” The Comprehensive Standards are grouped into three areas: 1) institution mission, governance, and effectiveness; 2) programs; and 3) resources.

Woven throughout the Comprehensive Standards are fundamental issues and processes that apply to many of the standards but that are not explicitly stated in all of them. The reason for this method of presenting the standards is to avoid redundancies. These recurring issues and processes include such topics as assessment of institutional effectiveness, evidence of planning and continuous improvement, adequacy of resources, quality of educational programs, and qualifications of faculty and staff. For instance, references to the process of assessment, planning, and use of evidence in improving programs and services may not be explicitly stated in standards related to all aspects of an institution’s operations, but these processes apply to all institutional programs and services.

2. **Compliance Certification.** The Compliance Certification is the document used by the institution in attesting to its determination of the extent of its compliance with each of the Core Requirements and Comprehensive Standards (and federal regulations for Title IV funding where appropriate). (See Appendix A, p. 39, for an excerpt from the Compliance Certification form.) The signatures of the chief executive officer and the accreditation liaison on the Compliance Certification form are a “bond of integrity” with the

Commission that represents the institution's honest, forthright, and comprehensive analysis attesting to the accuracy and completeness of its findings.

3. ***The Quality Enhancement Plan.*** The Quality Enhancement Plan (QEP) is a document developed by the institution that describes a course of action for institutional improvement crucial to enhancing educational quality that is directly related to student learning. The QEP is based upon a comprehensive analysis of the effectiveness of the institution in supporting student learning and accomplishing the mission of the institution.
4. ***Institutional Profiles.*** The Institutional Profiles are documents submitted annually to the Commission to provide updates of general institutional information, and financial and enrollment data. This information is maintained by the Commission and is made available to the Off-Site Review Committee to use in identifying financial trends and other indicators of institutional stability.
5. ***The Focused Report.*** The Focused Report is a document that an institution *may choose* to produce in response to a judgment by the Off-Site Review Committee regarding Core Requirements or Comprehensive Standards with which the committee found the institution to be in non-compliance, and those that the committee did not review. The Focused Report addresses the findings of the Off-Site Review Committee by providing updated or additional documentation regarding the institution's determination of its compliance with the Core Requirements or Comprehensive Standards in question. The Focused Report is made available to the members of the On-Site Review Committee for their review prior to the on-site visit. An institution is strongly encouraged to submit a Focused Report in order to allow the On-Site Committee to review outstanding compliance issues in advance of its visit so as to provide the Committee ample time on campus to concentrate on the acceptability of the institution's Quality Enhancement Report.

Steps in the Accreditation Reaffirmation Process

There are eight steps in the reaffirmation process that involve the institution, the Off-Site and On-Site Review Committees, and Commission staff. Each step may include several components that will be addressed in more detail throughout this handbook. They are:

1. The Commission staff conducts an orientation for the institution's Leadership Team.

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2. The institution prepares and submits its Compliance Certification and relevant supporting documentation (and annual institutional profiles) to the Commission on Colleges.
 3. The Off-Site Review Committee reviews the Compliance Certification and supporting documentation attesting to the institution's determination of its compliance with all Core Requirements and Comprehensive Standards with the exception of Core Requirement Twelve, which relates to the Quality Enhancement Plan. The Off-Site Committee prepares a report of its findings for each institution it reviews.
 4. The Commission staff communicates to the institution the findings of the report prepared by the Off-Site Review Committee. The institution *may choose* to submit a Focused Report in response to the committee's findings. The On-Site Committee receives a written copy of the Off-Site Committee's report and the institution's Focused Report, if one is submitted.
 5. The institution submits its Quality Enhancement Plan to the Commission.
 6. The On-Site Review Committee visits the institution to review and determine the acceptability of the QEP, to review areas of non-compliance and other areas of concern noted by the Off-Site Committee, and to review any areas of concern that surface during the visit. The On-Site Committee submits its report to the Commission.
 7. The institution prepares a response to the On-Site Committee's report and submits it to the Commission.
 8. The Commission reviews the findings included in the report of the On-Site Committee and the institution's response and takes action on the institution's reaffirmation.

Schedule and Reporting Deadlines

Each year approximately seventy-five to eighty institutions will be reviewed for reaffirmation of accreditation. In an effort to maintain a manageable and efficient review process, institutions are divided into two tracks. Track A is for institutions that offer undergraduate degrees only. Track B is for institutions that offer undergraduate and graduate degrees or that offer graduate degrees only. The institution's reaffirmation date (year) is referenced as Year

Three in the following schedule and plans to follow the schedule for the appropriate track and to submit reports on the deadlines specified should be developed accordingly. (Refer to the Commission's Web site for specific dates for institutions currently in the process.)

Track A — Undergraduate Degrees Only

Year One

Orientation of Leadership Teams — last Monday in January

Year Two

Compliance Certification due — March 15

Off-site review conducted — third week in May

Quality Enhancement Plan due — six weeks prior to the on-site review

On-site review conducted — September 1 – Thanksgiving

Year Three

Review by the Commission on Colleges — third week in June

Track B — Undergraduate and Graduate Degrees or Graduate Degrees Only

Year One

Orientation of Leadership Teams — second Monday in June

Year Two

Compliance Certification due — September 10

Off-site review conducted — second week in November

Year Three

Quality Enhancement Plan due — six weeks prior to the on-site review

On-site review conducted — Mid January – third week in April

Review by the Commission on Colleges — first week in December

The Role of Review Committees

Two review committees, the Off-Site Review Committee and the On-Site Review Committee, are charged with assessing institutional compliance. The Off-Site Committee reviews several institutions that have submitted Compliance Certifications and is charged with determining whether each institution is in compliance with all Core Requirements, except Core Requirement Twelve, which deals with the Quality Enhancement Plan (QEP), with all Comprehensive Standards, and with the federal regulations. The assessment by the Off-Site Review Committee is conducted in two phases. First, a preliminary review of each institution is completed by individual committee members prior to the full committee meeting. Second, the committee meets in Atlanta to

reach consensus about its findings and develop a report of its findings.

The On-Site Review Committee is charged with determining whether an institution is in compliance with Core Requirement Twelve (QEP) and with all Core Requirements and Comprehensive Standards for which the report of the Off-Site Review Committee indicated “non-compliance,” or “did not review.” The On-Site Review Committee will not review further the Core Requirements and Comprehensive Standards with which the Off-Site Review Committee has determined the institution to be in compliance unless concerns arise during the on-site visit that justify a review.

More information concerning the specific tasks of each committee and the process followed by each one can be found in the *Handbook for Review Committees*.

The Role of Institutional Leadership

The Leadership Team

The Commission on Colleges requires that institutions establish a Leadership Team to manage and validate the internal institutional assessment of compliance with all Core Requirements and Comprehensive Standards. The team should include individuals who have the skills, knowledge, and authority to lead in this total institutional effort. The team should not be large, but its membership should include the chief executive officer, the chief academic officer, the accreditation liaison, and a representative faculty member.

The responsibilities of the Leadership Team include, but are not limited to:

- Coordinating and managing the internal review process, including developing the structure and timelines for ensuring the timely completion of all tasks and attending the orientation session conducted by the Commission on Colleges. The orientation session is limited to four people from each institution and the institution’s finance officer.
- Overseeing the institutional review of the extent of compliance with the *Principles of Accreditation* and the documentation of evidence supporting the extent of compliance.

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- Developing the Focused Report, if the institution so chooses.
 - Overseeing the development of the QEP.
 - Ensuring that the institutional community is engaged in the review process and is informed of the progress of the review.
 - Overseeing arrangements for the on-site visit.
 - Ensuring that the appropriate follow-up activities are in place to address compliance issues and to monitor the progress of the QEP.

The Chief Executive Officer

The chief executive officer is expected to provide active leadership and ensure continuing support for the process. Additionally, he or she is responsible for the following:

- Ensuring the integrity of the internal review process and the accuracy of the Compliance Certification.
- Providing adequate personnel and financial resources to support the review process.
- Reviewing progress reports and providing feedback.
- Informing the institution's governing board on a periodic basis concerning matters related to the review.
- Assuring on-going compliance with the *Principles of Accreditation* and with Commission standards, policies, and procedures during the intervening years of reaffirmation.

The Accreditation Liaison

Each institution is required to have an accreditation liaison; this person is normally someone other than the chief executive officer. This individual has an important role in the review process. In the intervening years between accreditation reviews, the accreditation liaison is also responsible for ensuring the timely submission of annual institutional profiles and other reports as requested by the Commission. With the chief executive officer, the accreditation liaison is responsible for the accuracy of all information submitted to the Commission and for ensuring ongoing compliance with Commission standards, policies, and procedures beyond reaffirmation. (See Appendix B, p. 43, for a complete description of the responsibilities of the accreditation liaison.)

Leadership for the Compliance Certification and for the development of the QEP will be discussed in subsequent parts of this handbook.

The Role of the Commission Staff

The Commission on Colleges will provide one-day orientations for the Leadership Teams from institutions that are beginning the process for reaffirmation of their accreditation. This orientation will take place in Atlanta.

The Commission staff member assigned to the institution will assume responsibility for:

- Establishing a positive working relationship with the institution's Leadership Team.
- Assisting in conducting the orientation for the Leadership Team.
- Providing information to the institution that it will need in carrying out its responsibilities during the review process.
- Providing appropriate advisory services related to the reaffirmation process.
- Meeting with the Off-Site Review Committee that is assigned to assess the institution's Compliance Certification and supporting documentation and respond to any questions that might arise concerning the certification or to clarify the application of the requirements and standards.
- Serving as liaison between the Off-Site Review Committee, the On-Site Review Committee, and the institution.
- Communicating the Off-Site Committee's report to the institution's leadership.
- Selecting, structuring, and advising the On-Site Review Committee and assisting the committee during its visit.
- Consulting with the institution in its response to the report, if appropriate.
- Continuing to work with the institution if the Commission requires follow-up activities related to compliance issues and/or the QEP.

PART II

COMPLIANCE CERTIFICATION

The Compliance Certification is the document completed by the institution that demonstrates its judgment of the extent of its compliance with each of the Core Requirements, Comprehensive Standards, and federal regulations as presented in the *Principles of Accreditation*. The Compliance Certification document is based upon the institution's internal analysis and assessment of its compliance with the requirements and standards using the documentation generated or assembled by the institution to support the conclusions that it has reached regarding its compliance. (See Appendix A, p. 39, for an excerpt from the Compliance Certification form. A complete copy is available on the Commission's Web site.)

The completed Compliance Certification document includes a page for the signatures of the institution's chief executive officer and the accreditation liaison. By signing the document, these individuals certify that the process of the institutional self-assessment has been thorough, honest, and forthright and that the information contained in the document is truthful, accurate, and complete.

It should be noted that Core Requirement Twelve, which deals with the Quality Enhancement Plan (QEP), is not included in the institution's analysis of the extent of its compliance with the other Core Requirements and Comprehensive Standards. The QEP is submitted later than the Compliance Certification submission date. Information regarding the institution's assessment of the extent of its compliance with Core Requirement Twelve is covered in Part III of this handbook.

