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# **Resource Manual for the Principles of Accreditation: Foundations for Quality Enhancement**



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Commission on Colleges  
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# Preamble

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The manner in which an institution makes its case for compliance with the *Principles of Accreditation* is an institutional decision, and the process employed by a review committee to reach its decision on compliance issues is likewise determined by the professional judgment of that committee within the context of the institution's specific circumstances and mission.

The *Resource Manual for the Principles of Accreditation* is designed (1) to provide guidance to institutions as they seek to identify strategies for documenting compliance with Commission requirements and standards and (2) to be a resource in the training of review team members and trustees as they strive to apply the *Principles* fairly and consistently. An institution's primary resource, however, is its Commission staff member assigned to provide advice and to consult with the institution regarding the accreditation process, its expectations and applications. Such advice and information do not supplant the peer review process, but rather provide additional insight in assisting institutions reaching informed judgments about their self assessment.

The *Resource Manual* is intended to stimulate thinking when assessing compliance with the Core Requirements (CR), Comprehensive Standards (CS) and Federal Requirements (FR) without prescribing a specific institutional practice or approach or providing a mandatory "checklist" to be followed. The comments are included to provide background for forming professional judgment regarding compliance. Many more factors could be taken into consideration, depending on the institutional context and the particularities of the individual situation. Neither is the Manual intended to require a single institutional approach to the evaluation and documentation of compliance with a standard. While acknowledging the diverse nature of institutional missions and the range of educational programs represented within the membership of the Commission, the Manual provides a rationale and notes, related questions, required documentation as indicated in the standard and examples of other types of documentation, and a cross reference to other standards and to related policies and practices that an institution might consider as it assesses its compliance with those accreditation requirements.

The *Resource Manual* is intended for use by institutions preparing for a reaffirmation, fifth-year interim review, initial accreditation, and substantive change review. For each of these reviews, the Commission has prepared a handbook to assist institutions in the development of documents: *Handbook for Institutions Seeking Reaffirmation* and the *Handbook for Institutions Seeking Initial Accreditation*. Institutions should refer to the respective handbook for specific information about preparation, development of documents, time lines, etc.; however, common review protocols are also addressed throughout this document.

In all cases, the institution is responsible for documenting compliance with the *Principles of Accreditation*. When doing so, it should consider the most appropriate ways for demonstrating compliance in light of its mission and then focus on presenting its case. The institution must incorporate into its review the assessment of compliance as it applies to distance and correspondence education and to off-campus instructional sites, where appropriate.

This Manual is a companion document to the *2012 Principles of Accreditation* and is accurate as of January 2012. Changes to the standards or to interpretations made after this date may supersede some of the contents of this Manual.

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# Organization of the Manual

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The Manual examines all four Sections of the *Principles of Accreditation*: Section 1 – The Principle of Integrity; Section 2 – Core Requirements; Section 3 – Comprehensive Standards; and Section 4 – Federal Requirements. In an institution’s Compliance Certification, or other Commission instruments used by the institution for reporting compliance, it is not required to submit documentation of compliance with Section 1; however, for each standard that requires an institution to submit documentation of compliance in Sections 2, 3, and 4, the Manual addresses the following:

## **Rationale and Notes**

The rationale and notes provide a further explanation of the standard/requirement along with reasons for its inclusion in the *Principles*. In some instances, there may be a note regarding a recent interpretation by the Executive Council of the Commission, a related Commission policy, an expanded explanation of an historical interpretation, or an expectation or clarification.

## **Relevant Questions for Consideration**

For each standard or requirement, there is a series of questions designed to help an institution examine its current processes and practices.

## **Documentation**

- ***Required Documentation, if Applicable***  
Evidence that should be examined by the institution and provided as part of the documentation of its case of compliance with the requirement/standard. (*Does not apply to all standards.*)
- ***Examples of Other Types of Documentation***  
Evidence that *might be examined* by the institution and provided as part of the documentation of its case of compliance with the requirement or standard, if appropriate for the institution. ***The list should not be construed as a checklist for compliance.***

## **Reference to Commission Documents, if Applicable**

For some standards/requirements, there may be Commission policies, procedures, guidelines, good practices, and approved interpretations that should be reviewed by the institution during its self-assessment. If there are such documents, they will be referenced in this section.

For the purpose of accreditation, such documents are defined as follows:

*Policies (and procedures).* A policy is a required course of action to be followed by SACSCOC Board of Trustees or the Commission's member or candidate institutions. Commission policies may also include procedures, which are likewise a required course of action. The *Principles of Accreditation* requires that an institution comply with the policies and procedures of the Commission. Policies are approved by vote of the Commission's Board of Trustees. At its discretion, the Commission may choose to forward a policy to the College Delegate Assembly for approval.

*Guidelines.* A guideline is an advisory statement designed to assist institutions in fulfilling accreditation requirements. As such, guidelines describe recommended educational practices for documenting requirements of the *Principles of Accreditation* and are approved by the Executive Council. The guidelines are examples of commonly accepted practices that constitute compliance with the standard. Depending upon the nature and mission of the institution, however, other approaches may be more appropriate and also provide evidence of compliance.

*Good Practices.* Good practices are commonly-accepted practices within the higher education community that enhance institutional quality. Good practices may be formulated by outside agencies and organizations and endorsed by the Executive Council or Commission's Board of Trustees.

*Position Statements.* A position statement examines an issue facing the Commission's membership, describes appropriate approaches, and states the Commission's stance on the issue. It is endorsed by the Executive Council or the Commission's Board of Trustees.

All documents are available on the Commission's website ([www.sacscoc.org](http://www.sacscoc.org)). The Commission maintains currency on the web and reserves the right to add, modify, or delete any of those published.

### **Cross References to Other Related Standards/Requirements, if Applicable**

Some standards/requirements are related in content and expectation. In those cases, the standard/requirement is listed.

In addition, the manual has an *Appendix* that includes the following:

**Appendix A: Chart of Standards.** Lists all standards and requirements of the *Principles of Accreditation* and indicates the following for each one: (1) the availability of a Commission template, (2) a Commission policy/interpretation related to the standard/requirement, (3) whether a standard/requirement will be reviewed as part of the Fifth-Year Interim Report, (4) whether the institution is required to submit a policy as part of its response to the standard/requirement, and (5) whether the standard/requirement is reviewed on-site as well as off-site (in the case of reaffirmation).

**Appendix B: Glossary of Terms.** Refers to terms in Commission policy, standards, procedures and practices that have a prescribed definition or an interpretive understanding when applied.

**Appendix C: Guidelines for Addressing Distance Learning.** Serves as a guide for institutions and evaluators by providing procedures for use when evaluating distance learning and correspondence education.

**Appendix D: Commission Documents of Special Significance for Institutions.** Describes the various Commission documents/policies/forms that may serve to assist institutions in their work with SACSCOC.

**Appendix E: Overview of Accreditation.** Describes the types of accreditation and the organizational structure of the Southern Association of Colleges and Schools Commission on Colleges.

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# Section 1: The Principle of Integrity

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## 1.1 The institution operates with integrity in all matters.

(Note: This principle is not addressed by the institution in its Compliance Certification.)

### Rationale and Notes

Institutional integrity serves as the foundation of the relationship between the Commission on Colleges and its member and candidate institutions. This fundamental philosophy is reflected in the *Principles of Accreditation* as follows:

“Integrity, essential to the purpose of higher education, functions as the basic contract defining the relationship between the Commission and each of its member and candidate institutions. It is a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. Without this commitment, no relationship can exist or be sustained between the Commission and its accredited and candidate institutions.” (Page 13)

As a condition of candidacy or membership in the Commission on Colleges, the institution agrees to document its compliance with the requirements of the *Principles of Accreditation*; to comply with Commission requests, directives, decisions and policies; and to make complete, accurate and honest disclosure to the Commission.

The Commission’s policy, "Sanctions, Denial of Reaffirmation, and Removal from Membership," states that the Commission on Colleges requires a member institution to be in compliance with the Core Requirements, Comprehensive Standards, Federal Requirements, Commission policies and procedures, and to provide information as requested by the Commission in order to maintain membership and accreditation. The policy also states:

“Failure to respond appropriately to Commission decisions and requests or to make complete, accurate, and honest disclosure is sufficient reason, in and of itself, for the Commission to impose a sanction, including the denial or revocation of candidacy or accreditation.” (Page 1)

In order to comply with these requirements for integrity and accuracy in reporting in its relationships with the Commission, the chief executive officer and accreditation liaison must review and ensure the accuracy and integrity of materials submitted by the institution, such as the Compliance Certification and Quality Enhancement Plan. In addition, an institution shall meet the following expectations:

1. Ensure that all documents submitted to the Commission are completely candid, providing all pertinent information whether complimentary or otherwise. With due regard for the rights of individual privacy, every institution applying for candidacy, extension of candidacy, accreditation, or reaffirmation of accreditation, as well as every candidate and accredited institution, provides the Commission with access to all parts of its operations, and with complete and accurate information about the institution's affairs, including reports of other accrediting, licensing, and auditing agencies.
2. Respond in a timely manner to requests by the Commission for submission of dues, fees, reports, or other information.
3. Ensure that other information submitted to the Commission (such as that provided in the annual institutional profile, institutional responses to visiting committee reports, and monitoring reports) is complete, accurate, and current.
4. Cooperate with the Commission in preparation for visits, receive visiting committees in a spirit of collegiality, and comply with the Commission's requests for acceptable reports and self-analyses.
5. Report substantive changes, including the initiation of new programs or sites outside the region or within the region, in accordance with the Commission policy on Substantive Change.
6. Report accurately to the public its status and relationship with the Commission.
7. Provide counsel and advice to the Commission, and agree to have its faculty and administrators serve, within reason, on visiting teams and on Commission committees.
8. Provide the Commission or its representatives with information requested and maintain an openness and cooperation during evaluations, enabling evaluators to perform their duties with maximum efficiency and effectiveness.
9. Maintain current knowledge and understanding of both the product and process of accreditation/reaffirmation and be able to address/complete all requirements of the SACSCOC in a timely and accurate manner.

The Commission accredits institutions, not individuals. Therefore, any individual who reports to the Commission on behalf of an institution—either by virtue of his or her office or as delegated by the chief executive officer of the institution—obligates the institution in all matters regarding institutional integrity.

**Reference to Commission Documents, if applicable**

“Integrity and Accuracy in Institutional Representation”

**Cross References to other related Standards/Requirements, if applicable**

Applies to compliance with all standards/requirements and policies

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## Section 2: Core Requirements

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Core Requirements are basic, broad-based, foundational requirements that an institution must meet to be accredited with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). They establish a threshold of development required of an institution seeking initial or continued accreditation by the Commission and reflect the Commission’s basic expectations of candidate and member institutions. In order for an institution to maintain accreditation in good standing; that is, without sanction, an institution must maintain compliance with all Core Requirements.

**Application of the Requirements.** The Commission on Colleges bases its accreditation of degree-granting higher education institutions and entities on requirements in the *Principles of Accreditation: Foundations for Quality Enhancement*. These requirements apply to all institutional programs and services, wherever located or however delivered. This includes programs offered through distance and correspondence education, and at off-campus instructional sites and branch campuses. Consequently, when preparing documents for the Commission demonstrating compliance with the *Principles of Accreditation*, an institution must include these sites and programs in its “Institutional Summary Form Prepared for Commission Reviews” and address them in its analysis and documentation of compliance. (*See Commission policy “Distance and Correspondence Education.”*)

**The Requirement of a Policy.** Implicit in every Core Requirement mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it. (*See Commission best practices “Developing Policy and Procedures Documents.”*)

## **2.1 The institution has degree-granting authority from the appropriate government agency or agencies. (Degree-granting authority)**

### **Rationale and Notes**

To be eligible for accreditation by the Southern Association of Colleges and Schools Commission on Colleges, an institution must demonstrate that it is legally authorized to grant undergraduate and/or graduate degrees within appropriate geographical boundaries. This applies to all degree programs wherever they are offered. Because education in the U.S. largely operates under the jurisdiction of states, typically such authorization is granted through state legislation, sometimes by language contained in state constitutions, more often in other supplemental laws, and—more recently—through actions of state education coordinating boards.

*Note:* This requirement does not address state operating authority for an institution to exist.

