

***Southern Association of Colleges and Schools***

***Commission on Colleges***

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| **INSTITUTIONAL SUMMARY FORM****PREPARED FOR SACSCOC REVIEWS** |

*Please contact your assigned SACSCOC staff member if you have any questions completing this form.*

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| **GENERAL INFORMATION** |

**Name of Institution**

**Name, Title, Phone number, and email address of Accreditation Liaison**

**Name, Title, Phone number, and email address of Technical Support person for the Compliance Certification, Prospectus, or Application for Level Change**

**IMPORTANT:**

**Accreditation Activity *(check one)***:

 *Please update the contents of the form before each submission.*

[ ]  Submitted at the time of Reaffirmation Orientation

[ ]  Submitted with Compliance Certification for Off-Site Reaffirmation Review

[ ]  Submitted with Materials for an On-Site Reaffirmation Review

[x]  Submitted with Fifth-Year Interim Report

[ ]  Submitted with Compliance Certification for Initial Candidacy/Accreditation Review

[ ]  Submitted with Merger/Consolidations/Acquisitions

[ ]  Submitted with Application for Level Change

**Submission date of this completed document:**

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| **EDUCATIONAL PROGRAMS** |

1. Levels of offerings (Check all levels offered by the institution)

[ ]  Diploma or certificate program(s) requiring less than one year beyond Grade 12

[ ]  Diploma or certificate program(s) of at least two but fewer than four years of work beyond

 Grade 12

[ ]  Associate degree program(s) requiring a minimum of 60 semester hours or the equivalent

 designed for transfer to a baccalaureate institution

[ ]  Associate degree program(s) requiring a minimum of 60 semester hours or the equivalent

 not designed for transfer

[ ]  Baccalaureate degree program(s) requiring a minimum of 120 semester

 hours or the equivalent

[ ]  Professional degree program(s)

[ ]  Master's degree program(s)

[ ]  Work beyond the master's level but not at the doctoral level (such as Specialist in

 Education)

[ ]  Doctoral degree program(s)

[ ]  Other (Specify):

[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

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| **GOVERNANCE CONTROL** |

Check the appropriate governance control for the institution. Please carefully review your institution’s governance documents to determine the appropriate answer.

[ ]  **Private *(check one)***

 [ ]  Independent, not-for-profit

 Name of corporation OR

 Name of religious affiliation and control (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Independent, for-profit \*

 If publicly traded, name of parent company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  **Public \* *(check one)***This section does not refer to advisory boards and does not necessarily refer to state coordinating boards. This section refers to the legal body with specific authority over the institution.

 [ ]  Not part of a state/public system, and the institution has its own independent governing board

 [ ]  Part of a state/public system, and the system board serves as the sole governing board of the institution

[ ]  Part of a state/public system, the system board is super governing board with authority over the institution and a local governing board has delegated authority over the institution

 [ ]  Part of a state system, institution has own independent governing board (there is no system board that has specific authority over the institution)

*\** ***If an institution is part of a state system or a corporate structure, a description of the system operation must be submitted as part of the Compliance Certification for the decennial review. See Commission policy “Reaffirmation of Accreditation and Subsequent Reports” for additional direction.***

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| **TITLE IV PARTICIPATION** |

Check the appropriate box below for the institution\*:

[ ]  Institution participates in title IV, Higher Education Act programs

 If so, indicate any limitations, suspensions, or termination by the U.S. Department of Education (USDE) in regard to student financial aid or other financial aid programs during the previous three years. State whether the institution is on reimbursement or any other exceptional status in regard to federal or state financial aid

[ ]  Institution does NOT participate in title IV, Higher Education Act programs

*\** ***If an institution has changed or plans to change its title IV participation, it is required to notify SACSCOC. See SACSCOC policy, “Title IV Program Responsibilities,” for additional information and direction for responding to standards under the “Principles of Accreditation.”***

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| **INSTITUTIONAL INFORMATION FOR REVIEWERS** |

**Directions:**

***Please address the following and attach the information to this form.***

**1*.* History and Characteristics**

Provide a brief history of the institution, a description of its current mission, an indication of its geographic service area, and a description of the composition of the student population. Include a description of any unusual or distinctive features of the institution and a description of the admissions policies (open, selective, etc.). If appropriate, indicate those institutions that are considered peers. Please limit this section to one-half page.