Leadership for Institutional Analysis of Compliance

The institution's Leadership Team has the responsibility for overseeing the entire institutional review, including the production of the Compliance Certification and the QEP. Early in the institutional

review, the process for conducting the Compliance Certification review and for developing the QEP should be outlined, a timeline for the completion of tasks established, and individuals and groups to be involved in the process selected.

Institutions may choose to give the responsibility for conducting the institutional analysis of compliance to a committee formed specifically for this purpose, or they may assign this task to an existing committee or council. In either case, it is recommended that the group charged with this responsibility be composed of a director or chair and a relatively small number of members and involve:

- The institution's accreditation liaison in either an oversight or support role.
- Individuals who have access to the data and information required to prepare a report that substantiates the institution's assessment of compliance.
- Knowledgeable representatives from areas such as
 - Institutional research,
 - Finance and business,
 - Educational programs,
 - Student services,
 - Institutional effectiveness,
 - Libraries and other learning resources,
 - Enrollment management, and
 - Governance.

In choosing the members of the group to conduct the institutional compliance review, the goal should be to select those individuals who understand the institution's mission and who have extensive knowledge of its history, culture, practices, policies, procedures, and data sources. Achieving widespread institutional participation for the compliance review is not a goal.

Conducting the Compliance Review

Those conducting the compliance review should begin their analysis by careful interpretation of the Core Requirements and Comprehensive Standards to understand each aspect and what information and data must be assembled to document compliance.

As a part of the Compliance Certification, the institution is required to record its judgment of the extent of its compliance with each aspect of each Core Requirement and Comprehensive Standard. The institution has three alternatives in describing its determination:

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- **Compliance.** The institution concludes that it complies with each aspect of the requirement or standard and supports this judgment in a narrative response supported by documentation.
 - **Partial Compliance.** The institution judges that it complies with some but not all aspects of the requirement or standard and supports this judgment in a narrative response supported by documentation justifying its claim of partial compliance, an explanation for its partial non-compliance, and a detailed action plan for bringing the institution into compliance that includes a list of documents to be presented to support compliance and a date for completing the plan.
 - **Non-Compliance.** The institution determines that it does not comply with any aspect of the requirement or standard and provides a thorough explanation for its non-compliance and a detailed action plan for bringing the institution into compliance that includes a list of documents to be presented to support compliance and a date for completion of the plan. (See Appendix C, p. 47, for a description and examples of narratives for the Compliance Certification.)

The following is illustrative of the approach an institution may wish to use in examining each Core Requirement and Comprehensive Standard to determine its extent of compliance. One of the standards in the section that addresses student affairs services and programs states: “The institution provides services supporting its mission with qualified personnel to ensure the quality and effectiveness of its student affairs programs.”

This standard covers four critical issues:

- The relationship of the student affairs services and programs to the mission of the institution.
- The qualifications of student affairs services and programs personnel.
- The quality of student affairs services and programs.
- The effectiveness of student affairs services and programs.

The necessity for all programs and services to support the institution’s mission, the qualifications of personnel, and the quality and effectiveness of programs and services are issues addressed throughout the Core Requirements and Comprehensive Standards.

In order to determine its compliance with the four components of this standard, the institution may wish to consider the following questions, the answers to which require judgments that the institution must make:

- In what ways do student affairs services and programs support the institution’s mission?
- What are the appropriate qualifications for personnel who provide the student affairs programs and services that the institution offers?
- Do student affairs personnel possess these qualifications?
- If student affairs personnel are supposed to be sufficiently well qualified to assure the quality and effectiveness of the student affairs program, how are the “quality” and “effectiveness” of these services defined?
- What types of evidence are needed to ascertain the quality and effectiveness of the student affairs programs and services?
- What methods of assessment are employed to produce this evidence?
- How are the results of assessment used to improve these programs and services?

This standard is an example of one that is complex and therefore calls for extensive analysis, judgment, multiple assessment modes, and identification of patterns of evidence in order to present a persuasive case for compliance.

Documenting Compliance

Sources of Documentation

The institution should first develop a thorough understanding of what documentation is needed to assist in determining and supporting the institution’s extent of compliance with each Core Requirement and Comprehensive Standard. The institution should then begin to inventory available records, documents, databases, policy manuals, curriculum documentation, assessment records, committee minutes, board of trustee minutes, planning documents, reports to external audiences, case studies, and other sources of information relevant to assessing compliance with the Core Requirements and Comprehensive Standards.

Some of the more obvious sources of evidence are documents such as the following:

- College catalog.
- Organizational chart.
- Bylaws of the governing board.
- Description of institutional effectiveness methods and results.
- Evaluations and documents addressing student achievement.
- Faculty files containing credentials denoting qualifications.
- Faculty handbook.
- Documentation that describes the library holdings and services as well as other learning resources, services, and facilities available to students, including electronic access to information.
- Description of off-campus/distance learning programs and faculty, staff, and learning resources to support them.
- Documentation of all consortium memberships and other inter-institutional agreements for providing instruction or sharing resources.
- Student handbook.
- Financial audits, management letters, financial aid audits for the current and recent fiscal years, and any other relevant financial statements.

These sources should provide evidence to demonstrate compliance with a large number of the Core Requirements and Comprehensive Standards.

During this survey of available documents, the institution will also need to identify areas where evidence may be insufficient to demonstrate compliance and develop strategies to address these gaps.

Further information concerning documentation of evidence can be found in a document entitled “Suggested Documentation and Methods for Reporting Compliance Status” in Appendix D, p. 53.

Presentation of Documentation

For some requirements and standards, a single document or excerpt from a document, along with a brief narrative placing it in context, will constitute sufficient evidence of compliance. Such evidence can often be excerpted from policy manuals, handbooks, and other official documents. For example, compliance with the Core Requirement specifying that the institution have a president who is not simultaneously the chair of the governing board can be supported by the existence of a written policy covering this issue.

For Core Requirements and Comprehensive Standards that are more complex, a more extensive analysis must be provided, and several sources of relevant evidence may need to be identified in order to justify a claim of compliance. For these, in addition to the list of documents containing evidence of compliance or electronic access to those documents, the institution should provide a convincing narrative explaining how the evidence submitted supports the claim of compliance. The narrative should also include a summary as well as an interpretation of extensive or complex documents and data cited as supporting the claim.

An example of a complex requirement is Core Requirement 2.5, which states that an institution engages “in ongoing, integrated, and institution-wide planning and evaluation processes that incorporate systematic review of programs and services.” In documenting its response to this requirement, the institution should look for a pattern of evidence to support compliance. A “pattern of evidence” is a set of multiple measures/indicators that exhibit coherence and a unifying theme. Patterns of evidence will differ according to the requirement or standard and the nature of the institution. A pattern of evidence that could demonstrate compliance with Core Requirement 2.5 might be identified in the following:

- Strategic planning,
- Resource allocation based on planning and setting priorities,
- Public accountability reports, and
- Systematic, mission-driven, institution-wide evaluation and use of the results for continuous improvement.

Examples of separate measures/indicators that may be combined to produce a pattern of evidence to support compliance include the following:

- Trend data,
- Survey data,
- Benchmarking,
- Student satisfaction indices,
- National norms of student learning outcomes results,
- Major field test scores,
- Licensure/certification rates,
- Program accreditation results,
- Program peer review results, and
- Focus group findings.

The narrative, including summaries and interpretations of lengthy and complex data, and the list of documents available on campus, should provide an adequate amount of information and a sufficient, convincing case to allow the Off-Site Review Committee to determine compliance with most of the requirements and standards without having to review all the actual documents. For those institutions submitting only hard copy documentation, the institution should be judicious in determining the extent of information to be sent and, for the most part, should provide only summaries or limited pertinent pages from full documents.

Evaluating the Evidence Supporting Compliance

An institution determines the extent of its compliance with a Core Requirement or Comprehensive Standard by making an honest evaluation of the evidence it possesses at the time it has chosen to make that determination. The Compliance Certification requires that the institution demonstrate that it has based its compliance decisions on compelling and appropriately documented evidence.

The institution will need to evaluate the evidence it intends to submit supporting its claim of compliance with each requirement and standard. This evaluation should be based on a careful interpretation of the Core Requirements and Comprehensive Standards and on the cogency of the evidence to be presented supporting compliance with them. Evidence is not simply an amassed body of facts, information, data, or exhibits. Instead, it is a coherent and focused body of information supporting a judgment of compliance.

Institutions should ensure that the evidence it presents has the following characteristics. Evidence must be:

- **Reliable.** The evidence can be consistently interpreted.
- **Current.** The information supports an assessment of the current status of the institution.
- **Verifiable.** The meaning assigned to the evidence can be corroborated, and the information can be replicated.
- **Coherent.** The evidence is orderly, logical, and consistent with other patterns of evidence presented.
- **Objective.** The evidence is based on observable data and information.
- **Relevant.** The evidence directly addresses the requirement or standard under consideration and should provide the basis for the institution's actions designed to achieve compliance.
- **Representative.** Evidence must reflect a larger body of evidence and not an isolated case.

Additionally, evidence should:

- Entail interpretation and reflection; those responsible for submitting the evidence should have thought about its meaning and be able to interpret it appropriately to support a conclusion.
- Represent a combination of trend and “snapshot” data.
- Draw from multiple indicators.

Making the Case for Compliance

As stated previously, institutions are expected to present a narrative that summarizes and interprets documentation presented to support an assertion of compliance with a requirement or standard. It is in the narrative that an institution presents its “case” for compliance. In reviewing its rationale for claiming compliance, the institution should determine whether these narratives constitute accurate and adequate summaries and interpretations of the data to which they refer and whether the narratives and the data combined support the institution’s claim of compliance. It is the responsibility of the institution to establish its extent of compliance. It is the responsibility of peer reviewers to determine whether the institution has established compliance. (See Appendix C, p. 47 for a narrative presenting a case/rationale for compliance.)

Reporting and Communication Format

Institutions will need to make decisions about the method or methods — electronic, paper, or a combination of electronic and paper — to be used for communicating with internal and external audiences with regard to the information generated by the compliance assessment process. Some institutions will create and maintain documents on their Web site, or store them on a CD or DVD with hyperlinks. Other institutions will develop and maintain these documents and data in paper format. Still others will have some information in electronic and some in paper format.

The Commission requires that hard copies of only a limited number of documents be sent to the Off-Site and On-Site Review Committees. These are listed in Part IV of this handbook. Other documentation can be submitted in electronic, paper, or a combination of electronic and paper formats.

There are some caveats for institutions to consider when choosing a reporting and communication format, especially with regard to supplying documents to the Off-Site Review Committee. If an electronic mode is used, it is extremely important that instructions for

navigating the information be made available, that the organization of the information be clear and “user friendly,” that the information presented can be accessed easily and quickly, and that the user can move speedily from one document to another. It is desirable that the system be adequately field tested by individuals unfamiliar with the system or the institution. (See Commission’s Web site at www.sacscoc.org, access, “Guidelines for Communicating Information Electronically.”)

Whether the documents are presented in electronic or paper formats, it is important for institutions to provide narratives including *summaries and analyses* of lengthy and complex documents and data. This issue, however, is particularly important for an institution that presents all or some of their documentation in paper format. *Institutions should refrain from sending entire documents unless otherwise instructed to do so.* Off-Site Committees should be able to determine compliance with most of the Core Requirements and Comprehensive Standards from the narratives, the list of documents available on campus to support compliance, excerpts of documentation incorporated into the narrative, and summaries samples, and analyses of appropriate documents.