### **Relevant Questions for Consideration**

- What agencies have authorized the institution to grant degrees?
- When was the authorization initially or most recently approved?
- Are there any conditional approvals? If so, by whom and for what reasons?
- If the institution offers degrees at branch campuses and off-campus instructional sites located in other states, what is the evidence of multiple authorizations?
- If the institution offers degrees internationally, what is the evidence of authorization by each individual country?

### **Documentation**

#### Required Documentation, if applicable

- Official documentation or enabling legislation authorizing the institution to grant degrees

#### Examples of other Types of Documentation

- Board of control bylaws containing references to degree-granting authority and outlining any conditions or restrictions on such authority

### **Reference to Commission Documents, if applicable**

None noted

### **Cross References to other related Standards/Requirements, if applicable**

None noted

## **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. Both the presiding officer of the board and a majority of other**

**voting members of the board are free of any 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 on which both the presiding officer and a majority of the other members are neither civilian employees of the military nor 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 educational program. The board is not controlled by a minority of board members or by organizations or interests separate from the board except as specified by the authorizing legislation. Both the presiding officer of the board and a majority of other voting board members are free of any contractual, employment, or personal or familial financial interest in the institution. (Governing board)**

### **Rationale and Notes**

Ultimate responsibility for the governance of the institution rests with an independent, qualified, empowered governing board. This board is a collective entity responsible for determining the mission of the institution, ensuring that the institution's leadership is guided by that mission, and holding in trust the well-being of the institution. The board is adequately informed about the operations of the institution to carry out its fiduciary responsibility. In addition, the board's responsibility is for policy and fiscal viability, not daily operations, which is entrusted to administrative and faculty leadership. Members of the governing board act with authority only as a collective entity.

An institution is required to provide narrative and supporting documentation for each of the expectations imbedded in the requirement above—including military institutions for the requirements referenced in the second paragraph.

### **Relevant Questions for Consideration**

- How are governing board members and the presiding officer elected or appointed?
- What is the structure of the governing board and its committees?
- What evidence is there that the governing board controls the institution?
- What evidence is there that board members as a governing body actively focus on policy issues of the institution, CEO performance review, and overall mission?
- How often do the governing board members meet and is their agenda appropriate for their responsibilities?
- What evidence exists that the governing board ensures adequate financial resources?
- What evidence exists that the governing board is not controlled by a minority of members?
- What evidence exists that the governing board is free of contractual, employment, or personal or financial interests?
- Are the affiliations disclosed so that reviewers can determine conflict of interest?

## Documentation

### Required Documentation, if applicable

- Organizational chart that shows the relationship of the governing board to the institution
- Bylaws and charter or articles of organization or enabling statute or similar document
- List of governing board members, their occupations, their professional affiliations, and terms of office
- For private, for-profit institutions, list of individual stockholders that hold more than 5 percent of the stock or the top 20 stockholders

### Examples of other Types of Documentation

- Minutes of board meetings
- Laws and/or polices about ethics, ethics training, ethical standards, disclosure statements and similar matters

## Reference to Commission Documents, if applicable

“Reaffirmation of Accreditation and Subsequent Reports”

“The Impact of Budget Reductions on Higher Education”

## Cross References to other related Standards/Requirements, if applicable

Comprehensive Standard 3.2.1

Comprehensive Standard 3.2.2

Comprehensive Standard 3.2.3

Comprehensive Standard 3.2.4

## **2.3 The institution has a chief executive officer whose primary responsibility is to the institution and who is not the presiding officer of the board. (See Commission policy “Core Requirement 2.3: Documenting an Alternative Approach.”) (Chief executive officer)**

### Rationale and Notes

To keep administration in higher education distinct from policy making, an institution typically appoints a chief executive officer, generally called president or chancellor, and charge the chief executive officer with leadership responsibilities on behalf of the institution. Even though the board of control normally has the responsibility to employ and dismiss the chief executive officer, that individual has appropriate authority—and responsibility—to administer and execute the policies related to broad institutional issues developed by the board. The chief executive officer and those senior administrators reporting to that individual are responsible for implementing the board’s policies, evaluating them periodically, and reporting results to the board for possible revision or refinement.

### Relevant Questions for Consideration

- What is the name and title of the institution’s chief executive officer?
- How does the chief executive officer’s job description define his or her relationship to the governing board?
- Who is the presiding officer of the institution’s governing board?

- If the president is also the chief operating officer of the system, how does the institution ensure that there is no conflict of interest?
- Does the CEO have employment responsibilities other than as CEO of the institution? If so, explain.

### **Documentation**

#### Required Documentation, if applicable

- Position description of the chief executive officer

#### Examples of other Types of Documentation

- Board and/or institution’s by-laws (relevant sections only)
- Administrative or institutional policy manual (relevant sections only)
- If the president is also the chief operating officer of the system, documentation required as part of the Commission policy, “Core Requirement 2.3: Documenting an Alternative Approach”
- Organizational chart showing relationship between the CEO and the board chair

### **Reference to Commission Documents, if applicable**

“Core Requirement 2.3: Documenting an Alternative Approach”

### **Cross References to other related Standards/Requirements, if applicable**

None noted

## **2.4 The institution has a clearly defined, comprehensive, and published mission statement that is specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service. (Institutional mission)**

### **Rationale and Notes**

A clearly defined and comprehensive mission statement addressing all aspects of institutional function and is absolutely fundamental to the structure of an institution’s effectiveness review. An effective mission statement conveys the essence of institutional identity and reflects a clear understanding of the institution by the governing board, administration, faculty, and staff. It is the foundation upon which the institution examines itself, allocates its resources, and plans its future. Furthermore, it guides the public’s perception of the nature of the institution. While the institutional mission statement may be brief, it nevertheless describes completely and clearly what the institution does. It conveys a sense of the institution’s uniqueness and identifies the qualities, characteristics, and values that define the institution’s place, role, and distinctiveness within the diverse higher education community. Institutional integrity demands congruence between the mission statement and the institution’s governance as well as consistency in representation of the statement itself.

The expectation is that the mission of the institution is appropriate to higher education and that the focus is on teaching and learning. The scope of the institution’s mission should reflect the full scope of educational programs offered. It is important that the institution develop educational goals and objectives that are clearly recognized throughout the institution and are consistent with the mission. Ascertaining the level of achievement of its mission and its educational goals and objectives will be the primary focus of an institution’s assessment of effectiveness.

The Commission recognizes that some institutions of higher education may not include research and public service explicitly in their primary mission and that they may define research and public service in different ways. To the extent that the institution considers research and public service part of its mission, it should address those mission components appropriately in the statement itself and define them within the institutional context.

### **Relevant Questions for Consideration**

- What is the mission of the institution and is it clearly defined?
- Where is it published and how is it disseminated?
- How is the mission statement appropriate to an institution of higher education?
- How does the mission address teaching and learning and, if appropriate, research and public service?
- How does the mission statement describe the distinctiveness of the institution and its values?
- How does the mission statement reflect the educational programs and level of degrees offered by the institution?
- How does the institution address the unique aspects of its mission statement and how is it implemented?

### **Documentation**

#### Required Documentation, if applicable

A copy of the current mission statement and evidence of publication

#### Examples of other Types of Documentation

Publications in which the mission statement is published

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.1.1

Federal Requirement 4.2

## **2.5 The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that (1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission. (Institutional Effectiveness)**

### **Rationale and Notes**

Institutional effectiveness is the systematic, explicit, and documented process of measuring institutional performance against mission in all aspects of an institution. It permeates all facets of the institution. The purpose of this Core Requirement is to assure that the institution has an appropriate approach to institution-wide effectiveness that supports its mission and serves as a framework for linking mission to planning. A commitment to continuous improvement is at the

heart of an on-going planning and evaluation process. It is a continuous, cyclical process that is participative, strategic, flexible, relevant, and responsive. An approach to institutional effectiveness includes all programs, services, and constituencies; is strongly linked to the decision-making process at all levels; and provides a sound basis for budget decisions, resource allocations, and plans for institutional improvement.

The various activities of the institution's planning and evaluation system may be scheduled at periodic intervals that make sense for the institution and its mission. The results of diverse assessment efforts can be integrated to provide a sound basis for plans aimed at institution-wide improvement.

Even though the concept of institutional effectiveness may not be explicitly referenced in all of the comprehensive standards, the accreditation process assumes that all programs and services wherever offered within the context of the institution's mission and activity are reviewed as part of the institutional effectiveness process.

*Note:* Core Requirement 2.5 is distinguishable from CS 3.3.1 in that CR 2.5 focuses on institutional effectiveness at an institution-wide level. In CS 3.3.1, the effectiveness of the functioning units is addressed.

### **Relevant Questions for Consideration**

- How are the institution's systematic, ongoing, integrated, research-based (data-based) reviews conducted?
- How does the institution describe its planning and evaluation process?
- What evidence exists that the institution-wide planning and evaluation processes incorporate a systematic review of institutional mission, goals and outcomes?
- What evidence exists that the institution-wide planning and evaluation processes result in continuing improvements in institutional quality?
- What evidence exists that the institution-wide planning and evaluation processes demonstrate that the institution is effectively accomplishing its mission?
- How does the institution demonstrate a sustained, documented history of planning evaluation cycles, including the use of results for improvement to accomplish the institution's mission?
- Is there appropriate institutional research and budgetary support for assessment programs throughout the institution?
- What is the evidence that data from various sources concerning the effectiveness of programs and services are being used to make decisions for improvement?
- How is the institutional effectiveness process related to the budget?
- Are appropriate internal and external constituents and stakeholders involved in the planning and assessment process?

### **Documentation**

#### Required Documentation, if applicable

- Description of the institutional effectiveness process
- Documentation that shows that the process includes a systematic review that results in continuing improvement and demonstrates the extent to which an institution accomplishes its goals

#### Examples of other Types of Documentation

- Evidence of linkage of institutional effectiveness to institutional mission

- Documentation that the institution has a systematic, ongoing, integrated, research-based process
- Institutional plans and budgets that demonstrate the linkage of assessment findings to planning at all levels
- Strategic institution-wide plans (or similar) that drive the mission
- Minutes from appropriate units, committees, task forces charged with coordination of institutional effectiveness and evidence of broad-based involvement of faculty, staff, students and other stakeholders in the institutional effectiveness process
- Documentation that relates to institutional effectiveness, such as budget preparation instructions, minutes of budget presentation meetings, annual reports, annual assessment updates, institutional effectiveness reports
- Recent examples of how institution-wide planning/effectiveness has affected the institution

**Reference to Commission Documents, if applicable**

Commission Statement on Sampling (See definition of “Sampling” in the Glossary.)

**Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.3.1

Comprehensive Standard 3.5.1

Federal Requirement 4.1

**2.6 The institution is in operation and has students enrolled in degree programs. (Continuous operation)**

**Rationale and Notes**

SACS Commission on Colleges accredits degree-granting institutions in the southern region of the United States and degree-granting institutions operating at select international locations. In order to be evaluated for accreditation by the Commission, an institution needs to be a functioning organization with students enrolled in degree programs.

**Relevant Questions for Consideration**

- How long has the institution been in operation?
- How many students are currently enrolled in degree programs?

**Documentation**

Required Documentation, if applicable

List of degrees offered along with current enrollment numbers

Examples and other Types of Documentation

None noted

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

None noted

**2.7.1 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. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification for all degrees that include fewer than the required number of semester hours or its equivalent unit. (Program length)**

**Rationale and Notes**

The requirement reflects the generally accepted means of determining academic credit required for degrees in higher education. The requirement uses as its basis the semester credit hour or its equivalency. In instances where an institution relies on other means of determining “academic credit” other than semester hours, it must demonstrate that its approach adheres to generally accepted practices described by this Core Requirement. Additionally, an institution needs to justify any degrees that include fewer than the required number of hours.

**Relevant Questions for Consideration**

- How does the institution identify the minimum number of credit hours required for degrees at each level?
- What are the institution’s policies and procedures related to the establishment of new programs and do they include reference to minimum length for programs at each level?
- If an academic unit other than semester hours is used, what is the unit equivalency to semester hours and how does the institution make this determination?
- How is program length established and monitored?
- How does the institution justify degrees that include fewer than the required number of hours?