**2.** **Off-Campus Instructional Sites including Branch Campuses**

List those locations in accord with SACSCOC’s definitions and the directions as specified below.

Please note that institutions should only list ***off-campus instructional locations*** where 50% or more of a for-credit credential (degree, diploma, certificate, etc.) is offered. (If instruction is delivered by distance education [synchronously or asynchronously] to a location geographically apart from an institution’s main campus and if a student is required to be at the location to receive instruction, then the location is an off-campus instructional site.)

Each of the institution’s off-campus instructional sites where the institution offers at least 50% of at least one educational program should be listed in only one table. If the institution offers less than 25% of its programs at a site, that site should not be included in any table.

Please note that the Name of Site and Physical Address should match the official name and address in the SACSCOC Institutional Portal records.

***Off-campus instructional sites—***asite at which the institution offers ***50 % or more*** of one or more diploma, certificate, or degree program(s). For each site, provide the information below***. The list should include only those sites reported to and approved by SACSCOC***. Listing unapproved sites below does not constitute reporting them to SACSCOC.

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| **Name of Site**  | **Is the site a branch campus (Yes/No)?** | **Physical Address (street, city, state, country) Do not include PO Boxes.** | **Date of SACSCOC *approval letter*** | **Date Implemented by the institution for instruction of 50% or more** | **Educational programs offered (specific degrees, certificates, diplomas) with 50% or more credits hours offered at each site** | **Is the site currently active? (At any time during the past 5 years, have students been enrolled and courses offered? If not, indicate the date of most recent activity and date of projected reopening.)** |
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**3*.*** **List of Degrees**

List all degrees currently offered (A. S., B.A., B.S., M.A., Ph.D., for examples) and the majors or concentrations within those degrees, as well as all certificates and diplomas. Include whether 50% or more of the program is offered via distance education. For each credential offered, indicate the number of graduates in the academic year previous to submitting this report. Indicate term dates.

Academic Year \_\_\_\_\_\_\_\_\_\_\_ (i.e., 2023-2024). Term Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tables are provided as examples and may be used at the institution’s discretion.

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| **Degree Designation (i.e., A.S. B.A, B.S., M.A., PhD.)**  | **Name of Program (i.e., Name of major)** | **Is 50% or more of the program offered via distance education (Yes/No)?** | **Number of Completers or Graduates in the most recent academic year** |
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| **Certificate Level (i.e., baccalaureate, graduate)**  | **Name of Program (i.e., Name of major)** | **Is 50% or more of the program offered via distance education (Yes/No)?** | **Number of Completers or Graduates in the most recent academic year** |
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| **Diploma**  | **Name of Program (i.e., Name of major)** | **Is 50% or more of the program offered via distance education (Yes/No)?** | **Number of Completers or Graduates in the most recent academic year** |
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**4.** **Accreditation**

(1) List all agencies that currently accredit the institution and any of its programs and indicate the date of the last review by each.

 (2) List any USDE-recognized agency (national and programmatic) that has terminated the institution’s accreditation (include the date, reason, and copy of the letter of termination) or list any agency from which the institution has voluntarily withdrawn (include copy of letter to agency from institution).

 (3) Describe any sanctions applied or negative actions taken by any USDE-recognized accrediting agency (national, programmatic, SACSCOC) during the two years previous to the submission of this report. Include a copy of the letter from the USDE-recognized agency to the institution.

***Document History***

*Adopted: September 2004*

*Revised: March 2011*

*Revised: January 2014*

*Revised: January 2018*

*Edited: February 2020*

*Edited: February 2022*

*Revised: December 2024*