PART III

THE QUALITY ENHANCEMENT PLAN

The Nature and Purpose of the Quality Enhancement Plan

The *Principles of Accreditation* attests to the commitment of the Commission on Colleges to the enhancement of the quality of higher education and to the proposition that student learning is at the heart of the mission of all institutions of higher learning. The Quality Enhancement Plan (QEP) is a component of the accreditation process that reflects and affirms both of these commitments. Developing a QEP as a part of the reaffirmation process is an opportunity and an impetus for the institution to enhance overall institutional quality and effectiveness by focusing on an issue or issues the institution considers important to improving student learning.

The QEP describes a carefully designed and focused course of action that addresses a well-defined topic or issue(s) related to enhancing student learning. The QEP should complement the institution's ongoing integrated institution-wide planning and evaluation process and is not intended to supplant or replace the processes described in Core Requirement 2.5 and Comprehensive Standard 3.3.1. On the contrary, the topic or issue identified for the QEP may very well evolve from these existing processes, as well as from other issues stemming from the institution's internal reaffirmation review.

While many aspects of the accreditation process focus on the past and the present, the QEP is “forward-looking” and thus transforms the process into an ongoing activity rather than an episodic event. Core Requirement 2.12 requires an institution to have a *plan* for increasing the effectiveness of some aspect of its educational program relating to student learning. The plan launches a process that can move the institution into a future characterized by creative, engaging, and meaningful learning experiences for students.

The Meaning of Student Learning in the Context of the QEP

Student learning is defined broadly in the context of the QEP and may address a wide range of topics or issues. Student learning may include changes in students' knowledge, skills, behaviors, and/or values that may be attributable to the collegiate experience. Examples of topics or issues include, but are not limited to, enhancing the academic climate for student learning, strengthening the general studies curriculum, developing creative approaches to experiential learning, enhancing critical thinking skills, introducing innovative teaching and learning strategies, increasing student engagement in learning, and exploring imaginative ways to use technology in the curriculum. In all cases, the goals and evaluation strategies must be clearly and directly linked to improving the quality of student learning.

Institutional Support of the QEP

The development of a QEP that successfully addresses the quality of student learning will require a significant commitment from the entire institutional community. An institution's support of the Quality Enhancement Plan should be evident through:

- A consensus among key constituency groups that the QEP, rather than being merely a requirement for reaffirmation of accreditation, can result in significant, even transforming, improvements in the quality of student learning.
- Broad-based institutional participation in the identification of the topic or issue to be addressed by the QEP.
- Careful review of best practices related to the topic or issue.
- Allocation of adequate human and financial resources to develop, implement, and sustain the QEP.
- Implementation strategies that include a clear timeline and assignment of responsibilities.
- A structure established for evaluating the extent to which the goals set for the plan are attained.

Developing the QEP

The processes for developing the QEP will differ among institutions, depending on such factors as size, campus culture, internal governance structures, mission, the focus of the QEP, physical and human resources, and numerous other variables that may determine what is appropriate or even possible. There are, however, some issues, suggestions, and possibilities whose consideration might help institutions manage the tasks of creating and implementing a QEP.

Leadership

The institution's Leadership Team is charged with providing oversight for both the Compliance Review and the development of the Quality Enhancement Plan. After the institution has identified the topic or issue, the Leadership Team may wish to assign the day-to-day responsibility for its development to a select group representing those individuals who have the greatest knowledge about and interest in the ideas, content, processes, and methodologies to be developed in the QEP; who have expertise in planning and assessment; and who have responsibility for managing and allocating institutional resources.

Identifying and Selecting the Focus Process

The Leadership Team might wish to begin the process of selecting the focus for the Quality Enhancement Plan by conducting an educational session designed to explain the nature and purpose of the QEP to members of the institutional community. Before institutional constituents can be expected to support the development and implementation of the QEP, they must understand what it is, how it relates to other accreditation requirements, and what impact it can have on the future of the institution and its students.

Following this session, the Leadership Team may do some initial exploration and research that engages a limited number of faculty, administrators, and students about the topics for the QEP before involving the larger campus community. Alternatively, the Leadership Team may engage a wide cross-section of the institution's constituents to discuss potential topics and then convene a smaller working group to determine the more focused topic(s). There are doubtless many other approaches that might be considered. Whatever process is used for selecting the focus for the QEP, there should be widespread participation by all institutional constituent groups — faculty, administrators, students, and perhaps alumni and trustees — in making the decision.

Since faculty members play an important role in student learning, they should be appropriately represented in the early phases of the development of the QEP. It is important for all campus groups, but especially important for faculty members, to agree that the issues identified for the focus of the QEP are indeed sufficiently significant.

Sources

There are probably as many potential sources for the focus of the QEP as there are processes for reaching a decision about what the focus will be. An exploration of the institution's culture, strategic planning, goals, mission, and results of assessment could be conducted to determine whether an issue related to student learning emerges as a potential focus for the QEP. Tapping into issues centered on student learning where there are already shared interests, concerns, and aspirations and where data have already been collected and analyzed can help the institution find a focus, or several possibilities, that are meaningful and that will have broad appeal.

An institution can develop a QEP that extends, modifies, redirects, or strengthens an improvement that is already underway. If this option were chosen, the institution might very well have a QEP that is being implemented at the time the On-Site Review Committee conducts its site visit. An institution might also develop a QEP that has been in the planning stages prior to its preparations for its reaffirmation review but has not been fully developed by the time of the on-site visit. However, institutions may not submit a QEP that describes initiatives that are fully realized.

Institutions are encouraged to base their selection of the focus of the QEP on empirical data and an analysis of these data. The use of empirical data in making the case for the focus will be important for the institution and for those who will be reading and assessing the QEP, such as the On-Site Review Committee. The institution may wish to examine studies that have been done on best practices in higher education and other national and peer group data derived from carefully designed research. Clearly, a QEP that arises from the solid base of a needs assessment will have more validity, credibility, and appeal than one that does not. An institution that designates a recognized substantive issue as the focus of its QEP will likely have a good chance of getting the institution's stakeholders to support and to engage in both the development and the implementation of the plan.

Scope

A critical factor in the selection of a focus for the QEP is the projected scope of the plan. The topic or issue to be developed in the plan should be sufficiently broad in scope to be viewed as significant to the institution and a major enhancement of the learning experience for students. It should not be so broad as to lack a well-defined focus that provides a clear framework for development and implementation. The submission of a QEP that is essentially a copy of the institution's strategic plan would fail to meet the objective of the QEP. The extent to which the QEP has affected outcomes related to student learning, as well as its long-term influence on how an institution organizes for success in educating students, will be reported in the Impact Report submitted five years after the institution's last decennial review.

Resources Needed for the QEP

An important consideration in the process of producing the Quality Enhancement Plan is estimating the financial, physical, and human resources necessary for developing, implementing, and sustaining the plan. The QEP need not require substantial investments of institutional resources if the focus of the plan is appropriate for the institution. However, any plan will require some resources. It is extremely important for institutions to recognize that no QEP should require more resources than the institution can commit, no matter how valuable the plan and its results might be. There should be a realistic analysis of what is both desirable and possible. As the resource issues are examined, an institution will have to scale its desires and expectations to match capacity.

Elements of the QEP

The QEP should be clear and succinct. It may not exceed one hundred pages, including a narrative of no more than seventy-five pages and appendices of no more than twenty-five pages. Additional information about the institution such as Web sites and catalogs may be referenced. The QEP should include, but is not limited to, the following components:

- A brief descriptive title.
- A topic that is creative and vital to the long-term improvement of student learning.
- A definition of student learning appropriate to the focus of the QEP.
- Evidence that developing the QEP has engaged all appropriate campus constituencies.

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- A description of the importance of the QEP that will help others understand its value and appropriateness to the institution.
 - Specific, well-defined goals related to an issue of substance and depth, expected to lead to observable results.
 - Evidence of careful analysis of the institutional context in which the goals will be implemented and of consideration of best practices related to the QEP's topic or issues.
 - A viable implementation plan that includes necessary resources and a framework that details matters such as:
 - Timelines,
 - Leadership,
 - Resource allocation, and
 - Assessment schedule.
 - A comprehensive evaluation plan clearly related to the QEP goals, with the latitude and flexibility to make adjustments to achieve the desired student learning outcomes.
 - Appendices, if applicable.

Time Needed for Developing the QEP

The length of time that is necessary to develop the QEP will vary among institutions. Some institutions might benefit from a two-year development period or longer. The institution must allow time to determine an appropriate focus for the QEP that allows for extensive investigation, discussion, and refinement. Time will be needed to develop drafts to be circulated, debated, and revised in ways that continue to gather and build support for the focus and goals of the QEP.

Developing a QEP is a recursive rather than a linear process, much like any other important, deliberative, and reflective planning and writing. An institution should expect the focus and framework for the QEP to shift and evolve as the research, writing, talking, and campus participation occur. Over time, the focus will become sharper, the outline more certain, and the goals better defined. It will be in the consideration and reconsideration of thinking that an institution will develop greater confidence in its QEP. To achieve the strongest possible focus, an institution must be willing to experience substantial ambiguity and maintain flexibility in thinking during the creative process.

Evaluating the QEP

The Institution's Evaluation of Its QEP

The institution's evaluation of its QEP should be multifaceted, with attention both to key objectives and benchmarks to be achieved in the planning and implementation of the QEP as well as to the overall goals of the plan. Initially, evaluation strategies will need to focus on the planning and implementation process and provide crucial feedback to those with primary responsibility for the QEP. In evaluating the overall goals of the QEP, primary emphasis will need to be given to the impact of the QEP on the quality of student learning. Multiple strategies using both quantitative and qualitative measures will need to be employed, and student learning outcomes will require careful analysis for consistency of results across different measures and for variation among the outcomes.

The On-Site Review Committee's Evaluation of the QEP

The On-Site Review Committee is responsible for evaluating the acceptability of the QEP in fulfilling Core Requirement 2.12. The primary emphasis of the On-Site Review Committee's evaluation of the QEP will be holistic, based on the extent to which the institution has provided evidence that it is committed to a course of action that addresses a topic or issue to improve the quality of student learning. The On-Site Review Committee also provides advice and consultation to assist the institution in strengthening its QEP.

The On-Site Review Committee will evaluate the acceptability of the QEP based primarily on the following indicators:

- 1. Focus.** The institution identifies a significant issue(s) related to student learning and justifies its use for the Quality Enhancement Plan.
- 2. Institutional Capability for the Initiation and Continuation of the Plan.** The institution provides evidence that it has sufficient resources to implement, sustain, and complete the Quality Enhancement Plan.
- 3. Assessment of the Plan.** The institution demonstrates that it has the means for determining the success of its Quality Enhancement Plan.
- 4. Broad-Based Involvement of the Community.** The institution demonstrates that all aspects of its community were involved in the development of the Plan.

Listed below are some questions that an institution might pose when evaluating its QEP against the indicators above. The questions are *guidelines only* and are meant to be of assistance to the institution as it develops its QEP.