**Documentation**

Required Documentation, if applicable

- Institutional publications describing approved degree program requirements at all levels (associate, baccalaureate, post-baccalaureate, graduate, and professional) that include the number of credit hours required for each degree
- If the institution’s measure is not a semester credit hour, a description of any alternative approach deemed equivalent to a semester credit hour and an explanation of how it determines program length
- Justification of the length of a degree that includes fewer than the required number of hours

Examples of other Types of Documentation

- Evidence of internal and external program reviews which include a review of credit hours required for each degree program
- A description of any unit that is the equivalent of a semester hour and how it determines program length
- Policy statements and/or board bylaws outlining minimum degree requirements

**Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

“Credit Hours”

“Substantive Change for Accredited Institutions” (*change from clock to credit hours*)

“Collaborative Academic Arrangements”

“Quality and Integrity of Undergraduate Degrees”

**Cross References to other related Standards/Requirements, if applicable**

Federal Requirement 4.4

Federal Requirement 4.9

**2.7.2 The institution offers degree programs that embody a coherent course of study that is compatible with its stated mission and is based upon fields of study appropriate to higher education. (Program content)****Rationale and Notes**

All programs offered by the institution are directly connected to its mission and to fields of study appropriate to higher education. In order to guide students through the continuous process of learning, the content of the program demands increasing levels of integration of knowledge. Coherence is a critical component of a program and should demonstrate an appropriate sequencing of courses, not a mere bundling of credits, so that student learning is progressively more advanced in terms of assignments and scholarship required and demonstrates progressive advancement in a field of study that allows students to integrate knowledge and grow in critical skills.

**Relevant Questions for Consideration**

- What evidence exists that the institution offers degree programs consistent with its stated mission?
- How does the institution ensure that a representative sample of its degree programs demonstrates coherence in sequencing, increasing complexity, and linkages between and among program components?
- How does the institution demonstrate that its programs are appropriate to higher education?

**Documentation**Required Documentation, if applicable

- College/university publications listing courses required in each program offered, providing course descriptions, and course and program prerequisites

Examples of other Types of Documentation

- Process for ensuring the coherence of programs and compatibility with the mission of the institution
- Information regarding degree requirements, residency requirements, and other experiences as part of a program
- Comparative data with similar peer institutions
- Rationale for programs and their suitability for higher education
- State mandates providing curriculum requirements and/or guidelines
- Sample of curriculum development and approval process resulting in a program review

**Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

“Quality and Integrity of Undergraduate Degrees”

**Cross References to other related Standards/Requirements, if applicable**

Federal Requirement 4.2

**2.7.3 In each undergraduate degree program, the institution requires the successful completion of a general education component at the collegiate level that (1) is 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. These 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. If an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency. The institution also provides a justification if it allows for fewer than the required number of semester credit hours or its equivalent unit of general education courses. (General education)**

**Rationale and Notes**

This Core Requirement establishes four key principles regarding general education courses:

- General education courses are college-level and comprise a substantial component of each undergraduate degree.
- In order to promote intellectual inquiry, general education courses present a breadth of knowledge, not focusing on skills, techniques, and procedures specific to *the student's* occupation or profession.
- General education is based on a coherent rationale.
- The general education component constitutes a minimum number of semester hours, or its equivalent, and courses are to be drawn from specific academic areas.

It is essential to understand the general education component of the degree program within the context of the institution's mission and within the expectations of a college-level institution. Through general education, students encounter the basic content and methodology of the principal areas of knowledge: humanities and fine arts, social and behavioral sciences, and natural sciences and mathematics. Courses in each of these specific areas introduce a breadth of knowledge and reinforce cognitive skills and affective learning opportunities for each student. Therefore, it is important that courses selected by students do not focus on skills, techniques, and procedures *specific to that student's occupation or profession*. Such courses may also include

interdisciplinary courses. It is important that institutions have criteria for evaluating courses for inclusion in the core curriculum.

*Note:* Courses in basic composition that do not contain a literature component, courses in oral communication, and introductory foreign language courses are skill courses and not pure humanities courses. Therefore, for purposes of meeting this standard, none of the above may be the *one* course designated to fulfill the humanities/fine arts requirement in CR 2.7.3. (Interpretation adopted by the Executive Council February 2010)

In its publications, an institution is obligated to clearly designate the specific general education courses included in the three areas of knowledge: humanities and fine arts, social and behavioral sciences, and natural sciences and mathematics. Publications should clearly indicate or direct students in their options for selecting general education courses and, in particular, those considered pure humanities/fine arts that are in accord with the interpretation above. Finally, the institution should indicate how it ensures that all students follow the pathway for the selection of general education courses as described in its publications.

In its assessment of institutions, the Commission's review committee will evaluate whether credit hours that constitute the general education program at an institution are (1) drawn from and include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics, (2) include at least one pure humanities course as defined above, and (3) include courses that do not narrowly focus on those skills, techniques, and procedures specific to a student's particular occupation or profession. The Committee will analyze and report on each of the above elements in its determination of compliance with CR 2.7.3.

### **Relevant Questions for Consideration**

- What evidence is found of an institutional rationale for general education that serves as the basis for including selected courses?
- How does the institution ensure that the student's breadth of knowledge acquired through the general education component of the degree program is sufficient and appropriate to its mission?
- What measures does the institution use to ensure that general education represents a substantial component of the undergraduate degree program?
- What process is used to ensure that general education courses support the goals of the general education component?
- What criteria does the institution use to assure that the required skill level meets collegiate standards?
- Do all undergraduate degree programs include at least one course from the three required areas of study?
- Does the institution designate in its publications those general education courses that are considered pure humanities/fine arts in accord with the interpretation above? How has the institution validated that the courses that the institution designates are in accord with CR 2.7.3?
- How does the institution direct students in their choice of general education courses; that is, is it clear for students how the general education course work should be followed?

- How does the institution ensure that all students follow the pathway for the selection of general education courses as described in its publications?
- How does the general education program apply to transfer students, distance and correspondence education programs, etc.?

## **Documentation**

### Required Documentation, if applicable

- Description of and rationale for general education
- Publications that consistently describe the general education requirements
- Documentation that shows how the institution makes it clear to students the specific options for general education requirements, including mapping those designated general education courses that are considered pure humanities/fine arts in accord with the interpretation noted above

### Examples of other Types of Documentation

- List of general education learning outcomes
- Documentation of the institution's procedure for selecting courses that meet general education requirements
- Documentation that general education courses incorporate student learning outcomes associated with general education.
- Documentation on exceptions and policies and procedures for the acceptance of general education transfer courses

## **Reference to Commission Documents, if applicable**

“Substantive Change for Accredited Institutions” (*significant change to the general education program*)

“Quality and Integrity of Undergraduate Degrees”

## **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.5.1

Comprehensive Standard 3.5.3

Federal Requirement 4.2

**2.7.4 The institution provides instruction for all course work required for at least one degree program at each level at which it awards degrees. If the institution does not provide instruction for all such course work and (1) makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia or (2) uses some other alternative approach to meeting this requirement, the alternative approach must be approved by the Commission's Board of Trustees. In both cases, the institution demonstrates that it controls all aspects of its educational program. (See Commission policy “Core Requirement 2.7.4: Documenting an Alternative Approach.”) (Course work for degrees)**

## **Rationale and Notes**

This standard expects an institution to offer instruction for all course work required for at least one degree program offered at each level at which it awards degrees. When this is not the case and part of the instruction is provided by another accredited institution, then the alternative approach must be approved by the Commission and the institution must demonstrate that it controls the quality of its programs. The rationale for each approach follows:

*(1) The institution provides instruction for all course work required for at least one degree program at each level at which it awards degrees.* The expectation is that the institution provides instruction for all course work required for at least one degree program at each level at which it awards a degree or degrees in order to control and ensure the quality of the program, to maintain the integrity of each level of degrees offered, and carry out its mission.

*(2) If the institution makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia, or uses some other alternative approach to meeting this requirement, the alternative approach must be approved by the Commission on Colleges.* In all cases, the institution demonstrates that it controls all aspects of its educational program. In accord with Commission policy “Core Requirement 2.7.4: Documenting an Alternative Approach,” an institution may choose to offer a degree program at a level at which it does not provide instruction for all coursework for at least one degree program. For example, the institution may award a baccalaureate degree in one or more programs, but it does not offer all the coursework for any degree program for which it awards the baccalaureate degree. Instead, it may choose to enter into a consortium or contractual arrangement or use another alternative approach by which it accepts from another source some coursework required for the degree or degrees.

In order to gain approval from the Commission’s Board of Trustees for such arrangements, the institution describes the arrangement and demonstrates that although it does not offer all coursework for the program or programs at a particular degree level, it assumes responsibility for and maintains control of all aspects of the degree program or programs. It is important that the institution assesses the competencies of students relative to the coursework accepted from another source and ensures that the learning outcomes are consistent with expected outcomes had the institution offered the coursework. The responsibility for the integrity of programs or course work accepted through an alternative means rests with the institution awarding the degree or degrees. (See Commission policy, “Core Requirement 2.7.4: Documenting an Alternative Approach,” for specific directions when addressing compliance.)

In all cases, if the institution provides instruction for all course work or if it has alternative arrangements for offering a degree program, it is the responsibility of the institution to control the quality of that program.

*Note:* In the phrase, “...at least one degree program at each degree level..”, degree level refers to an associate, baccalaureate, master’s, or doctorate degree. See Glossary of Terms for additional explanation.

## **Relevant Questions for Consideration**

- Does the institution provide instruction for all coursework required for at least one degree program offered at each level at which it awards degrees?
- If yes, what evidence exists that it provides all instruction?

- If no, what alternative arrangement or consortium or contract does the institution have for provision of coursework which it does not offer? How does the institution maintain responsibility and control of the coursework (content and learning outcomes) accepted through an alternative means or through a consortium or contract? What evidence is provided that such arrangements are evaluated regularly? Has the Commission on Colleges approved the consortium or contract, if necessary?

## **Documentation**

### Required Documentation, if applicable

Documentation of instruction for all coursework for at least one degree program offered at each level at which the institution offers degrees

### Examples of other Types of Documentation

- Description of the alternative means or consortium or contract used to provide coursework for degree programs at any level at which the institution does not offer all coursework for at least one degree program
- Copies of any consortium agreement or contract for such arrangements
- Explanation and evidence of how the institution maintains responsibility for and control over the quality of courses accepted through the Commission’s policy on “Documenting an Alternative Approach.” Such evidence might include committee minutes, reports, and assessment instruments demonstrating that the institution has developed, implemented, and evaluated the means by which it ensures appropriate control over all aspects of the programs and services provided through such arrangements or agreements or contracts.

## **Reference to Commission Documents, if applicable**

“Core Requirement 2.7.4: Documenting an Alternative Approach”

“Substantive Change for Accredited Institutions” (*section on contractual agreements*)

“Quality and Integrity of Undergraduate Degrees”

## **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.4.7

## **2.8 The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of each of its academic programs.**

**Upon application for candidacy, an applicant institution demonstrates that it meets the comprehensive standard for faculty qualifications.**

**(Faculty)**

## **Rationale and Notes**

Adequacy of faculty resources is necessary to ensure the quality and the integrity of an institution’s academic programs. Moreover, the mission of the institution will govern the type of faculty employed, including the number and distribution of full-time faculty members. The achievement of the institution’s mission with respect to teaching, research, and/or service will require a critical mass of permanent, full-time, qualified faculty to provide direction and oversight of the academic programs. The number of such faculty will need to be sufficient to fulfill basic faculty functions of curriculum design, development, and evaluation; teaching; identification, and

assessment of appropriate student learning outcomes; student advising; research and creative activity; and institutional and professional service. The work of the core faculty may be supplemented and enhanced by judicious assignment of part-time faculty and graduate teaching assistants whose qualifications broaden and enrich the curriculum, increase learning opportunities for students, and enhance the mission of the institution.

*Note:* This requirement addresses faculty personnel, not academic support staff. In addition, it includes the number of full-time faculty, disaggregation by academic program and mode of delivery, and location of full-time faculty, not the qualifications of faculty. Finally, it also considers the number of full-time faculty involved in research and service, for institutions that have specified those missions.

Applicant institutions are required to demonstrate compliance with CR 2.8 and CS 3.7.1 in order to be awarded candidacy.

### **Relevant Questions for Consideration**

- What are the institution's definitions of terms such as full-time faculty, regular/permanent faculty, student-faculty ratio?
- How does the mission of the institution determine the number and type of faculty employed?
- How does the institution determine the number of full-time faculty needed to achieve its mission?
- What are the responsibilities of full-time faculty members and do they constitute a sufficient resource for carrying out basic faculty functions? What are the ways in which members of the institution other than full-time faculty carry out some of these functions?
- What are the institution's policies on employment of part-time or adjunct faculty?
- How are full-time faculty distributed across academic programs? Across off-campus instructional sites? Across various modes of delivery?
- How does the number of full-time faculty affect faculty work loads?

### **Documentation**

#### Required Documentation, if applicable

- Definition of full-time faculty
- The number of full-time vs. part-time faculty disaggregated by academic programs
- The number of full-time vs. part-time faculty disaggregated by off-campus instructional sites and by mode of delivery
- A narrative describing the role of full-time faculty supporting the adequacy of the mission of the institution, including research and service

#### Examples of other Types of Documentation

- Definitions of other instructional personnel terms such as regular/permanent faculty, student-faculty ratio
- Data such as number of faculty; faculty work loads; proportion of courses taught by full-time faculty, part-time faculty, and graduate assistants; comparisons of peer institutions; student credit hours generated by full-time and part-time faculty, etc.
- Policies describing the role of full-time faculty (and others) in the carrying out of the basic functions of the faculty as described in the rationale
- Policies governing the employment of part-time faculty and graduate assistants

**Reference to Commission Documents, if applicable**  
“Distance and Correspondence Education”

**Cross References to other related Standards/Requirements, if applicable**  
Comprehensive Standard 3.7.1

**2.9 The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate library collections and services and to other learning/information resources consistent with the degrees offered. Collections, resources, and services are sufficient to support all its educational, research, and public service programs. (Learning resources and services)**

**Rationale and Notes**

The purpose of this Core Requirement is to ensure that an institution’s students, faculty, and staff have access to appropriate collections, services, and other library-related resources that support all educational, research, and public service programs wherever they are offered and at the appropriate degree level. The levels and types of degrees offered by an institution determine the nature and extent of library-related resources needed to support the full range of its academic programs. In order to adequately support the institution’s curriculum and mission, an institution may arrange for its students and faculty to have convenient access to the library/learning resources of another institution or to library-related resources that are shared by a consortium of institutions. In any case, it is expected that the institution provide appropriate library collections, resources, and services at all locations, including off-campus instructional sites and branch campuses and offered through distance and correspondence education.

*Note:* The determination of an institution’s effectiveness in providing sufficient collections, services, and resources within its mission should be addressed in CS 3.3.1.3.

**Relevant Questions for Consideration**

- How are the institution’s services (or access to them) structured to meet the needs specific to the institution’s programs, wherever they are located?
- How does the institution assure convenient, timely, and user-friendly access?
- How does the institution determine adequacy and relevancy of library/learning resources to support all its educational, research, and service needs?
- How does the collection development policy support the educational, research, and service needs of the institution?
- How does the institution determine if its services are appropriate?
- What are the library resources and are they appropriate to support the educational programs offered?
- What access to collections and services is provided for off-campus sites and distance learning courses?

- How does the institution provide access to library-related resources not owned by the institution?
- How does the institution ensure that library-related resource relationships outside its direct control are relevant to its academic program?

## **Documentation**

### Required Documentation, if applicable

- Description of library collections
- Description of library resources
- Description of library services
- Policies and procedures governing collections, services, and access to other library-related resources
- Evidence that the institution's library-related resources support all its educational, research, and public service programs wherever located

### Examples of other Types of Documentation

- If the institution provides access to library resources through an arrangement with another institution, copies of contracts and agreements outlining access and services
- If the institution provides access to library resources through an arrangement with another institution, description and analysis of the appropriateness of other institutions' collections and services for which access contracts are maintained; documentation of relevance and adequacy
- User satisfaction surveys
- Comparison data of collections to user population
- Examples of recent improvements, changes, or expansions made as a result of data usage/satisfaction
- Collection development and weeding policies

## **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

## **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.8.1

Comprehensive Standard 3.3.1.3

## **2.10 The institution provides student support programs, services, and activities consistent with its mission that are intended to promote student learning and enhance the development of its students. (Student support services)**

### **Rationale and Notes**

Appropriate student support programs and services apply to undergraduate and graduate programs and enhance the educational development of students at all levels. The expectation is that an institution recognizes this important component of student learning and student development, regardless of placement in the organizational structure, and that, in the context of its mission, the institution provides an appropriate range of support services and programs to students at all

locations, including off-campus instructional sites, branch campuses, and those enrolled in distance and correspondence education.

*Note:* The determination of an institution's effectiveness for promoting student learning and student development within its mission should be addressed in CS 3.3.1.3.

### **Relevant Questions for Consideration**

- What is the student body profile and do the student support programs and services provided by the institution serve all levels of students?
- How do the student support programs and services effectively promote the mission of the institution for all students served by the institution?
- How do students taking courses at off-campus instructional sites or taking distance and correspondence education courses access student support programs, services, and activities?

### **Documentation**

#### Required Documentation, if applicable

- Descriptions of the various student support programs and services
- Narrative relating the student support services and programs to the mission of the institution

#### Examples of other Types of Documentation

Processes used to determine student needs/interests and examples of recent changes in services made in response

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.3.1.3

Comprehensive Standards 3.9.1 – 3.9.3

Comprehensive Standard 3.4.9

## **2.11.1 The institution has a sound financial base and demonstrated financial stability to support the mission of the institution and the scope of its programs and services.**

**The member institution provides the following financial statements: (1) an institutional audit (or Standard Review Report issued in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA for those institutions audited as part of a systemwide or statewide audit) and written institutional management letter for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide; (2) a 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 year; and, (3) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board. Audit requirements for applicant institutions may be found in the Commission policy “Accreditation Procedures for Applicant Institutions. (Financial resources)**

### **Rationale and Notes**

Although missions may vary among institutions, a sound financial base and a pattern of financial stability, provide the foundation for accomplishing an institution’s mission, regardless of changing economic conditions. Adequate resources allow for deliberate consideration of the effective use of resources to fulfill that mission. It is reasonable that the general public, governmental entities, and current and prospective students expect sufficient financial and physical resources necessary to fulfill the institution’s mission.

*Note:* The financial statements required in Core Requirement 2.11 are necessary, as a minimum, to provide documentation of financial resources and stability.

Item (2) above requires a 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 year. Unrestricted net assets (UNA) are assets not restricted to specific use by donors, to be used as the institution deems appropriate. UNA include assets of varying liquidity (availability). Some assets, such as cash, might be very liquid. Plant assets, such as buildings and equipment, might be difficult to sell to meet obligations. The purpose of calculating UNA exclusive of plant and plant-related debt (UNAEP) is to determine the level of assets available to meet day-to-day obligations of the institution. There is no prescribed format for this schedule. It must be multi-year and the content is defined by the standard: unrestricted net assets less plant, net of depreciation and plant-related debt. The definition of plant can be problematic. Institutions should work with their auditors to properly classify assets as either plant or investment. If an asset can be easily sold, and is not intended to be held indefinitely, it may be reasonable to exclude it from plant. However, if an asset is not easily sold and if the institution does not intend to sell it in the foreseeable future, it may be appropriate to include it in plant for this calculation. Institutions should be guided by the question, “Is the asset in question reasonably available to meet general operational obligations?” In general, board-designated unrestricted net assets would be included as unrestricted net assets for the purpose of this schedule. Plant-related debt is generally debt used to expand or refinance buildings, improvements, equipment or other plant assets. Debt obtained to fund operational deficits, even if secured by plant, should not be included in plant-related debt. For purposes of this calculation, plant-related debt may not exceed plant, net of depreciation.

### **Relevant Questions for Consideration**

- How does the institution demonstrate financial stability?
- How does the institution demonstrate a sound financial base?

- What evidence shows that the institution is living within its financial means?
- What evidence is there that financial behaviors are sustainable?
- If financial behaviors have eroded the overall financial base or stability of the institution, what are they and why has this happened?
- Is the institution borrowing to support day-to-day operations?
- Are audited financial statements, or standard review reports, prepared in accordance with generally accepted accounting principles and all FASB or GASB standards?
- How is the institution's budget approved?
- What is the balance of UNAEP? How has it changed over time? If it is falling, why?
- If there is a deficit, what has created the deficit? An overinvestment in plant? Operational deficits? Purchases of property and equipment?

## **Documentation**

### Required Documentation, if applicable

- Audited financial statements, including footnotes, for the most recently ended fiscal year prior to the due date of an institution's compliance certification, or, a Standard Review Report, with individual institutional financial information, for the most recently ended fiscal year end prior to the due date of an institution's compliance certification
- A written management letter specific to the institution for the most recently ended fiscal year prior to the due date of an institution's compliance
- Statement of Unrestricted Net Assets exclusive of plant and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year
- The current annual budget (summary) and evidence of sound budget planning
- Documentation of board approval of the budget
- A multi-year statement of unrestricted net assets that matches audited financial statements showing the exclusion of plant assets, net of depreciation and plant-related debt, resulting in UNAEP; the change in UNAEP over at least a two-year period

### Examples of other Types of Documentation

- Rating agency reviews with special attention to any upgrades or downgrades in bond ratings (if applicable)
- Approved, amended and actual budget summary totals for the past three years
- Copies of contribution agreements that affect the financial stability of the institution
- Evidence of a sound financial base and of financial stability, which may include ratio analysis based on audited financial statements (e.g., standard ratios such as the CFI (composite financial index), current ratio, or other standard ratios (If benchmarked, please include source of benchmark.)
- Trend reports that represent a sound financial base and stability such as enrollment, endowment return, state appropriations, etc.

## **Reference to Commission Documents, if applicable**

None noted

## **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2

Comprehensive Standard 3.10.1

Comprehensive Standard 3.10.4

## **2.11.2 The institution has adequate physical resources to support the mission of the institution and the scope of its programs and services. (Physical resources)**

### **Rationale and Notes**

Adequate physical resources are essential to the educational environment and include well-maintained buildings and grounds that are safe and appropriate for the scope of the institution's programs and services. It is reasonable that the general public and current and prospective students expect the institution to have sufficient physical resources necessary to fulfill its mission as an ongoing concern.

### **Relevant Questions for Consideration**

- How does the institution demonstrate that the physical resources of the institution are adequate in quality, scope, and condition to support the mission of its programs and services?
- How does the institution evaluate the appropriateness and sufficiency of physical resources at off-campus instructional sites?

### **Documentation**

#### Required Documentation, if applicable

Documentation of the adequacy and condition of physical resources at all locations

#### Examples of other Types of Documentation

- Facilities master plan
- Financial history and narrative regarding recently completed, present, or planned capital campaigns
- Facilities inventory plan
- Surveys from faculty, staff, and students addressing adequacy of the institution's physical facilities
- Data comparing facility needs to actual facilities available
- Academic master plan or similar document for planned facilities use to support academic programs, if available
- Survey results of benchmark comparisons

### **Reference to Commission Documents, if applicable**

"Distance and Correspondence Education"

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.11.1

Comprehensive Standard 3.11.2

Comprehensive Standard 3.11.3

## **2.12 The institution has developed an acceptable Quality Enhancement Plan that includes an institutional process for identifying key issues emerging from institutional assessment and focuses on learning outcomes and/or the environment supporting student learning and accomplishing the**

**mission of the institution. (Quality Enhancement Plan)** (Note: This requirement is not addressed by the institution in its Compliance Certification.)

### **Rationale and Notes**

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 part of the reaffirmation process is an opportunity and an impetus for an 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) emerging from institutional assessment and focuses on enhancing student learning or the environment supporting student learning. Student learning is defined broadly in the context of the QEP and may address a wide range of topics or issues but, in all cases, the goals and evaluation strategies need to be clearly and directly linked to improving the quality of student learning and be consistent with the institution's strategic plan.