1. **Focus of the Plan.** (1) Has the institution provided a clear and concise description of the critical issue(s) to be addressed? (2) Has the institution described the relationship between the focus of the plan and student learning? (3) Has the institution provided relevant and appropriate goals and objectives to improve student learning? (4) Has the institution provided a comprehensive and clear analysis of the crucial importance of the Plan for improving the learning environment? (5) Has the institution identified the benefits to be derived from the QEP?
2. **Institutional Capability for the Initiation and Continuation of the Plan.** (1) Has the institution provided a time line for implementing and completing the QEP? (2) Has the institution assigned qualified individuals to administer and oversee its implementation? (3) Has the institution provided evidence of sufficient financial and physical resources to implement, sustain, and complete the QEP? (4) Has the institution allocated sufficient academic resources and systems to implement and sustain the outcomes of the Plan? (5) Has the institution established appropriate administrative processes for maintaining the progress of its quality improvements?
3. **Assessment of the Plan.** (1) Has the institution developed means for assessing the success of its QEP? (2) Has the institution identified relevant internal and external measures to evaluate the Plan? (3) Has the institution identified an internal system for evaluating the QEP and monitoring its progress? (4) Has the institution described how the results of the evaluation of the QEP will be used to improve student learning?
4. **Broad Based Involvement of the Community.** (1) Has the institution described the methods used for the development of the QEP? (2) Has the institution demonstrated that all aspects of its community—faculty, staff, students, board members, and administrators—were involved in the development of the QEP?

PART IV

THE REVIEW OF THE INSTITUTION

The external review of an institution is conducted in three stages. The Off-Site Review Committee conducts the first stage that deals with determining institutional compliance with the Core Requirements and Comprehensive Standards, except for Core Requirement 2.12 (the Quality Enhancement Plan). The On-Site Review Committee conducts the review that deals with Core Requirement 2.12 and the Core Requirements and Comprehensive Standards that the Off-Site Review Committee found the institution in non-compliance, those that it could not determine compliance, and with those it did not review. The On-Site Committee also prepares and submits the reaffirmation report to the Commission. The third stage is the review by the Commission on Colleges. The Commission reviews all materials submitted by the institution and the On-Site Committee, makes a determination with regard to reaffirmation, and specifies any follow-up activities that the institution may be required to complete.

The Off-Site Review

The Role of the Off-Site Review Committee

The Off-Site Review Committee's responsibility is to evaluate the compliance of each institution with the Core Requirements and Comprehensive Standards, with the exception of Core Requirement 2.12, which deals with the Quality Enhancement Plan. Each Off-Site Review Committee is responsible for a group of institutions. Its role is to examine and evaluate independently each institution's mission, policies, procedures, programs, resources, services, and other activities as they relate to the requirements and standards.

Using its professional judgment, the charge to the committee is to:

- Review and analyze the Compliance Certification and supporting documents, some of which may be in electronic form, and data collected from Institutional Profiles.
- Prepare a report identifying areas of compliance and explaining areas of non-compliance, or areas the committee did not review.
- If appropriate, make suggestions regarding additional members for the On-Site Committee to satisfy the need for review of particular areas.
- Provide advice, suggestions, or direction concerning issues for consideration or review by the On-Site Committee.

Beginning with a preliminary evaluation prior to the off-site meeting, the Committee concludes the reviews at a meeting in Atlanta. To the extent possible, institutions assigned to a committee will be similar in level of degrees offered and type of control (public/private).

Composition of the Off-Site Review Committee

The Off-Site Review Committee will be composed of a chair and evaluators for finance, institutional effectiveness, organization and administration, student support services, learning support services, and two or three evaluators for educational programs depending on the size and complexity of the institutions in the group being reviewed. In advance of the meeting, committee members will be asked to attest to having no conflict of interest with the institutions included in the group.

Materials Sent to Off-Site Review Committee Members and to the Commission

Approximately six weeks prior to the meeting of the Off-Site Review Committee (March 15 for Track A institutions and September 10 for Track B institutions), the institution should send the following documents *to all committee members*:

1. If the institution has prepared a print copy submission, the institution should provide copies of the following:
 - signed Compliance Certification document with the chief executive officer's and accreditation liaison's signatures, as well as determinations of compliance and the narrative supporting those determinations;
 - college catalog(s);
 - organizational chart;

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- updated “Institutional Summary Form Prepared for Commission Review” with contact information for committee members (this document should be prominently placed); and
 - appropriate supporting documents attesting to the institution’s determination of compliance.
2. If the institution has prepared an electronically formatted submission, the institution should provide the following:
- all electronic documents and an instruction sheet that includes: (a) clear directions on how to access the electronic documents, (b) the name and contact numbers of the technical support person who can assist an evaluator who may have trouble accessing electronic information, and (c) the name and contact numbers of the person who will provide print materials of documents if any evaluators request them; and
 - print copies of the following: (a) signed Compliance Certification document that includes determinations of compliance and the narrative supporting those determinations (do not include print copies of the supporting documentation), (b) college catalog(s), (c) updated “Institutional Summary Form Prepared for Commission Review” prominently placed with materials, and (d) the institution’s organizational chart.

In addition, the institution should send the primary finance reader and the chair a print copy of its audit and management letter.

Approximately six weeks prior to the meeting of the Off-Site Review Committee (March 15 for Track A institutions and September 10 for Track B institutions), the institution should send the following documents to the ***office of the Commission staff member assigned as liaison to the institution:***

- two complete and exact packages of materials sent to committee members;
- the original signed Compliance Certification document that includes the chief executive officer’s and accreditation liaison’s signatures as well as determinations of compliance and the narrative supporting those determinations (do not include additional electronic or print copies of supporting documentation); and
- a copy of the audit and management letter.

After the due date for submission of materials to the Off-Site Review Committee and to Commission staff, no additional information may be submitted nor may any additional information be added to the institution's Web site that has been designated for reaffirmation purposes. The only exception is that of the audit and management letter for the most recently completed fiscal year. If the audit and management letter is unavailable for the due date of submission of the Compliance Certification, the institution should inform the Commission staff member of such and may submit its financial statements for the most recently completed fiscal year ten working days prior to the beginning date of the Off-Site Review Committee.

Commission staff will send each committee member the following materials:

- *Principles of Accreditation: Foundations for Quality Enhancement*,
- Blank report of the Off-Site Committee form (a blank electronic copy is be posted on the Commission's Web site),
- *Handbook for Review Committees*,
- Information form that includes such details as dates and times of the meeting, lodging arrangements, suggestions regarding transportation, and the travel agency that handles flight arrangements for SACS,
- Roster of committee members,
- Committee assignments for primary and secondary readers for each of the Core Requirements and Comprehensive Standards,
- Expense Voucher, and
- Other pertinent materials as determined by the Commission on Colleges. Institutional Profiles will be available to the Off-Site Review Committees at the time of their meetings in Atlanta.

The Report of the Off-Site Review Committee

It is the responsibility of the Off-Site Review Committee to evaluate each Core Requirement and Comprehensive Standard (except Core Requirement 2.12) and make an assessment as follows:

- **In Compliance.** The Off-Site Review Committee determines that the institution has presented a convincing and appropriately documented case and meets the requirement.

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- **Non-Compliance.** The Off-Site Review Committee determines that the institution has not presented a convincing and/or appropriately documented case of compliance with the requirement.
 - **Did Not Review.** The committee may also indicate that it did not review a Core Requirement or Comprehensive Standard. The committee might choose this option if the documentation required to determine compliance is unavailable, but is essential for a determination of compliance.

The committee completes the Report of the Off-Site Review Committee for each institution under review, recording its decisions regarding compliance and presenting an explanation for each decision, except for decisions finding the institution to be in compliance.

If the Off-Site Review Committee concludes that the institution is not in compliance with a Core Requirement or Comprehensive Standard based on the evidence submitted, or that it did not review the requirement or standard, a further judgment regarding compliance will be made by the On-Site Review Committee. In such cases, the Off-Site Committee is to include in its report comprehensive explanations for its decisions and actions. In addition to these explanations, the report should identify types of information the On-Site Review Committee should seek as well as questions it might need to explore.

Activities Following the Off-Site Review

Within two weeks of the review by the Off-Site Committee, Commission staff will contact the Leadership Team of each institution to transmit the findings of the report of the Off-Site Review Committee. This may be done in a variety of ways: (1) sending the institution the Report of the Off-Site Review Committee; (2) sending the institution the Report and conducting a conference call with the leadership team of the institution; (3) conducting a conference call with the leadership team without sending the Report; (4) meeting in Atlanta and reviewing the Report with representatives of the institution; or (5) other means as requested by the institution.

The institution *may choose* to produce a Focused Report in response to a judgment by the Off-Site Review Committee regarding Core Requirements or Comprehensive Standards with which the committee found the institution to be in non-compliance, based on the evidence submitted, and those that it did not review. The Focused Report

addresses the findings of the Off-Site Committee by providing updated or additional documentation regarding the institution's determination of its compliance with the Core Requirements or Comprehensive Standards in question. The Focused Report is made available to the members of the On-Site Committee prior to the on-site visit and should be concise and limited in size.

An institution is strongly encouraged to submit a Focused Report in order to allow the On-Site Committee to review outstanding compliance issues in advance of its visit so as to provide the Committee ample time on campus to concentrate on the acceptability of the institution's Quality Enhancement Report.

On-Site Review

The Role of the On-Site Review Committee

The role of the On-Site Review Committee is to determine the institution's compliance with Core Requirement 2.12, which deals with the Quality Enhancement Plan, and with all other Core Requirements and Comprehensive Standards except those with which the Off-Site Review Committee has judged the institution to be in compliance, and to write a reaffirmation report to be submitted to the Commission on Colleges.

The charge to the committee is to:

- Evaluate the institution's Quality Enhancement Plan to determine compliance with Core Requirement 2.12. This activity is the On-Site Committee's primary task.
- Determine the institution's compliance with those Core Requirements and Comprehensive Standards with which the Off-site Committee judged the institution not to be in compliance, and with those it did not review.
- Follow up on any requests by the Off-Site Committee that the On-Site Committee investigate certain issues further.
- Present the committee's findings and recommendations to the leadership of the institution at the conclusion of the meeting.
- Write a report to be submitted to the Commission on Colleges that includes the committee's recommendations and its suggestions regarding follow-up activities.

The Composition of the On-Site Review Committee

There will be a minimum of seven members on the On-Site Review Committee that will include the following: the chair, evaluators in the areas of faculty, educational programs, learning or student support services, institutional effectiveness, and two evaluators for the Quality Enhancement Plan. The Commission staff may expand the size of the committee depending upon the size, scope, and complexity of the institution and/or the number of significant compliance issues with which the On-Site Committee has to deal.

The institution is responsible for nominating individuals to serve as lead QEP evaluators. A copy of the Commission's policy statement, entitled "Quality Enhancement Plan: Lead Evaluator Nomination Process," can be found on the Commission's Web site www.sacscoc.org, click onto "Commission Policies."

Materials Sent to On-Site Review Committee Members and to the Commission

Six weeks prior to the on-site visit, the institution should send to each member of the On-Site Review Committee and to the commission staff member hard copies of the following materials:

- Quality Enhancement Plan,
- Signed Compliance Certification document,
- Focused Report, if one has been prepared by the institution,
- Institution's catalog,
- Updated "Institutional Summary Form Prepared for Commission Review", and
- Additional material that may be requested by the Commission on Colleges staff or the chair.

The above materials may also be made available to the committee and the commission electronically along with other documentation.

Commission staff will send the following materials to each committee member:

- *Principles of Accreditation: Foundations for Quality Enhancement*,
- *Handbook for Reaffirmation of Accreditation*,
- Report of the Off-Site Review Committee,
- Committee roster,

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- Committee assignments,
 - Reaffirmation Committee Report form (this form will be available electronically on the Commission on College's Web site),
 - Expense voucher, and
 - Other pertinent materials as determined by the Commission.

Preparations for the On-Site Review Committee Visit

The chair of the On-Site Review Committee will serve as the institution's point of contact with the committee. Except in unusual circumstances, the chair will not conduct a preliminary visit to the institution but will rely on conference calls, e-mails, and facsimiles to establish a relationship with the campus Leadership Team and to make arrangements for the site visit. The chair is expected to arrive for the on-site visit at least a half-day in advance of other On-Site Review Committee members.

The chair will review a number of logistical requirements with the institution's accreditation liaison. It is expected that the institution's accreditation liaison will be directly involved in making arrangements to meet these requirements. Hotel accommodations must include a conference room of sufficient size to enable the committee to conduct extended meetings and to provide ample tabletop space for documents, notebooks, computers, word-processing equipment, and other materials. A similar size conference room should be available on campus. Computers and printers should be provided at the hotel and on campus. The conference rooms should have telephones, and there should be access to photocopying equipment.

An information form that includes such details as dates of the visit, times of the first and final meetings of the committee, lodging arrangements, suggestions regarding transportation, and the travel agency that handles flight arrangements for the Commission will be sent to each member of the review committee.

The Visiting Committee on Campus

The institution is responsible for virtually all aspects of the committee's visit. This responsibility includes transportation to and from the nearest airport, between the hotel and the campus, and other locations; meals and refreshments; coordination of interview schedules between the committee and institutional personnel; access to materials necessary for the committee to do its work; and support to assist the committee in the production of the draft report.

The committee will likely spend three, and no more than four, days on campus. The schedule is rigorous and does not allow for campus tours (except to verify information regarding a requirement or standard) or large or lengthy social gatherings.

The Reaffirmation Report

At the conclusion of the on-site review, the committee will write a report to submit to the Commission on Colleges. This report will indicate the Core Requirements and Comprehensive Standards with which it finds the institution to be in compliance and those with which it judges the institution to be in non-compliance.

For each Core Requirement and Comprehensive Standard with which it concludes that the institution is not in compliance, the committee will compose a *recommendation(s)* with supporting narrative that will guide the institution in developing its response to the recommendation. The institution will be required to respond to all recommendations in a report. The committee is also free to make comments that will assist the institution in improving its programs and services but that is not related to compliance. The institution will not be obliged to respond to these comments.

Exit Conferences

There are potentially three stages to the exit conferences and reports at the conclusion of the on-site visit:

- A discussion among the president, the chair, and the Commission staff member dealing with a summary of the committee's report.
- A discussion of the committee's report among the Commission staff, the chair, the institution's leadership team, and members of the On-Site Committee. (This is the concluding exit conference conducted for the purpose of providing consultation to the institution regarding improvements that might be made in the QEP.)

There may be an optional session relaying the committee's report that includes the committee chair, the Commission staff, the institution's leadership team, other institutional staff the president wishes to invite, and all On-Site Committee members who can be available. Attendance of committee members is optional. The president should inform the Commission staff member about plans for such a session.

Following the On-Site Visit

Within three to five weeks following the On-Site Review Committee visit, the chair will send the institution a draft of the committee report. The institution will be asked to note and report

to the chair any factual errors in the report. The institution is instructed not to respond to the committee's judgments at this time. The chair will determine whether changes should be made in the report based on the institution's report of factual errors and will make any revisions that are justified. The chair will send the revised report to the Commission on Colleges. The Commission will send the final report to the institution along with instructions regarding its response to the committee's findings.

The institution is required to respond to all recommendations made by the On-Site Review Committee. The institution's response to these issues should be detailed and comprehensive and should explain thoroughly the actions taken by the institution to ensure compliance with all appropriate Core Requirements and Comprehensive Standards. The institution's response and copies of its Quality Enhancement Plan are due in the Commission office no later than the date specified by the Commission staff member assigned to the institution.

The Review by the Commission on Colleges

The Commissions' Compliance and Reports (C&R) Committee will receive and review the report of the On-Site Review Committee, the response of the institution to the committee's report, the institution's Compliance Certification, and its Quality Enhancement Plan. The full Commission will receive the C&R Committee report and will make a decision regarding the reaffirmation of the institution's accreditation and any follow-up activities that it requires of the institution. The Commission makes decisions regarding accreditation status twice each year — in June for Track A institutions and in December for Track B institutions.

The Impact Report of the QEP on Student Learning

The Impact Report, submitted five years after the institution's last decennial review, seeks to demonstrate the extent to which the QEP has affected outcomes related to student learning. A copy of this report, entitled "Institutional Reports Submitted for Committee or Commission Review" can be found on the Commission's Web site, www.sacscoc.org, click onto "Commission's Policies."

Additional Policies and Guidelines

Current Commission policies and guidelines pertinent to the institutional review process can be found on the Commission's Web site, www.sacscoc.org. (See Appendix E for a listing.)

COMPLIANCE CERTIFICATION FORM (EXCERPT)

Each institution is required to complete the Compliance Certification form as follows. For each Core Requirement and Comprehensive Standard, the institution will indicate compliance, partial compliance, or non-compliance. *The following is only an example; the full Compliance Certification document should be obtained from the Commission.*

*Commission on Colleges
Southern Association of Colleges and Schools*

COMPLIANCE CERTIFICATION

Name of Institution _____

Date of Submission _____

In order to be accredited by the Commission on Colleges, an institution is required to conduct a compliance audit prior to the filing of the Compliance Certification. The Compliance Certification, signed by the institution's chief executive officer and accreditation liaison, attests to compliance with the accreditation requirements of the Commission on Colleges (Core Requirements and Comprehensive Standards).

Signatures Attesting to Compliance

By signing below, we attest to the honest assessment of compliance and the complete and accurate disclosure of information regarding the compliance of _____ (name of institution) with the Core Requirements and Comprehensive Standards of the Commission on Colleges.

Accreditation Liaison

Name of Accreditation Liaison _____

Signature _____

Date _____

Chief Executive Officer

Name of Chief Executive Officer _____

Signature _____

Date _____

Directions

For each of the Core Requirements and Comprehensive Standards listed below, the institution should check one and then add narrative in accord with directions requested in the category descriptions.

- Compliance.** The institution meets the requirement and provides a convincing argument in support of its determination, and a list of documents (or electronic access to the documents) demonstrating compliance.
- Partial Compliance.** The institution meets some, but not all, aspects of the requirement. For those aspects meeting the requirement, the institution provides a convincing argument in support of its determination, and a list of documents (or electronic access to the documents) demonstrating compliance. For those aspects not meeting the requirement, the institution provides the reason for checking partial compliance, a description of plans to comply, and a list of documents (or electronic access to the documents) that will be used to demonstrate future compliance.
- Non-Compliance.** The institution does not meet the requirement and provides the reason for checking non-compliance, a description of plans to comply, and a list of documents (or electronic access to the documents) that will be used to demonstrate future compliance.

Core Requirements

2.1. The institution has degree-granting authority from the appropriate government agency or agencies.

- Compliance
- Partial Compliance
- Non-Compliance

Narrative

2.2. The institution has a governing board of at least five members that is the legal body with specific authority over the institution. The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from it. Neither the presiding officer of the board, nor the majority of other voting members of the board, have contractual, employment, or personal or familial financial interest in the institution.

A military institution authorized and operated by the federal government to award degrees has a public board in which neither the presiding officer nor a majority of the other members are civilian employee of the military or active/retired military. The board has broad and significant influence upon the institution's programs and operations, plays an active role in policy-making, and ensures that the financial resources of the institution are used to provide a sound education program. The board is not controlled by a minority of board members or by organizations or interests separate the board except as specified by the authorizing legislation. Neither the presiding officer of the board, nor the majority of other voting members of the board, have contractual, employment, or personal or familial financial interest in the institution.

- Compliance
- Partial Compliance
- Non-Compliance

Narrative

RESPONSIBILITIES OF THE ACCREDITATION LIAISON

It is important for the Commission and its candidate and member institutions to develop a relationship that enables institutions to be kept fully informed of current accreditation issues and requirements and that assures that the Commission is made aware of institutional perspectives and concerns as they bear on accreditation.

In order to facilitate close and effective communication, the Commission has assigned a staff member to each candidate and member institution. This staff member maintains a file on that institution, consults with the institution, and is available at any time to answer questions or receive comment from the institution.

Each candidate and member institution can help fulfill its responsibilities and complement this relationship with the Commission staff by:

1. Providing an identified place on campus where information can be disseminated and questions answered about institutional accreditation.
2. Maintaining a file of all accreditation materials, such as reports related to the decennial review; accreditation committee reports; accreditation manuals, standards, and policies; schedules of all visits; and correspondence from accrediting offices, including Commission action letters.
3. Appointing an Accreditation Liaison.

The Role of the Accreditation Liaison

Every institution is expected to designate an individual as Accreditation Liaison with the Commission. The chief executive officer may assume the responsibilities of the liaison; however, the Commission strongly recommends that the liaison be a senior faculty

member or administrator who reports to the chief executive officer. All official communications from the Commission will continue to go to the chief executive officer. The Accreditation Liaison, however, will receive copies of updates on policies and procedures and other relevant documents as disseminated by the Commission. The liaison should not be a consultant employed to assist the institution during its decennial review.

The Accreditation Liaison is responsible for the following:

1. Ensuring that accreditation requirements, including compliance with accrediting standards, are considered not only during the decennial review process, but incorporated, among other institutional goals and objectives, into the planning and evaluation process of the institution.
2. Notifying the Commission in advance of substantive changes and program developments in accord with the substantive change policies of the Commission.
3. Familiarizing faculty, staff, and students with the Commission's accrediting policies and procedures, and with particular sections of the accrediting standards and Commission policies that have application to certain aspects of the campus (e.g., library, continuing education) especially when such documents are adopted or revised.
4. Serving as a contact person for the Commission staff.
5. Coordinating the preparation of annual profiles and any other reports requested by the Commission.
6. Serving as a resource person during the decennial review process and helping prepare for and coordinating reaffirmation and other accrediting visits.
7. Ensuring the electronic institutional data collected by the Commission is accurate and timely.

The Commission assumes that an effective Accreditation Liaison will receive a suitable degree of visibility on campus. The liaison can provide an effective relationship between the Commission and the institution and enhance the participation of the institution in accreditation activities.

Activities to Help You Prepare for the Accreditation Liaison Role

In preparation for the institution's reaffirmation of accreditation, discuss with the chief executive officer and other members of the leadership team expectations for the institutional review and support you will be provided.