*Note:* The QEP is a course of action that is specific to an institution and its mission. It is intended to be customized and designed to meet the needs of students at a particular institution. It is an opportunity for an institution to be creative in an area related to compliance with the *Principles*. Therefore, although an institution may want to study QEPs completed by other institutions, an institution's QEP should reflect the needs of the institution and be customized to accomplish its goals.

Compliance with Core Requirement 2.12 is applicable to action on reaffirmation.

SACSCOC Executive Council considered the question about whether an institution can use facets of its previous QEP for its next reaffirmation review. The Council determined that an institution could do so under the following conditions: The new QEP (1) should be derived from an assessment of its previous QEP, (2) have distinct goals and institutional outcomes from its first QEP, and (3) continue to focus on student learning outcomes and/or the environment supporting student learning and quality enhancement.

### **Relevant Questions for Consideration in the preparation of the QEP**

- Has the institution identified and provided a clear and concise description of a significant issue(s) directly related to student learning or the environment supporting student learning?
- What are the intended benefits of the QEP to the institution and to its student?
- How does the QEP support the mission of the institution?
- What assessment data were used for the selection of the topic?

### **Reference to Commission Documents, if applicable**

*Handbook for Institutions Seeking Reaffirmation of Accreditation*

### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.5

Comprehensive Standard 3.3.2

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## Section 3: Comprehensive Standards

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Comprehensive Standards are specific to the operations of an institution, represent good practice in higher education, and establish a level of accomplishment expected of all member institutions. The Comprehensive Standards set forth requirements in the following four areas (1) institutional mission, governance, and effectiveness; (2) educational programs; (3) resources; and (4) institutional responsibility for Commission policies.

**Application of the Requirements.** The Commission on Colleges bases its accreditation of degree-granting higher education institutions and entities on requirements in the *Principles of Accreditation: Foundations for Quality Enhancement*. These requirements apply to all institutional programs and services, wherever located or however delivered. This includes programs offered through distance and correspondence education, and at off-campus instructional sites and branch campuses. Consequently, when preparing documents for the Commission demonstrating compliance with the *Principles of Accreditation*, an institution must include these sites and programs in its “Institutional Summary Form Prepared for Commission Reviews” and address them in its analysis and documentation of compliance. (*See Commission policy “Distance and Correspondence Education.”*)

**The Requirement of a Policy.** Implicit in every Comprehensive Standard mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it. (*See Commission best practices “Developing Policy and Procedures Documents.”*)

### **3.1.1 The mission statement is current and comprehensive, accurately guides the institution's operations, is periodically reviewed and updated, is approved by the governing board, and is communicated to the institution's constituencies. (Mission)**

#### **Rationale and Notes**

The mission statement is comprehensive, addressing all aspects of institutional function and actively guides the institution. It is important that the institutional mission statement be formally adopted, published, implemented, and made available to all the constituencies of the institution and to the general public. Because the statement describes what the institution does, it is the foundation for planning and assessment processes. These processes validate that the institution does what it claims and evaluates how well it fulfills its mission statement. The mission statement thus provides the basis and context for evaluating institutional effectiveness. The standard assumes a uniform publication of the mission statement.

The institution's governing board formally approves and periodically reviews the institution's mission statement. The board, in its review, reaffirms the mission statement, whether or not changes are made, thereby maintaining a cognizance of previously agreed-upon scope of institutional activities and ensuring that institutional policies, procedures, and activities remain compatible with and included in the mission statement. Likewise, the institutional mission statement guides the board, the administration, and the faculty in its deliberations and policy-making decisions in order to encourage coherence, consistency, and congruence in institutional direction.

#### **Relevant Questions for Consideration**

- How does the institution show that its mission statement clearly communicates the essence of the institution, its distinctiveness or unique characteristics, its major educational components, and its primary constituencies?
- How are the educational programs, research, and services consistent with the mission of the institution?
- In what ways does the mission statement guide the directions, decisions, activities, policies, and procedures of the institution? What evidence exists of a clear linkage between the institutional mission statement and all major aspects of institutional function, including assessment?
- What evidence shows that the mission statement has been approved formally and reviewed periodically by the institution's governing board?
- How does the institution communicate its mission statement in a consistent manner to its constituencies?
- How does the mission statement guide decisions of the institution? Provide examples?

#### **Documentation**

##### Required Documentation, if applicable

- Mission statement and examples of how it is disseminated
- Documentation of most recent mission review and approval

##### Examples of other Types of Documentation

- Governing board minutes documenting periodic review and approval of the mission statement and resulting changes made to the statement, when appropriate

- Examples of how the mission statement guides the activities and decisions of the institution
- Schedule of periodic review

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.4  
Federal Requirement 4.2

**3.2.1 The governing board of the institution is responsible for the selection and the periodic evaluation of the chief executive officer. (CEO evaluation/selection)**

**Rationale and Notes**

This standard assumes that the governing board is that group which holds the institution and its well being in trust. This group also has responsibility for selecting and evaluating the chief executive officer. Few trustee activities are as consequential to the institution’s future and well being as finding and selecting the best possible chief executive officer, and few activities provide a better opportunity for assessing the institution’s present condition and future needs.

*Note:* The Commission expects that a reasonable periodic evaluation would be at least every three years.

**Relevant Questions for Consideration**

- How is the chief executive officer selected and/or appointed and by what body or legal authority?
- What are the board’s criteria for determining an effective performance of the chief executive officer?
- How is the chief executive officer evaluated and what is the schedule?

**Documentation**

Required Documentation, if applicable

- Documentation of the evaluation of the chief executive officer
- Records of the most recent chief executive officer search

Examples of other Types of Documentation

- Written policies for the evaluation of the chief executive officer
- Minutes documenting board review of the chief executive officer
- Written reports on reviews of the chief executive officer
- Position description for the chief executive officer
- Bylaws reference to board responsibilities for selection and evaluation of the chief executive officer

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**  
Core Requirement 2.2

**3.2.2 The legal authority and operating control of the institution are clearly defined for the following areas within the institution’s governance structure: (Governing board control)**

- 3.2.2.1 institution’s mission;**
- 3.2.2.2 fiscal stability of the institution; and**
- 3.2.2.3 institutional policy.**

**Rationale and Notes**

The governing board of an institution typically has legal authority and responsibility for the institution’s mission, its financial stability, and institutional policies. When the governing board does not retain sole legal authority and operating control, the institution clearly outlines the active control of these functions by other entities and how they relate to the board’s responsibility.

**For CS 3.2.2.1: Institution’s mission**

**Relevant Questions for Consideration**

- Are adequate definitions of legal authority and operating responsibility clearly stated in the rules and regulations, policy manuals and/or bylaws of the institution’s governing board?
- What entity (or entities) regularly examines the mission of the institution?

**Documentation**

Required Documentation, if applicable

Charter, bylaws, or state codes or statutes indicating legal authority and operating control

Examples of other Types of Documentation

- Minutes or other documents demonstrating the process by which the mission was last reviewed/revised
- Rules and regulations, policy manuals, bylaws, meeting minutes, and relevant correspondence for the institution

**Reference to Commission documents, if applicable**

“Reaffirmation of Accreditation and Subsequent Reports”

**Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2  
Core Requirement 2.4  
Comprehensive Standard 3.1.1

### **For CS 3.2.2.2: Fiscal stability of the institution:**

#### **Relevant Questions for Consideration**

- Are adequate definitions of legal authority and operating responsibility clearly stated in the rules and regulations, policy manuals and/or bylaws of the institution's governing board?
- What entity or entities regularly examine the financial stability of the institution and issue opinions regarding their findings?

#### **Documentation**

##### Required Documentation, if applicable

Charter, bylaws, statutes or state codes indicating legal authority and operating control in regard to financial stability

##### Examples of other Types of Documentation

Minutes or other documents demonstrating the process by which institutional finances was last reviewed

#### **Reference to Commission documents, if applicable**

"Reaffirmation of Accreditation and Subsequent Reports"  
"The Impact of Budget Reductions on Higher Education"

#### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2  
Core Requirement 2.11.1  
Comprehensive Standard 3.10

### **For CS 3.2.2.3: Institutional policy**

#### **Relevant Questions for Consideration**

- Are adequate definitions of legal authority and operating responsibility clearly stated in the rules and regulations, policy manuals and/or bylaws of the institution's governing board?
- What entity or entities regularly examine institutional policy?

#### **Documentation**

##### Required Documentation, if applicable.

Charter, bylaws, statutes, or state codes indicating legal authority and operating control

##### Examples of other Types of Documentation

- Minutes or other documents demonstrating the process by which policy is reviewed, approved, and revised
- Rules and regulations, policy manuals, bylaws, meeting minutes, and relevant correspondence for the institution

#### **Reference to Commission Documents, if applicable**

"Reaffirmation of Accreditation and Subsequent Reports"  
"Developing Policy and Procedures Documents"

### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2

Comprehensive Standard 3.4.5

### **3.2.3 The governing board has a policy addressing conflict of interest for its members. (Board conflict of interest)**

#### **Rationale and Notes**

To maintain the integrity of the educational enterprise, the governing board—responsible for establishing broad institutional policies, should be free of inappropriate influence and avoid even the appearance of any conflict of interest as they carry out their duties. This standard assumes publication and consistent implementation of the policy.

#### **Relevant Questions for Consideration**

- What is the conflict of interest policy for governing board members?
- How are governing board members informed of its existence?
- How does the conflict of interest policy apply to individuals on the governing board as well as to the collective actions taken by the governing board as a corporate entity?
- How does the policy protect the integrity of the institution?

#### **Documentation**

##### Required Documentation, if applicable

- Policy statement on conflict of interest as applies to board members
- Evidence of implementation, if applicable. If not applicable, indicate why.

##### Examples of other Types of Documentation

- Board bylaws defining conflict of interest
- Example of a signed conflict of interest statement
- Board minutes indicating board members have signed conflict of interest statements

#### **Reference to Commission Documents, if applicable**

“Developing Policy and Procedures Documents”

### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2

Comprehensive Standard 3.2.4

### **3.2.4 The governing board is free from undue influence from political, religious, or other external bodies, and protects the institution from such influence. (External influence)**

#### **Rationale and Notes**

Effective governing boards adhere to the laws and regulations that underpin the institution’s legitimacy while championing its right to operate without unreasonable intrusions by

governmental and nongovernmental agencies and entities. The board protects and preserves the institution's independence from outside pressures.

*Note:* "External bodies" may also be interpreted to mean *individuals* external to the institution.

### **Relevant Questions for Consideration**

- To what extent and by what means are governing board members educated regarding these responsibilities?
- What safeguards protect the institution?
- How does the institution show that its governing board members are free from undue influences?

### **Documentation**

#### Required Documentation, if applicable

Bylaws, charter, articles of organization, enabling statute, or similar document

#### Examples of other Types of Documentation

- Composition of the board and documentation of board member selection
- Institutional policies and bylaws that protect the institution from unwarranted intrusion by external forces
- Documents and reports of board actions that have resolved issues regarding pressures by external agencies

### **Reference to Commission Documents, if applicable**

None noted

### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2

Comprehensive Standard 3.2.3

## **3.2.5 The governing board has a policy whereby members can be dismissed only for appropriate reasons and by a fair process. (Board dismissal)**

### **Rationale and Notes**

Members of the governing board need to exercise their responsibilities without fear of retaliatory measures, such as removal from office by arbitrary or capricious means. Substantive and procedural processes protect the interests of the institution and the members of the governing board.

*Note:* If the institution has had no cause to dismiss a governing board member and, therefore, has not applied its policy, it should indicate that an example of implementation is unavailable because no such dismissals have taken place.

### **Relevant Questions for Consideration**

- What is the policy that governs the removal of a governing board member from office?
- Who elects/appoints governing board members? Who can remove board members from office and by what process?

- How does the policy specifically address reasons for dismissal
- How does the policy provide for a fair process for dismissal?

## **Documentation**

### Required Documentation, if applicable

- Policy for dismissal of governing board members to include (1) reasons for dismissal and (2) a description of the process for removal
- Examples of implementation, if applicable

### Examples of other Types of Documentation

- Governing board policies
- Governing board minutes

## **Reference to Commission Documents, if applicable**

“Developing Policy and Procedures Documents”

## **Cross References to other related standards/requirements, if applicable**

None noted

## **3.2.6 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. (Board/administration distinction)**

### **Rationale and Notes**

Effective governance includes clearly defining the roles and responsibilities of the governing board, administration, and faculty and that each of these groups adheres to their appropriate roles and responsibilities. It is important that the overall mission and overarching policies of the institution are approved by the board but that their implementation and evaluation are delegated to the administration and faculty in order to prevent the board from undercutting the authority of the president and other members of the administration and faculty and, thereby, creating an unhealthy and unworkable governance structure. To ensure that there is a clear understanding of separate roles and responsibilities, the distinctions should be delineated in writing and disseminated to all appropriate constituents.