- Learn about the Commission on Colleges, its policies and procedures, and become thoroughly familiar with *Principles of Accreditation*.
- Maintain contact with Commission staff; attend the annual meeting and training programs.
- Seek out and research various approaches to the review in order to find the best suited to your institution. There is no "cookbook" approach.
- Know the institution and seek input and support from influential faculty and staff.
- Review past institutional materials related to accreditation activities.
- In concert with the Leadership Team, set goals for the institutional review and develop a budget.
- Assist in the selection of other key leadership for the various tasks of the institutional review; prepare an orientation for faculty and staff.
- Develop a master calendar.
- Establish a work area to include space for a documents library.
- Decide on methods for informing the institution's community of the progress of the review and publicize the method(s).

Decisions to Facilitate with the Leadership Team

The Leadership Team will find it necessary to establish certain policies and procedures to facilitate the work of the institution. At the minimum, consideration should be given to:

- General and specific objectives of the institutional review, particularly the QEP.
- Specific duties and responsibilities for each member of the leadership team and other key personnel.
- Specific expectations concerning the strategies, characteristics, and format of the QEP and the Compliance Certification.
- Use of clerical and other support services for committees.
- Travel related to reaffirmation activities.

EXAMPLES OF NARRATIVES FOR THE COMPLIANCE CERTIFICATION

For each of the three options of compliance, the following examples are provided as a matter of guidance to the institution in developing statements to support the institution’s selection of compliance for the Compliance Certification. They are intended only as examples and are not prescriptive. Each institution should carefully develop statements and supporting evidence that are reflective of the institution and the condition of compliance.

Examples of Full Compliance
Comprehensive Standard 3.2.5
Governance and Administration
Section

Members of the governing board can be dismissed only for cause and by due process.

- Compliance
- Partial Compliance
- Non-Compliance

“By-laws of the state board for INSTITUTION,” found in the System Policy Manual, page 2C-1, state: “If any state board member substantially fails to perform the duties of his or her office without sufficient excuse shown to the Board, the state board shall at its next regularly scheduled meeting cause the fact of such failure to be recorded in the minutes of their proceedings and certify the same to the Governor, and the office of the board member shall thereupon be vacant.” (NOTE: the institution would want to include any pertinent part of such example.)

Concerning the local board, the System Policy Manual states: “Failure to attend meetings of the INSTITUTION’s board shall constitute cause for the removal and replacement of a board member. The board shall make this determination, and if it is determined that it is in the based interest of the INSTITUTION to have a replacement,

the board shall notify the appropriate sponsoring political subdivision of the need for a replacement” (pages 2A-17).

Supporting documents: Supporting documents: “By-Laws of the State Board for INSTITUTIONS,” *System Policy Manual*, Section 2C, pages 2C-1 to 2C-7; “Administrative Relationships and Responsibilities,” *System Policy Manual*, Section 2A, IX, pages 2A-9 to 2A-26

**Core Requirement Five
(2.5)**

The institution engages in ongoing, integrated, and institution-wide planning and evaluation processes that incorporate systematic review of programs and services that (a) results in continuing improvement and (b) demonstrates that the institution is effectively accomplishing its mission.

- Compliance
- Partial Compliance
- Non-Compliance

The institution engages in institution-wide planning and evaluation processes that are integrated, continuous, and feature many common elements across all academic and service units (Institution Comprehensive Assessment Programs). The patterns of evidence supporting this assertion are anchored in the institution’s mission, which is the foundation for all goals and desired levels of achievement for a five-year strategic planning cycle (Institutional Mission; Strategic Plan). In addition, the comprehensive assessment program fuses externally mandated assessments and internal improvement systems in a cyclic and ongoing process, ensuring that unit-level use of the results of assessment is tied to the broad institutional performance. The institution, therefore, can demonstrate the relationship between unit and institution-wide goals, the performance indicators governing them, and the documented use of results of assessment for improvement (*Institution Profile System*).

The use of an hierarchical system for goal development, assessment, and improvement has a long, evolving history at the institution. Almost a decade ago, the institution committed to implementing the Continuous Improvement management concept with the assistance of a major corporate professional development partner. The outcome of the implementation of this concept was the institution’s application of the Baldrige criteria and the receipt of a state Quality Award. Several institution administrators and faculty have been trained as Baldrige examiners to sustain the institution’s commitment to this working concept.

More recently, the institution's planning and evaluation processes have taken another evolutionary step in the installation of a system integrating unit-base assessment information with institution-wide continuous improvement. The methodology for this system is the use of a software system (*TracDat*) as a standardized reporting mechanism across all units and an archive provision for annual improvement efforts. Furthermore, the institution has implemented a complementary Web-interface Institution Profile System to document assessment and improvement drawn from every aspect of evaluation of the institution's academic program. These elements include program accreditation and peer review, Performance Funding outcomes (*Performance Funding Annual Report*) as measured according to state-mandated indicators; public accountability reports (*Board of Regents' Annual Report Card for System Institutions*); and annual Strategic Planning reports (System mandate), among many others.

These integrated systematic assessment programs directly shape the annual institutional budget process. The institution's recent annual Performance Funding outcome of 100% (as the only institution in the state with the 100% mark) is one of several indicators of the presence of a mature, ongoing, systematic assessment and planning process.

Supporting Documents: Catalogs; Board-approved mission; research, evaluation, planning, and outcomes assessment documents; program review documents and studies; program accreditation outcomes; institutional research reports; state and system accountability reports; state-mandated evaluation of research, assessment, and planning processes; state master plan and system strategic plan; minutes of governance and oversight bodies; system and institutional policies and policy framework.

Example of Partial Compliance

Comprehensive Standard 3.5.1 — Educational Programs : Undergraduate Programs

The institution identifies competencies within the general education core and provides evidence that graduates have attained those college-level competencies.

- Compliance
- Partial Compliance
- Non-Compliance

For at least five years, the INSTITUTION has used the eight General Education Outcomes specified by the State College system

in the document cited below. However, the INSTITUTION's only evidence that graduates have achieved these goals is their successful completion of the required general education courses in each degree or certificate program. By System policy, Career Studies Certificate students are not required to achieve these goals in order to graduate. INSTITUTION no longer considers this enough evidence that students are achieving the general education goals that the institution has set for them. In addition, the institution has decided to define specific competencies within the context of these goals in order to better assess student achievement in the general education core. For these reasons, INSTITUTION is partially compliant with this standard.

Action Plan for Compliance. Several steps will be taken in order to comply with this standard. First, INSTITUTION will specify competencies within the framework of the System General Education Goals that it expects graduates to be able to demonstrate by the time they graduate. Then, each program and discipline will specify which of these competencies are covered within that program or discipline, in which courses these competencies are covered, and what their expected student outcomes are for those competencies. Next, each program/discipline will decide which measures will be used to assess those competencies and begin to systematically measure how students are performing in those competencies. Comparisons of the measurements against the program expectations will then be used to make program/discipline instructional decisions on a consistent basis.

The INSTITUTION has adopted a post-test instrument to measure graduate competencies in mathematics, reading, and locating information; this instrument is the nationally used TEST assessment from VENDOR. It has been used to assess Summer 2002 graduates and will be used to test Fall 2002 and Spring 2003 graduates as well. The INSTITUTION will begin implementation of this test as a pre-test measure of entering student skills in Fall 2003. The System is working on system-wide measures of graduate competencies in writing, technology/information literacy, critical thinking, mathematical analysis, oral communication, and scientific literacy. The INSTITUTION will use the measures developed by the System, as well as its own measures, to fully assess graduates' general education competencies by 2005.

Supporting documents: “General Education Outcomes,” *College Catalog, 1999-2001*, page 30; “Requirements for Graduation,” *College Catalog, 1999-2001*, page 35; and *Programs of Study*.

Example of Non-Compliance

**Comprehensive Standard 3.2.14 —
Governance and Administration**

The institution’s policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. This applies to students, faculty, and staff.

- Compliance
- Partial Compliance
- Non-Compliance

The INSTITUTION is not in compliance with this requirement because it currently has no written and approved policy regarding ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of any intellectual property by faculty, staff or students.

Action Plan: A policy statement regarding ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property is now being developed, and it will be presented to the Faculty-Staff Council for review and approval as its opening meeting in September 2003. The policy will then be presented to the President for approval, and in turn, presented to the Board of Trustees in October 2003 for its approval. Once the Board has adopted the policy, it will be incorporated into the *Faculty* and *Staff Handbooks* and will make reference to the fact that the policy also applies to any intellectual property developed by students.

SUGGESTED DOCUMENTATION AND METHODS FOR REPORTING COMPLIANCE STATUS

The chart below is intended to be a brief guide concerning documents and evidence that would usually be reviewed by institutions as they conduct their self-evaluations of compliance with each Core Requirement and Comprehensive Standard. Peer evaluators will normally look for documentation and evidence similar to the samples below as verification of the institution's judgment of compliance, partial-compliance, or non-compliance. *The chart is intended to serve as a guideline and not as a list of required documentation.*

Each institution is responsible for constructing an appropriate response to each Core Requirement and Comprehensive Standard. Depending on the characteristics of the institution, the documentation presented and the nature of responses may differ from institution to institution.

For each Core Requirement and Comprehensive Standard, the institution is expected to carry out a compliance review to judge its compliance status. The institution will evaluate its performance and judge itself to be in compliance, in partial compliance, or not in compliance. Action plans to reach compliance will accompany reports of partial compliance and non-compliance.

In regard to its compliance status with each Core Requirement and Comprehensive Standard, an institution will provide an explanation of the extent of compliance along with supporting documentation.

Core Requirements: Section 2

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
1 The institution has degree-granting authority from the appropriate government agency or agencies.	Documentation of authority to offer specific degrees, including approvals in foreign countries if appropriate.	As appropriate, an explanation of exemptions or unusual circumstances concerning approval
2 The institution has a governing board of at least five members that is the legal body with specific authority over the institution. The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from it. Neither the presiding officer of the board, nor the majority of other voting members of the board, have contractual, employment, or personal or familial financial interest in the institution.	Documents such as state law, articles of incorporation, bylaws, operational manuals, list of board members and officers with addresses and occupation for each, board minutes for two prior years	Description of the means by which the board ensures that financial resources are adequate to provide a sound educational program. Description of any contractual, employment, or personal or familial financial interests in the institution that involve board members
3 The institution has a chief executive officer whose primary responsibility is to the institution and who is not the presiding officer of the board.	Documents such as institutional bylaws and administrative or institutional policy manual, position description	A description of responsibilities assumed by the chief executive officer, both within and outside the institution, with an explanation of how he/she maintains primary responsibility to the institution
4 The institution has a clearly defined and published mission statement specific to the institution and appropriate to an institution of higher education, addressing teaching and learning and, where applicable, research, and public service.	Copy of the mission statement	A brief explanation of how the mission statement was developed and approved and how it is reviewed

Core Requirements, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>5 The institution engages in ongoing, integrated, and institution-wide planning and evaluation processes that incorporate systematic review of programs and services that (a) results in continuing improvement and (b) demonstrates that the institution is effectively accomplishing its mission.</p>	<p>Strategic, or master, plan; documents containing goals and objectives with evidence of assessment and use of assessment results</p>	<p>A description of the planning and assessment process with a time line revealing how and when it functions and with a list of persons and/or committees which play key roles in the process</p> <p>A description of how the process informs budgeting decisions</p> <p>A description of how programs and services are regularly reviewed as part of the process</p> <p>A description of how the process has resulted in improvement in services and programs at the institution. Specific examples from the various departments, divisions, and units of the institution</p>
<p>6 The institution is in operation and has students enrolled in degree programs.</p>	<p>Enrollment data for each program offered by the institution</p>	
<p>7a The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. The institution provides a written justification and rationale for program equivalency.</p>	<p>Catalog and list of degree programs with number of hours required for each</p>	<p>A description of the system and a rationale that justifies equivalency if the institution uses a system that differs from the credit hour system of 60, 120, or 30</p>

Core Requirements, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>7b The institution offers degree programs that embody a coherent course of study that is compatible with its stated purpose and is based upon fields of study appropriate to higher education.</p>	<p>Catalog</p>	<p>Rationale concerning the appropriateness and coherence of requirements in degree programs</p> <p>Rationale concerning compatibility of programs with stated purpose</p>
<p>7c The institution offers a general education program at the collegiate level that is (1) a substantial component of each undergraduate degree, (2) ensures breadth of knowledge, and (3) is based on a coherent rationale. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent. Credit hours are to be drawn from and include at least one course from each of the following areas: humanities/ fine arts; social/behavioral sciences; and natural science/mathematics. The courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession. The institution provides a written justification and rationale for course equivalency.</p>	<p>Catalog and list of program requirements with general education requirements for each major or concentration (if there is not a common core requirement)</p>	<p>Description of and rationale for the general education program</p> <p>A justification that demonstrates how the general education program is equivalent if the institution uses a system that differs from the credit hour system</p>
<p>7d The institution makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia, where appropriate. The institution itself, however, provides instruction for all course work required for at least one degree program at each level at which it awards degrees, or provides an alternative approach to meeting this requirement. The Commission on Colleges approves the alternative approach. In all cases, the institution demonstrates that it controls all aspects of its educational program.</p>	<p>Copies of contracts and consortia agreements</p> <p>Description of coursework provided by other organizations or institutions</p>	<p>When applicable, request for approval of an alternative approach to providing one complete degree program at each level of accreditation. Provide a rationale based on the Commission policy statement on justifying an alternative approach.</p> <p>Evidence of internal control over the quality of instruction provided by another organization or institution</p>

Core Requirements, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>8 The number of full-time faculty members is adequate to support the mission of the institution. The institution has adequate faculty resources to ensure the quality and integrity of its academic programs.</p>	<p>Completed official Commission roster for instructional staff, listing all full-time and part-time faculty teaching credit courses during the academic term the compliance certification is submitted and for the two terms preceding that term</p>	<p>Evidence that faculty resources and qualifications are adequate and appropriate to ensure the quality of the academic programs offered</p>
<p>9 The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate library collections as well as to other learning and information resources consistent with the degrees offered. These collections and resources are sufficient to support all educational, research, and public service programs.</p>	<p>Data concerning physical facilities for learning resources</p> <p>Data concerning collections and electronic access at the institution and arrangements with other institutions or organizations</p> <p>Data concerning other information resources available to students at their learning locations</p>	<p>Description of the adequacy of learning resources for all credit coursework and programs that the institution offers</p>

Core Requirements, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>10 The institution provides student support programs, services, and activities, consistent with its mission, that promote student learning and enhance the total growth and development of its students.</p>	<p>Description and data concerning student support programs and services</p> <p>Student handbook</p>	<p>Explanation of how student support programs and services promote student learning and meet the needs of students</p>
<p>11 The institution has a sound financial base and demonstrated financial stability, and adequate physical resources to support the mission of the institution and the scope of its programs and services. The institution provides the following financial statements: (a) an institutional audit (as distinct from a system wide or statewide audit) and management letter for the most recent fiscal year prepared by an independent certified public accountant or an appropriate governing auditing agency employing the appropriate audit guide, (b) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board, and (c) an audited statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent fiscal year.</p>	<p>Separate institutional audit and management letter for the fiscal year ending prior to the submission of the compliance certification. If this audit is not available because of the timing of the certification submission date, it should be provided prior to the visit of the on-site committee. Previous audits may be provided as well.</p> <p>Description of the budget planning procedure, minutes of the board meeting documenting approval of the budget, and the schedule of changes in unrestricted net assets, excluding plant and plant-related debt</p>	<p>Evidence of adequate and stable financial support for all aspects of the operation of the institution</p>

Comprehensive Standards

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
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Section 3: Comprehensive Standards — Institutional Mission

<p>1 The institution has a clear and comprehensive mission statement that guides it; is approved by the governing board; is periodically reviewed by the board; and is communicated to the institution's constituencies.</p>	<p>Mission statement Board minutes</p>	<p>A brief explanation of how the mission statement was developed and approved, how it speaks to the scope of the institution's operations, and how it is reviewed and communicated.</p>
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Section 3: Comprehensive Standards — Governance and Administration

<p>2 The governing board of the institution is responsible for the selection and the evaluation of the chief executive officer.</p>	<p>Bylaws, appropriate manuals, board minutes, evaluation documents</p>	<p>Description of the selection and evaluation process. Indication of how often the evaluation is conducted.</p>
<p>3 The legal authority and operating control of the institution are clearly defined for the following areas within the institution's governance structure:</p> <ul style="list-style-type: none"> a. the institution's mission b. the fiscal stability of the institution c. institutional policy, including policies concerning related and affiliated corporate entities and all auxiliary services d. related foundations (athletic, research, etc.) and other corporate entities whose primary purpose is to support the institution and/or its programs 	<p>Bylaws, appropriate manuals, and minutes for the governing board and corporate or foundation boards</p> <p>Organizational chart for the institution</p> <p>Mission statements for related and affiliated corporate entities</p>	<p>Description of the institution's relationship to its legal governing board and other boards if appropriate.</p> <p>Description of the institution's relationship to other boards and a system if appropriate. For for-profit institutions, a description of the relationship to the parent corporation if appropriate</p>
<p>4 The board has a policy addressing conflict of interest.</p>	<p>Bylaws, appropriate manuals which contain the policy</p>	

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>5 The governing board is free from undue influence from political, religious, or other external bodies, and protects the institution from such influence.</p>	<p>Bylaws, appropriate manuals, board minutes, list of board members and affiliations, policy on academic freedom</p>	<p>Evidence addressing the issue of freedom from undue influence</p>
<p>6 Members of the governing board can be dismissed only for cause and by due process.</p>	<p>Bylaws, appropriate manuals, state law where applicable, board minutes</p>	<p>Explanation of circumstances surrounding any removals of board members</p>
<p>7 There is a clear and appropriate distinction, in writing and practice, between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and implement policy.</p>	<p>Bylaws, appropriate manuals, board minutes</p>	<p>Evidence that practice is consistent with written policies</p>
<p>8 The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies.</p>	<p>Organizational chart, bylaws, appropriate manuals, job descriptions</p>	
<p>9 The institution has qualified administrative and academic officers and staff with the experience, competence, and capacity to lead the institution.</p>	<p>Roster of administrative and academic officers and staff and their qualifications</p>	<p>If necessary, an explanation of the appropriateness of qualifications</p>
<p>10 The institution defines and publishes policies regarding appointment and employment of faculty and staff.</p>	<p>Faculty and staff policy manuals</p>	

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>11 The institution evaluates the effectiveness of its administrators, including the chief executive officer, on a periodic basis.</p>	<p>Documents describing evaluation procedures</p>	<p>Evidence that administrators have been evaluated periodically</p>
<p>12 The institution’s chief executive officer has ultimate responsibility for, and exercises appropriate administrative and fiscal control over, the institution’s intercollegiate athletics program.</p>	<p>Copy of position description of chief executive officer</p> <p>Copy of organization chart depicting relationship between intercollegiate athletics and administrative officials</p> <p>Copy of appropriate policies and procedures manual</p> <p>Copy of manual for intercollegiate athletics</p> <p>Relevant budget documents</p>	<p>Evidence verifying that practice is consistent with written policies</p>
<p>13 The institution’s chief executive officer has ultimate control of the institution’s fund-raising activities.</p>	<p>Copy of position description of chief executive officer</p> <p>Copy of appropriate policies and procedures manual</p> <p>Relevant budget documents</p>	<p>Evidence verifying that practice is consistent with written policies</p>

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>14 An institution-related foundation, not controlled by the institution, has a contractual or other formal agreement that (a) accurately describes the relationship between the institution and the foundation, and (b) describes any liability associated with that relationship. In all cases, the institution ensures that the relationship is consistent with its mission.</p>	<p>Bylaws of the foundation, appropriate manuals, contracts, and other formal agreements</p>	<p>Evidence that the activities of the foundation are consistent with mission</p>
<p>15 The institution’s policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. This applies to students, faculty, and staff.</p>	<p>Policy manuals and documents</p>	

Section 3: Comprehensive Standards — Institutional Effectiveness

<p>16 The institution identifies expected outcomes for its educational programs and its administrative and educational support services; assesses whether it achieves these outcomes; and provides evidence of improvement based on analysis of those results.</p>	<p>Documents listing expected outcomes for all programs, administrative and educational support services of the institution along with assessment procedures</p>	<p>Evidence that outcomes for educational programs and administrative and educational support services are being achieved and that improvements are the result of assessment procedures</p>
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Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
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Section 3: Comprehensive Standards — All Educational Programs

<p>1 The institution demonstrates that each educational program</p> <p>a. is approved by the faculty and the administration</p> <p>b. establishes and evaluates program and learning outcomes.</p>	<p>Approval procedures for educational programs</p> <p>Program and learning outcomes for each educational program</p>	<p>Evidence that learning outcomes are evaluated and achieved</p> <p>Evidence that the faculty and administration approve educational programs</p>
<p>2 The institution’s continuing education, outreach, and service programs are consistent with the institution’s mission.</p>	<p>List of continuing education, outreach, and service programs</p>	<p>Evidence that programs are consistent with the institution’s mission</p>
<p>3 The institution publishes admissions policies consistent with its mission.</p>	<p>Copy of admissions policies</p>	<p>Evidence that policies are consistent with the institution’s mission</p>
<p>4 The institution has a defined and published policy for evaluating, awarding, and accepting credit for transfer, experiential learning, advanced placement, and professional certificates that is consistent with its mission and ensures that course work and learning outcomes are at the collegiate level and comparable to the institution’s own degree programs. The institution assumes responsibility for the academic quality of any course work or credit recorded on the institution’s transcript.</p>	<p>Catalog and other documents describing transfer credit policies</p> <p>Copies of articulation or transfer agreements with other institutions or organizations</p>	<p>Description of how the institution ensures that course work and learning outcomes are at the collegiate level</p> <p>Demonstration of comparability to the institution’s own degree programs</p> <p>Description of the process by which decisions are made on acceptance and awarding of credit from other institutions or organizations</p> <p>Description of the process for awarding experiential credit</p> <p>Description of transfer arrangements, articulation agreements, contracts, consortia, study abroad programs, etc. with other institutions or organizations located in the United States or in other countries. Include only those arrangements that involve transcribing or transferring credit coursework leading to a degree. For two-year colleges, include those arrangements with senior institutions; for senior institutions those with two-year institutions.</p>