### **Relevant Questions for Consideration:**

- What evidence exists that the organizational structure reflects a distinction in lines of authority?
- What evidence exists that other documents, such as board manuals, minutes, and administrative procedures manuals, illustrate the distinction in practice?
- What evidence exists demonstrating that administrators/faculty administer policy?
- What is the institution’s written policy on the roles and responsibilities of the governing board, administration, and faculty?
- How are written policies communicated to constituents?

## **Documentation**

### Required Documentation, if applicable

Bylaws or official policy or other written documentation delineating responsibility for administering and implementing policy

### Examples of other Types of Documentation

- Bylaws of the institution
- Governing board policy manual
- Faculty manual
- Minutes of governing board meetings that reflect practice
- Governing board orientation minutes or procedures
- Minutes of administration/faculty meetings

## **Reference to Commission Documents, if applicable**

None noted

## **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2

## **3.2.7 The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies. (Organizational structure)**

### **Rationale and Notes**

The institution's administrative/organizational structure is designed to support the institution's mission, goals, and priorities. Effective institutions ensure that administrative responsibilities for policy implementation are accessible and clear to key constituents. The distribution of organizational charts and policies/procedures manuals provide the necessary foundation for internal and external understanding of the institution's operations.

### **Relevant Questions for Consideration**

- How does the organizational chart accurately reflect the major decision areas of the institution?
- How is the organizational structure consistent with the written policies governing roles and responsibilities of the board, administration, and faculty?
- How does the institution publish and disseminate its organizational structure?
- Is the organizational structure updated regularly and consistently presented?

## **Documentation**

### Required Documentation, if applicable

Organizational charts and publication location

### Examples of Other Types of Documentation

- Bylaws, statutes, or similar documents of the institution
- Institutional publications

## **Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**  
Comprehensive Standard 3.2.6

### **3.2.8 The institution has qualified administrative and academic officers with the experience and competence to lead the institution. (Qualified administrative/academic officers)**

#### **Rationale and Notes**

In order to ensure that an institution has effective leadership to accomplish its mission, the institution employs academic and administrative officers with the credentials and expertise appropriate to the duties and responsibilities associated with their positions. This refers to key decision-makers within the institution's governance structure. Depending on the size and complexity of the institution, these individuals may or may not be at the executive level.

*Note:* This standard does not apply to chief executive officers. See Comprehensive Standard 3.2.1 for expectations pertaining to the chief executive officer.

#### **Relevant Questions for Consideration**

- What evidence exists showing that persons holding key leadership positions in the institution are qualified to carry out their responsibilities?
- If staff members with non-traditional credentials have been appointed, what evidence in their background and experience justifies their employment?

#### **Documentation**

##### Required Documentation, if applicable

- Organizational chart with names of those appointed to academic and administrative posts
- Names, positions, position descriptions, qualifications

##### Examples of other Types of Documentation

Resumes' for senior-level academic and administrative officers

#### **Reference to Commission Documents, if applicable**

"Distance and Correspondence Education"

**Cross References to other related Standards/Requirements, if applicable**  
Comprehensive Standard 3.2.10

### **3.2.9 The institution publishes policies regarding appointment, employment, and evaluation of all personnel. (Personnel appointment)**

#### **Rationale and Notes**

This standard indicates that institutions will publish policies that describe conditions of appointment, employment, and evaluation that are periodically assessed and widely disseminated to demonstrate that the institution employs personnel with sufficient qualifications to maintain its operations and to support the achievement of goals consistent with its educational mission.

Note: This standard applies to all full-time and part-time faculty and staff, excluding the chief executive officer. It does not apply to student assistants, graduate assistants, etc.

*Note:* The use of the phrase “all personnel” would not include student workers, graduate assistants, etc.

### **Relevant Questions for Consideration**

- What are the policies regarding the appointment, employment, and evaluation of personnel?
- How are such policies developed and approved?
- How are the policies disseminated to ensure that all personnel are informed?
- What evidence shows that appointment and employment practices are consistent with the policy?
- What evidence exists that shows that evaluation practices are consistent with the policy?

### **Documentation**

#### Required Documentation, if applicable

Policies regarding the appointment, employment, and evaluation of all personnel

#### Examples of other Types of Documentation

- Personnel manuals
- Documentation that personnel are informed about the appointment, employment, and evaluation policies affecting them
- Contracts, memorandums of understanding, or other agreements for outsourced services/programs
- Collective bargaining agreements
- In cases where educational services or programs are outsourced, the mechanisms for ensuring that the practices for employment, appointment, and evaluation of personnel are comparable with those used by the institution
- Evidence of a periodic review for the currency of such policies

### **Reference to Commission documents, if applicable**

“Developing Policy and Procedures Documents”

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.2.10

Comprehensive Standard 3.7.2

## **3.2.10 The institution periodically evaluates the effectiveness of its administrators. (Administrative staff evaluations)**

### **Rationale and Notes**

In order for the institution to demonstrate the overall effectiveness of its administration, administrators are periodically evaluated regarding their achievement of performance objectives. Regular evaluations contribute to the continuing development of the institution.

*Note:* The selection and evaluation of the chief executive officer is included in CS 3.2.1.

The Commission expects that the use of the word “periodically” is reasonably be defined as meaning at least every three years.

### **Relevant Questions for Consideration**

- What is the process for periodically evaluating the effectiveness of administrators?
- What are the criteria used for evaluating administrators?
- What is the schedule for evaluating administrators?
- Is this standard consistent with the policies outlined in CS 3.2.9?

### **Documentation**

#### Required Documentation, if applicable

- Administrative policies for the evaluation of administrators (redact names)
- Timeframes for evaluations

#### Examples of other Types of Documentation

Examples of completed assessment forms (with names and sensitive details redacted)

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.2.8

Comprehensive Standard 3.2.9

## **3.2.11 The institution’s chief executive officer has ultimate responsibility for, and exercises appropriate administrative and fiscal control over, the institution’s intercollegiate athletics program. (Control of intercollegiate athletics)**

### **Rationale and Notes**

The institution’s intercollegiate athletics program often influences the institution’s visibility and stature, helps define its image, provides external financial support and often is a major operation with a significant financial impact on the institution. It is important that the institution’s chief executive officer has ultimate and active responsibility for appropriate administrative and financial control of the institution’s intercollegiate athletics program, including the academic standards of athletes.

### **Relevant Questions for Consideration**

- How does the institution’s chief executive officer have administrative and financial control over intercollegiate athletics, including athletics policies and procedures, operating budgets, recruiting standards, and academic standards for athletes?
- What is the working relationship that exists between the institution’s chief executive officer and the athletics director?

## **Documentation**

### Required Documentation, if applicable

Job description or other formal evidence of the chief executive officer's assigned authority and responsibility for the intercollegiate athletics program

### Examples of other Types of Documentation

- Documentation indicating the office with ultimate authority for intercollegiate athletics operating budgets and fund-raising initiatives
- Documentation showing the working relationship between the institution's chief executive officer and intercollegiate athletics compliance officer
- Documentation of the reporting arrangements of the athletics director
- Examples of the chief executive officer's involvement in athletics administration
- Relevant sections of the most recent compliance reports addressing oversight, such as those from the NCAA, NAIA, NJCAA or others

## **Reference to Commission Documents, if applicable**

None noted

## **Cross References to other related Standards/Requirements, if applicable**

Principle 1.1

### **3.2.12 The institution's chief executive officer controls the institution's fund-raising activities. (Fund-raising activities)**

#### **Rationale and Notes:**

This standard refers to internal institutional fundraising and not independent, separately incorporated entities. The achievement of an institution's mission is often dependent on successful fundraising. Therefore, the institution's chief executive officer has ultimate control of the institution's fundraising activities because fundraising activities need to support the institution's priorities and initiatives as identified by the governing board and the chief executive officer. It is the responsibility of the chief executive officer to monitor these priorities.

#### **Relevant Questions for Consideration:**

- What is the written policy on the oversight of fundraising?
- What evidence exists that fundraising activities by board members, alumni groups, or others are coordinated by the chief executive officer or the person so delegated these responsibilities?
- How do fund-raising activities support the institution's priorities?
- What are the reporting arrangements of the fund-raising staff?

## **Documentation**

### Required Documentation, if applicable.

Description of the reporting relationship in fund raising

### Examples of other Types of Documentation

- The job description of the chief executive officer
- Appropriate policies and procedures manual
- Organizational chart

- Minutes reporting on fund-raising activities
- Examples of the chief executive officer's involvement in fund-raising activities

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

None noted

**3.2.13 For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs, (1) the legal authority and operating control of the institution is clearly defined with respect to that entity; (2) the relationship of that entity to the institution and the extent of any liability arising out of that relationship is clearly described in a formal, written manner; and (3) the institution demonstrates that (a) the chief executive officer controls any fund-raising activities of that entity or (b) the fund-raising activities of that entity are defined in a formal, written manner which assures that those activities further the mission of the institution. (Institution-related entities)**

**Rationale and Notes**

Any entity related to the institution and having as its primary purpose to support the institution or its programs can at best be a major source of strength to the quality and success of the institution and, at worst, be an interfering body that uses its resources to control, inappropriately influence, or manage the institution. It is critical to assure that the institution does not become so reliant on an outside related entity that its autonomy is compromised and its continued functioning is put in jeopardy. Often, such entities exist to raise private gifts to supplement other institutional resources and to manage their distribution. They may, however, also assume responsibility for other institutionally-related activities such as hospitals, research enterprises, and residence halls. Therefore, this standard expects that the legal authority and operating control within the institution's governance structure is clearly defined and that any liability arising out of the relationship with the related entity is clearly described in a formal, written manner.

Further, the Commission expects the institution's chief executive officer to control any fund-raising activities of that entity or to define the fund-raising activities in a formal, written manner to ensure that the activities further the mission of the institution.

**Relevant Questions for Consideration:**

- Are adequate definitions of legal authority and operating responsibility clearly stated in institutional documents?
- Within the institution's governance structure, what organization has legal authority and operating responsibility for dealing with outside entities?
- If an external entity has been established to support intercollegiate athletics, what evidence indicates that the institution's chief executive officer has adequate information and control to ensure that the entity conducts activities in a manner consistent with the institution's

mission and with other external oversight bodies without compromising the integrity of the institution?

- What are the essential elements of the contractual agreements between the outside entity(s) and the institution?
- How does the agreement accurately describe the relationship between the entity and the institution?
- How does the agreement describe any institutional liability associated with that relationship?
- What is the mission of each entity and is it consistent with the mission of the institution it supports?
- Does the financial position of the entity affect the financial soundness of the institution?
- What structures are in place to assure that the leadership of the entity and the institution are separate but work cooperatively? How is this evaluated?
- What evidence exists that (1) the chief executive officer controls any of the fund-raising of that entity or (2) the fund-raising activities of the entity are defined in a formal, written manner which assures that those activities further the mission of the institution?

## **Documentation**

### Required Documentation, if applicable

- Contracts or other formal agreements that define the relationship between each related entity and the institution
- Charter and bylaws indicating legal authority and operating control within the institution's governance structure for related entities

### Examples of other Types of Documentation

- Copies of bylaws and other publications for each related entity
- Mission statements for each related entity
- Contracts or other formal agreements with third parties
- Policies and regulations related to intercollegiate athletics and the chief executive officer's oversight and relationship to outside entities
- Evidence that the chief executive officer controls the fund-raising activity of the related entity
- Evidence that the fund-raising activities of the related entity are defined in a formal, written manner assuring that the activities further the mission of the institution

## **Reference to Commission Documents, if applicable**

None noted

## **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2

Comprehensive Standard 3.2.2

Comprehensive Standard 3.2.12

Comprehensive Standard 3.10.3

## **3.2.14 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. These policies apply to students, faculty and staff. (Intellectual property rights)**

**Rationale and Notes**

Intellectual property is an important asset to the educational community and to a broad range of intellectual endeavors. Consequently, the rights to intellectual property—a term used to denote legal rights in products of the mind, and the intended or unintended access to such property whether by electronic, oral, written, or other methods—require clear institutional direction regarding ownership, compensation, copyrights, and use of revenue derived from such property as the issue applies to students, faculty, and staff. Policies outlining such rights apply to students, faculty, and staff.

**Relevant Questions for Consideration:**

- How does the institution define and identify intellectual property?
- Who owns the intellectual property?
- What are the policies governing the use of intellectual property?
- How does the institution disseminate policies on intellectual rights?
- How does the institution resolve emerging issues and disputes regarding intellectual property?
- How are faculty, staff, and students informed about intellectual property policies and procedures?

**Documentation**

Required Documentation, if applicable

- Policies that govern intellectual property
- Evidence that the policies are appropriately published and apply to students, faculty, and staff

Examples of other Types of Documentation

- Publications containing policies that govern intellectual property
- Standard agreements with faculty and staff using institutional property and how royalties are affected

**Reference to Commission Documents, if applicable**

“Developing Policy and Procedures Documents”

**Cross References to other related Standards/Requirements, if applicable**

None noted

**3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: (Institutional effectiveness)**

**3.3.1.1 educational programs, to include student learning outcomes**

**3.3.1.2 administrative support services**

- 3.3.1.3 academic and student support services**
- 3.3.1.4 research within its mission, if appropriate**
- 3.3.1.5 community/public service within its mission, if appropriate**

### **Rationale and Notes**

This standard addresses the process of assessment that supports the institution's educational programs, its administrative support services, its academic and student support services, and, as appropriate, its research and community/public service; this process serves as the cornerstone of institutional effectiveness. Institutional effectiveness focuses on the design and improvement of educational experiences to enhance student learning.

Guiding statements designed to assist institutions in documenting compliance:

1. Institutions should interpret "outcome" in a manner consistent with an academic program or a given service unit's mission and role in the institution. It is the institution's responsibility to explain how each unit's outcomes are related to its mission and role in the institution.
2. While it is clear from the standard that assessment is at the program level for academic programs, institutions should determine the organizational levels at which assessment is useful and efficient for administrative and for academic and student support units. It is incumbent on the institution to explain how this determination follows from its mission and organizational structure.
3. Institutions are not required or expected to use the same assessment procedures in each of the four areas; in particular, administrative support services, academic and student support services, research within the mission, and community/public service within the mission need not be assessed in the same way as educational programs. However, institutions are expected to use multiple assessments in each area. Consequently, grades alone for the assessment of educational programs or student learning outcomes are insufficient.
4. Institutions that engage in research or public service should carefully frame the scope of their discussion of CS 3.3.1.4 and CS 3.3.1.5 by identifying their research and their service missions, explaining the ways in which the institution has chosen to evaluate the effectiveness of each. This may include a connection with its educational programs and discussing its assessment of the impact of research and service on the institution and its programs, as appropriate.
5. There is a clear expectation that an institution be able to demonstrate institutional effectiveness for all its diplomas, certificates, and undergraduate and graduate educational degree programs.
6. The expectation is that the institution will engage in on-going planning and assessment to ensure that for each academic program, the institution develops and assesses student learning outcomes. Program and learning outcomes specify the knowledge, skills, values, and attitudes students are expected to attain in courses or in a program. Methods for assessing the extent to which students achieve these outcomes are appropriate to the nature

of the discipline, and consistent over time to enable the institution to evaluate cohorts of students who complete courses or a program. Shared widely within and across programs, the results of this assessment can affirm the institution's success at achieving its mission and can be used to inform decisions about curricular and programmatic revisions. At appropriate intervals, program and learning outcomes and assessment methods are evaluated and revised.

7. An institution may provide a *sampling* of its programs as long as it is representative of its mission and includes a valid cross-section of programs from every school or division and at each degree level. Sampling should also include programs offered at off-campus instructional sites and course work offered through distance or correspondence education. It is the institution's responsibility to make a compelling case as to why the sampling and assessment findings are an appropriate representation of the institution's programs. This sampling, however, does not preclude the institution from having data/analysis available on the effectiveness of all programs in case evaluators request to review it. It is the evaluators' prerogative to conduct a more in-depth review of an institution's data/findings/analysis on the effectiveness of its educational programs.
8. Institutional effectiveness can be achieved in a variety of ways and the mentality that "one size fits all" is inappropriate and diminishes the individual missions of institutions. The institution should develop and/or use methods and instruments that are uniquely suited to the goal statements and that are supported by faculty.
9. At the time of its review, the institution is responsible for producing mature data. Mature data can be defined as sufficient information used as a basis for sound decision making.
10. At the time of its review, the institution is responsible for providing *evidence* of improvement, based on the analysis of the assessment results, as opposed to a *plan* for improvement.

*Notes:* For consistency in rhetoric, the Commission uses "assessment" in place of evaluation, and "outcomes" instead of objectives/goals.

The institution should define "units" based on its organizational structure.

While institutions may organize functions differently, it is expected that all services, whether administrative or academic student support services, engage in the institutional effectiveness processes

### ***3.3.1.1 Educational programs, to include student learning***

*Note:* In this standard, the Commission expects the review of the effectiveness of educational programs and of student learning.

#### **Relevant Questions for Consideration**

- How are expected outcomes clearly defined in measurable terms for each educational program?
- What is the evidence of assessment activities for each program?
- How are periodic reviews in which programmatic outcomes assessed, reviewed, and used for improvements?
- How does the institution's use of assessment results improve educational programs?

- If the institution used sampling, why were the sampling and findings an appropriate representation of the institution's programs?
- What assessment instruments were used and why were they selected? Were multiple assessment methods used? If so, describe.
- Have the programs assessed the extent to which they have been successful in achieving their learning outcomes?
- If called for, have program improvements been made as a result of assessment findings?
- How does the institution's use of assessment results improve educational programs?

### **Documentation**

#### **Required Documentation, if applicable**

- Documentation of expected outcomes for educational programs and for student learning outcomes
- Documentation of the evaluation of those outcomes
- Evidence that the student support services and programs effectively meet the needs of students of all types
- Documentation of the use of the findings from assessment to improve the institution
- If sampling is used, (1) how the sampling is representative of the institution's mission, (2) documentation of a valid cross-section of programs, and a (3) case as to why sampling and assessment findings are an appropriate representation of the institution's programs.

#### **Reference to Commission Documents, if applicable**

"Distance and Correspondence Education"

#### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.5

Comprehensive Standard 3.5.1

Federal Requirement 4.1

#### ***3.3.1.2 Administrative support services***

*Note:* Administrative support service units normally include finance, administrative facilities, administrative services, development/advancement, the president's office, etc.

#### **Relevant Questions for Consideration**

- How are expected outcomes clearly defined in measurable terms for each unit?
- What is the evidence of assessment activities for each unit?
- How are periodic reviews used for improvements?
- How does the institution's use of assessment results improve administrative support services?
- What assessment instruments were used and why were they selected? Were multiple assessment methods used? If so, describe.
- If the institution used sampling, why were the sampling and findings an appropriate representation of the institution's administrative units?

## **Documentation**

### Required Documentation, if applicable

- Definition of institution's administrative support service unit
- Documentation of expected outcomes for administrative support services
- Documentation of the evaluation of those outcomes
- Documentation of the use of the findings from assessment to improve the institution
- If sampling is used, (1) how the sampling is representative of the institution's mission, (2) documentation of a valid cross-section of units, and a (3) case as to why sampling and assessment findings are an appropriate representation of the institution's units

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.5

### **3.3.1.3 Academic and student support services**

*Note:* Academic and student support services normally include such activities as living/learning resources, tutoring, financial aid, residence life, student activities, dean of students' office, etc.

### **Relevant Questions for Consideration**

- How are expected outcomes clearly defined in measurable terms for each unit?
- What is the evidence of assessment activities for each unit?
- How are periodic reviews used for improvements?
- How does the institution's use of assessment results improve administrative support services?
- What assessment instruments were used and why were they selected? Were multiple assessment methods used? If so, describe.
- If the institution used sampling, why were the sampling and findings an appropriate representation of the institution's administrative units?

## **Documentation**

### Required Documentation, if applicable

- Definition of institution's academic and student support services units
- Documentation expected outcomes for academic and student support services
- Documentation of the evaluation of those outcomes
- Documentation of the use of the findings from assessment to improve the institution
- If sampling is used, (1) how the sampling is representative of the institution's mission, (2) documentation of a valid cross-section of units, and a (3) case as to why sampling and assessment findings are an appropriate representation of the institution's units

### Examples of other types of documentation

Evidence that the student support services and programs effectively meet the need of students of all types and promote student learning and development

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

### **Cross References to other related Standards/Requirements, if applicable**

- Core Requirement 2.5
- Core Requirement 2.9
- Core Requirement 2.10

#### ***3.3.1.4 Research within its mission, if appropriate***

*Note:* Research within an institution's mission normally includes (1) research units, research centers, institutes, etc.; (2) sponsored research programs, usually with defined areas of research (e.g., energy, environment, innovative technologies, etc.); and (3) degree programs and courses where research is an expected outcome.

#### **Relevant Questions for Consideration:**

- How does the institution define research within its mission?
- Has the institution articulated its research outcomes in relation to its mission?
- How are expected outcomes clearly defined in measurable terms?
- What is the evidence of assessment activities for research?
- How are periodic reviews used for improvement of effectiveness?
- How does the institution's use of assessment results improve research?
- What assessment instruments were used and why were they selected? Were multiple assessment methods used? If so, describe.
- If the institution used sampling, why were the sampling and findings an appropriate representation of the institution's research mission?
- How does the faculty's research and scholarship contribute to and benefit the institution's research mission?
- How does research contribute to the intellectual mission of the institution?

#### **Documentation**

##### Required Documentation, if applicable

- Definition of institution's research mission
- Documentation of expected outcomes for its research mission
- Documentation of the evaluation of those outcomes
- Documentation of the use of the findings from assessment to improve the institution
- If sampling is used, (1) how the sampling is representative of the institution's mission, (2) documentation of a valid cross-section of units, and a (3) case as to why sampling and assessment findings are an appropriate representation of the institution's research mission

##### Examples of other types of Documentation

Representative sample of research activities

#### **Reference to Commission Documents, if applicable**

None noted

### **Cross References to other related Standards/Requirements, if applicable**

- Core Requirement 2.5
- Comprehensive Standard 3.7.3

### 3.3.1.5 *Community/public service within its mission, if appropriate*

*Note:* Community/public service within an institution's mission normally includes (1) centers and institutes that focus on community needs and (2) units and formal programs that deliver the outreach mission.

#### **Relevant Questions for Consideration**

- How does the institution define community/public service?
- Has the institution articulated its community/public service outcomes in relation to its mission?
- How are expected outcomes clearly defined in measurable terms?
- What is the evidence of assessment activities for community/public service?
- How are periodic reviews used for improvements?
- How does the institution's use of assessment results improve community/public service?
- What assessment instruments were used and why were they selected? Were multiple assessment methods used? If so, describe.
- If the institution used sampling, why were the sampling and findings an appropriate representation of the institution's community/public service mission?

#### **Documentation**

##### Required Documentation, if applicable

- Definition of institution's community and public service mission
- Documentation of expected outcomes for its community and public service mission
- Documentation of the evaluation of those outcomes
- Documentation of the use of the findings from assessment to improve the institution
- If sampling is used, (1) how the sampling is representative of the institution's mission, (2) documentation of a valid cross-section of units, and a (3) case as to why sampling and assessment findings are an appropriate representation of the institution's community and public service mission

#### **Reference to Commission Documents, if applicable**

None noted

#### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.5

Comprehensive Standard 3.4.2

**3.3.2 The institution has developed a Quality Enhancement Plan that (1) demonstrates institutional capability for the initiation, implementation, and completion of the QEP; (2) includes broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP; and (3) identifies goals and a plan to assess their achievement. (Quality Enhancement Plan)** *(Note: This requirement is not addressed by the institution in its Compliance Certification.)*

## **Rationale and Notes**

In order to ensure that an institution's QEP is successful, the institution should have the capability to provide support for the effort, include the involvement of appropriate constituents, and develop measurable goals with appropriate assessment measures.