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>5 The institution publishes academic policies that adhere to principles of good educational practice. These are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution.</p>	<p>Catalog Manuals which contain academic policies</p>	
<p>6 The institution employs sound and acceptable practices for determining the amount and level of credit awarded for courses, regardless of format or mode of delivery.</p>	<p>Catalog Policies for determining amount and level of credit awarded for courses</p>	<p>Evidence that policies and practices for awarding credit are sound and acceptable</p>
<p>7 The institution ensures the quality of educational programs/courses offered through consortial relationships or contractual agreements, ensures ongoing compliance with the comprehensive requirements, and evaluates the agreement against the purpose of the institution.</p>	<p>Copy of contracts or consortial agreements with other organizations or institutions for conducting credit instruction for your institution</p>	<p>Evidence that the institution monitors the quality of consortial and contractual agreements</p>
<p>8 The institution awards academic credit for course work taken on a noncredit basis only when there is documentation that the noncredit course work is equivalent to a designated credit experience.</p>	<p>Copy of policies concerning awarding credit for course work taken on a non-credit basis</p>	<p>Explanation of the process for determining that non-credit course work is equivalent to a designated credit experience</p>
<p>9 The institution provides appropriate academic support services.</p>	<p>List of academic support services</p>	<p>Evidence that the services are appropriate and adequate to fulfill the needs of students</p>

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>10 The institution defines and publishes general education and major program requirements for all its programs. These requirements conform to commonly accepted standards and practices for undergraduate programs as well as graduate and post-baccalaureate professional degree programs.</p>	<p>Catalog Other documents describing general education and major program requirements for all programs</p>	<p>Evidence that requirements conform to commonly accepted standards and practices</p>
<p>11 The institution protects the security, confidentiality, and integrity of its student academic records and maintains special security measures to protect and back up the data.</p>	<p>Documents that describe policies designed to protect the security, confidentiality, and integrity of student academic records Documents that describe policies governing special security measures to protect and back up data</p>	
<p>12 The institution places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty.</p>	<p>Appropriate manuals describing curriculum review procedures</p>	
<p>13 For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field. In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration.</p>	<p>List of persons responsible for program coordination of each degree program as well as curriculum development and review. Qualifications of each person listed. Commission rosters for instructional staff might be used for this purpose.</p>	<p>Justifications concerning academic qualifications as necessary</p>

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
14 The institution’s use of technology enhances student learning, is appropriate for meeting the objectives of its programs, and ensures that students have access to and training in the use of technology.	Documents which contain policies and procedures for the use of technology to enhance student learning	Evidence that use of technology is appropriate and effective and that students have access and training

Section 3: Comprehensive Standards — Undergraduate Programs

15 The institution identifies competencies within the general education core and provides evidence that graduates have attained those college-level competencies.	Documents identifying college-level competencies within the general education requirements and identifying methods of assessment by the institution	Evidence of achievement of college-level competencies that are expected of students who complete the general education requirements.
16 The institution awards degrees only to those students who have earned at least 25 percent of the credit hours required for the degree through instruction offered by that institution.	Catalog Other documents containing policy on amount of credit which must be earned through instruction by the institution	

Section 3: Comprehensive Standards — Graduate Programs

17 The institution’s post-baccalaureate professional degree programs, and its master’s and doctoral degree programs are progressively more advanced in academic content than undergraduate programs.	Catalog containing requirements for undergraduate and graduate programs	Analysis of whether master’s and doctoral programs are more advanced in academic content than undergraduate programs
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Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
18 The institution ensures that its graduate instruction and resources foster independent learning, enabling the graduate to contribute to a profession or field of study.	Documents such as syllabi containing requirements fostering independent learning	Evidence that graduates have contributed to a profession or field of study
19 The majority of credits toward a graduate or a post-baccalaureate professional degree are earned through the institution awarding the degree. In the case of graduate and post-baccalaureate professional degree programs offered through joint, cooperative, or consortial arrangements, the student earns a majority of credits from the participating institutions.	Catalog and other documents describing policies on transfer credit, residency requirements, consortial or cooperative arrangements	

Section 3: Comprehensive Standards — Faculty

20 The institution employs competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of its faculty, an institution gives primary consideration to a faculty member's highest earned degree in the discipline in accord with the guidelines (See credential guidelines in as part of this standard). The institution also considers competence, effectiveness and capacity, including, as appropriate, including undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. The institution is responsible for justifying and documenting the qualifications of its entire faculty.	Completed official Commission roster for instructional staff, listing all full-time and part-time faculty teaching credit courses during the academic term the compliance certification is submitted and for the two terms preceding that term.	Evidence and justification as appropriate and necessary to establish competency of faculty to teach the courses to which they have been assigned
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Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
<p>21 The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status.</p>	<p>Appropriate manuals or other documents describing the process for evaluation of effectiveness of faculty</p>	<p>Evidence of the evaluation of faculty effectiveness</p>
<p>22 The institution provides evidence of ongoing professional development of faculty as teachers, scholars, and practitioners.</p>	<p>Appropriate manuals or other documents containing policies relative to ongoing professional development of faculty Data containing reports of activities of faculty, faculty files</p>	
<p>23 The institution ensures adequate procedures for the safeguard and protection of academic freedom.</p>	<p>Appropriate manuals or other documents containing policies regarding academic freedom</p>	<p>Evidence that policies and procedures on academic freedom are adequate and have adequately protected academic freedom</p>
<p>24 The institution publishes policies on the responsibility and authority of faculty in academic and governance matters.</p>	<p>Appropriate manuals or other documents containing policies concerning responsibility and authority of faculty in academic and governance matters</p>	

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
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Section 3: Comprehensive Standards — Library and Other Learning Resources

<p>25 The institution provides facilities, services, and other learning/informational resources that are appropriate to support its teaching, research, and service mission.</p>	<p>Data concerning physical facilities of the institution devoted to learning and instructional resources</p> <p>List of instructional resources and services provided by the institution</p>	<p>Evidence that resources are appropriate and adequate</p>
<p>26 The institution ensures that users have access to regular and timely instruction in the use of the library and other learning and information resources.</p>	<p>Appropriate documents containing policies and procedures for ensuring that users are instructed in use of the library and other resources</p>	<p>Evidence that users are instructed in the use of the library and that the instruction is effective</p>
<p>27 The institution provides a sufficient number of qualified staff — with appropriate education or experiences both in library or other learning resources — to accomplish the mission of the institution.</p>	<p>List of professional and support staff for library and other learning resources with academic preparation and experiences noted</p>	<p>Evidence that the number of staff members is adequate to provide service to students and faculty</p>

Section 3: Comprehensive Standards — Student Affairs and Services

<p>28 The institution publishes a clear and appropriate statement of student rights and responsibilities and disseminates the statement to the campus community.</p>	<p>Student handbook and other documents and publications containing statement of student rights and responsibilities</p>	
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Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
29 The institution protects the security, confidentiality, and integrity of its student records.	Student handbook; documents that contain security policies; evidence that institution adheres to FERPA	
30 The institution provides services supporting its mission with qualified personnel to ensure the quality and effectiveness of its student affairs programs.	List of staff for student affairs programs Qualifications listed for student affairs staff	Evidence of the quality and effectiveness of student affairs programs

Section 3: Comprehensive Standards — Resources

1 The institution's recent financial history demonstrates financial stability.	Audits and management letters for three prior years Copies of budgets Summaries of endowment	Evidence of financial stability based on audits and evidence that all programs and services are funded adequately
2 The institution provides financial statements and related documents, including multiple measures for determining financial health as requested by the Commission, which accurately and appropriately represent the total operation of the institution.	Audits Budgets Other financial statements and documents requested by the Commission	
3 The institution audits financial aid programs as required by federal and state regulations.	Financial Aid Audits	
4 The institution exercises appropriate control over all its financial and physical reserves.	Documents containing policies relative to control	

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
5 The institution maintains financial control over externally funded or sponsored research and programs.	Documents containing policies relative to control over externally funded or sponsored research and programs	
6 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community.	Documents containing policies relative to safety and security on campus	Description of adherence to various federal and state safety standards
7 The institution operates and maintains physical facilities, both on and off campus, that are adequate to serve the needs of the institution’s educational programs, support services, and mission-related activities.	Description of physical facilities; Facilities Master Plan Maintenance procedures and records	

Section 4: Federal Requirements

1 When evaluating success with respect to student achievement in relation to the institution’s mission, the institution includes, as appropriate, consideration of course completion, state licensing examinations, and job placement rates.	Data indicating assessment of student achievement	
2 The institution maintains a curriculum that is directly related and appropriate to the purpose and goals of the institution and the diplomas, certificates or degrees awarded.	Catalog Other documents describing curriculum	
3 The institution makes available to students and the public current academic calendars, grading policies, and refund policies.	Catalog Student Handbook	

Comprehensive Standards, continued

Requirements, Standards, and Federal Regulations	Supporting Documents	Descriptions, Explanations of the Extent of Compliance, and Evidence
4 The institution demonstrates that program length is appropriate for each of the degrees offered.	Catalog List of degrees and majors offered and program length for each	
5 The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. (See Commission policy “The Review of Complaints Involving the Commission or its Accredited Institutions.”)	Handbooks, manuals which contain procedures for addressing written student complaints List of student complaints which have been resolved following the procedures	Evidence that program length is appropriate for each degree
6 Recruitment materials and presentations accurately represent the institution’s practices and policies.	Recruitment materials	
7 The institution publishes the name of its primary accreditor and its address and phone number. (The publication of this information is presented so that it is clear that inquiries to the Commission should relate only to the accreditation status of the institution, and not to general admission information.)	Catalog Other documents containing name of primary accrediting body.	
8 The institution is in compliance with its program responsibilities under Title IV of the 1998 Higher Education Amendments. (In reviewing the institution’s compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the Secretary of Education.)	Document that describes compliance with Title IV	

APPENDIX E

LIST OF THE RELEVANT DOCUMENTS AVAILABLE ON THE WEB PAGE OF THE COMMISSION ON COLLEGES

Current Commission policies and guidelines pertinent to the institutional review process can be found on the Commission's Web site at <http://www.sacscoc.org>.

Policies

(<http://www.sacscoc.org/commpub1.asp>)

- Core Requirement 2.7.4: Documenting an Alternative Approach
- Distance Education
- Integrity and Accuracy in Institutional Representation
- International Institutions: Affiliate or Technical Assistance Relationships
- Observers on On-Site Review Committees for Reaffirmation
- Quality Enhancement Plan: Lead Evaluator Nomination Process
- Reaffirmation of Accreditation and Subsequent Reports
- Reports Submitted for Committee or Commission Review
- Substantive Change for Accredited Institutions of the Commission on Colleges
- The Transfer or Transcribing of Academic Credit

Institutional Resources: Forms

(http://www.sacscoc.org/inst_forms_and_info1.asp)

- Compliance Certification Document Guidelines for Communicating Information Electronically
- Roster of Instructional Staff

Committee Resources: Reports

(<http://www.sacscoc.org/forms1.asp>)

- Report of the Off-Site Review Committee
- Report of the Reaffirmation Committee