*Note:* At the time of an institution's on-site review, the Commission expects it to have a well-defined plan in place and to include all components that are characteristic to any workable plan: (1) a focused topic (directly related to student learning), (2) clear goals, (3) adequate resources in place to implement the plan, (4) evaluation strategies for determining the achievement of goals, and (5) evidence of the involvement of appropriate institutional constituencies in the development and implementation of the Plan. The institution should also be mindful of the QEP Impact Report that will be due to the Commission five years in advance of its next reaffirmation review.

### **Relevant Questions for Consideration:**

- What resources (personnel, financial, physical, academic, etc.) are necessary for the successful implementation of the QEP?
- What are the goals of the institution's QEP and how does it plan to access the achievement of those goals?
- How will the progress of the QEP be monitored? (timelines, administration and oversight of its implementation by qualified individuals, etc.)
- What are the evaluation strategies identified by the institution that will determine the success of the institution's QEP? How will the evaluation findings be used to improve student learning?
- How has the QEP been integrated into the institution's ongoing planning and evaluation processes?
- How will the institution ensure adequate resources and sufficient expertise and experience to guide the implementation and completion of the project?
- Who are the institution's constituencies and how have they been involved in the development of the QEP?

### **Documentation**

Required Documentation, if applicable

Quality Enhancement Plan

Examples of other Types of Documentation

None noted

### **Reference to Commission Documents, if applicable**

*Handbook for Institutions Seeking Reaffirmation of Accreditation*

### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.12

## **3.4.1 The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration. (Academic program approval)**

### **Rationale and Notes**

The tradition of shared governance within American higher education recognizes the importance of both faculty and administrative involvement in the approval of educational programs. Approval by the faculty ensures that programs, including programs offered through collaborative arrangements, contain appropriate courses reflecting current knowledge within a discipline and that they are appropriate for the students enrolled. Approval by the administration affirms that educational programs are consistent with the mission of the institution and that the institution possesses both the organization and resources to ensure the quality of its educational programs.

### **Relevant Questions for Consideration**

- What is the process for developing and approving educational programs?
- Who is responsible for the process?

### **Documentation**

#### Required Documentation, if applicable

Procedures for approving educational programs.

#### Examples of other Types of Documentation

- Minutes from faculty and administrative meetings
- Examples that follows the program approval process
- Minutes from the curriculum committee

### **Reference to Commission Documents, if applicable**

None noted

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.4.7

Comprehensive Standard 3.7.5

## **3.4.2 The institution's continuing education, outreach, and service programs are consistent with the institution's mission. (Continuing education/service programs)**

### **Rationale and Notes**

This standard applies to noncredit activities and reinforces that when such activities are in place, they should be consistent with the institution's mission.

### **Relevant Questions for Consideration**

- What evidence exists that demonstrates that continuing education, outreach, and public service programs are consistent with the institution's mission?
- What evidence exists that demonstrates that continuing education, outreach, and public service programs relate to the institution's mission?

### **Documentation**

#### Required Documentation, if applicable

List/description of continuing education, outreach and service programs

#### Examples of other Types of Documentation

- Policies regarding the role and scope of continuing education, outreach, and public service as they relate to the institution’s mission
- Information about the audiences served in the offering of such programs

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.3.1.5

Comprehensive Standard 3.4.8 (*if institution begins to award credit for course work taken on a noncredit basis*)

**3.4.3 The institution publishes admissions policies consistent with its mission. (Admissions policies)**

**Rationale and Notes**

Sound admission policies are defined in relation to the institution’s mission and are designed to ensure that students who are admitted to the institution or to a specific program can benefit from the institution’s programs. Implicit in the policy is that the institution consistently applies the policy to all applicants and transfers; exceptions are limited in number and are based on specific criteria for waiving admission requirements.

Sound admission policies for the institution or a specific program conform to widely accepted higher education standards for admissions and define all admissions categories used by the institution, such as transfer, transient, non-degree, audit, honors, and probation or conditional.

Admission policies are published in official documents and communicated accurately and effectively to prospective students and other constituents.

**Relevant Questions for Consideration**

- What are the admission policies for the institution and for specific programs and how are they based on widely accepted standards for undergraduate and graduate applicants?
- What evidence exists that admissions policies for the institution and for specific programs are consistent with the stated mission of the institution?
- What evidence exists that the standards for admissions to the institution and specific programs are clear, reasonable, and consistently implemented?
- How does the institution show that admission requirements are appropriate to identify qualified students who have the ability to complete a program successfully?
- How does the institution disseminate admissions policies and are they uniform in all publications?
- If admission policies differ for various delivery methods, what are the programs and why are they different?

**Documentation**

Required Documentation, if applicable

Admission policies of the institution

Examples of other Types of Documentation

- Undergraduate and graduate catalogs that include admission policies, standards, and procedures
- Institutional and specific program brochures and other recruitment materials or electronic resources stating admission policies and procedures
- Documents describing how the institution evaluates applications and makes admission decisions to the institution and to programs
- Minutes or other documents showing evidence that the institution has admissions policies in accordance with good practices in higher education
- System policy or legislation regarding admission policies and procedures

**Reference to Commission Documents, if applicable**

“Advertising, Student Recruitment, and Representation of Accredited Status”  
 “Developing Policy and Procedures Documents”

**Cross References to other related Standards/Requirements, if applicable**

None noted.

**3.4.4 The institution publishes policies that include criteria for evaluating, awarding, and accepting credit for transfer, experiential learning, credit by examination, 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. (See Commission policy “Collaborative Academic Arrangements.”) (Acceptance of academic credit)**

**Rationale and Notes**

The key to this standard lies in the concept of “comparability” and “responsibility” for academic quality, since by awarding credit for learning outside its own educational programs, an institution affirms that students have achieved the knowledge, skills, and experiences comparable to those attained by students who have completed the institution’s own educational programs. Policies for approval of transfer credit, advanced placement, experiential learning, and professional certificates are developed, implemented, and published in catalogs and other documents that are made available to prospective students.

Good practices supporting academic quality in these areas include: (1) linking transfer credit, including credits earned at a foreign/international institution, to clearly delineated outcomes for courses and programs; (2) delineating the basis for advanced placement credit awarded for achievements outside commonly accepted programs; and (3) awarding credit for experiential learning and professional certifications based on well-documented activities and experiences at the appropriate educational level and evaluated based on clearly developed outcomes for the courses or program for which credit is awarded. A sound academic practice typically involves qualified faculty participation in the evaluation of credit.

*Note:* CS 3.4.4 refers to credit awarded for the experiences of learners outlined in the standard; CS 3.4.8 refers to the conversion of *coursework* from noncredit to credit.

During the Commission's review of this standard, evaluators will examine the criteria used by the institution for determining the awarding or acceptance of credit.

### **Relevant Questions for Consideration**

- What are the policies for evaluating, awarding, and accepting credit for transfer, experiential learning, advanced placement, and professional certificates and are they consistent with the mission and with good practices?
- How are the policies developed and evaluated to ensure comparability to the institution's own degree programs?
- What is the role of faculty in reviewing academic credit awarded?
- How does the institution publish the policies and make them available to students?
- How does the institution ensure that coursework and learning outcomes are at the collegiate level?
- How does the institution demonstrate responsibility for the academic quality of the following work or credit recorded on the institution's transcript: (1) articulation or other agreements with institutions from which students frequently transfer credits; (2) other transfer credit for courses or programs; (3) advanced placement; (4) experiential learning; (5) certificates or other professional education outside a collegiate degree program. In all cases, how does the institution ensure that students receiving credit for such programs have achieved the same knowledge, skills, and experiences as those who have completed its own educational programs?
- Are the criteria for the awarding of credit clear, published, and accessible to students?

### **Documentation**

#### Required Documentation, if applicable

- All policies for awarding credit
- Criteria used for awarding credit
- Evidence that policies are published and made available

#### Examples of other Types of Documentation

- Catalogs and other documents describing policies for awarding credit
- A description of how transfer of credit policies are developed and implemented
- Descriptions of how decisions are made to accept and award credit from other institutions or organizations, including how the institution ensures that course work and learning outcomes are at the collegiate level and are comparable to the institution's own degree programs
- Copies of articulation or transfer agreements with other institutions or organizations, including agreements between two-year and senior institutions which involve transcription or transferring credits for coursework leading to a degree
- Documents or descriptions of contracts, study abroad and student exchange agreements, or other arrangements with institutions or organizations inside or outside the United States which involve transcription or transferring credits for coursework leading to a degree
- Description of the process of awarding experiential credit, including how the institution ensures that course work and learning outcomes are at the collegiate level and are comparable to the institution's own degree programs

**Reference to Commission Documents, if applicable**

- “Distance and Correspondence Education”
- “Transfer of Academic Credit” (Position Statement)
- “Collaborative Academic Arrangements”
- “Developing Policy and Procedures Documents”
- “Quality and Integrity of Undergraduate Degrees”

**Cross References to other related Standards/Requirements, if applicable**

- Core Requirement 2.7.2
- Comprehensive Standard 3.4.6
- Comprehensive Standard 3.4.8

**3.4.5 The institution publishes academic policies that adhere to principles of good educational practice. These policies are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution. (Academic policies)****Rationale and Notes**

Good educational practice presumes that an institution’s academic policies related to its educational programs are developed in concert with the appropriate input and participation of the constituencies affected by the policies and conform with generally accepted practices and policies of higher education. Each institution develops academic policies—such as grading policies, withdrawals, degree completion requirements—that are appropriate to its programs and students and that accurately portray its programs and services. Good educational practice presumes that these academic policies lead to a teaching and learning environment that enhance student learning and further implies that each institution engages in a process of program review. Faculty members assume responsibility for determining good educational practice and, therefore, should have a substantive role in the development and review of academic policies.

**Relevant Questions for Consideration**

- How does the institution determine good academic practices within the context of its mission?
- How are academic policies developed and approved?
- To what extent are the institution’s academic policies made available to those constituencies affected by the policies?
- What is the approval process for materials that the institution uses to portray itself?

**Documentation**Required Documentation, if applicable

Institutional publications that contain academic policies

Examples of other Types of Documentation

- Publications that include a description of the process by which academic policies are developed and approved
- Publications and other material that portray the institution to interested parties
- Minutes of meetings in which academic policies are modified or approved

- Example of the process for modifying an academic policy

**Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”  
 “Developing Policy and Procedures Documents”

**Cross References to other related Standards/Requirements, if applicable**

Federal Requirement 4.3

**3.4.6 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. (Practices for awarding credit)**

**Rationale and Notes**

Good educational practices in higher education assume that institutions adopt sound and generally acceptable procedures for determining what a credit unit means for graduate and undergraduate course work taking into account the amount and level of credit for courses. Non-traditional course work may vary in format but is equivalent in expected learning outcomes. When undergraduate and graduate courses are offered through non-traditional delivery, the institution awards credit compatible with sound academic practice in the field. A sound academic practice typically involves faculty participation in the evaluation of credit. The institution gives attention to principles developed by nationally recognized organizations, such as the American Association of Collegiate Registrars and Admissions Officers, when developing the type of credit and the amount of credit awarded.

*Note:* CS 3.4.6 expects an institution to have a policy regarding the amount and level of credit for each course. It assumes that the institution’s definition of credit hour included in FR 4.9 (Credit hours) is acceptable.

**Relevant Questions for Consideration**

- If the institution awards credit for courses delivered in an alternative format, how does the institution ensure that the process for determining the amount of credit is equivalent to the credit earned in the same or similar courses delivered in other formats?
- What are the policies that determine the level and amount of credit awarded for undergraduate and graduate course work?
- In developing policies related to the amount and level of credit awarded, how does the institution use the standards of professional organizations or the practices of peer institutions?
- What is the role of faculty in reviewing academic credit awarded?
- Are practices under this standard consistent with the policies defined under FR 4.9 (Credit hours)?
- What are the policies that determine the level and amount of credit awarded for undergraduate and graduate course work delivered through distance learning technology?

## Documentation

### Required Documentation, if applicable

Written practices for establishing and evaluating the amount and level of credit to be awarded for a course

### Examples of other Types of Documentation

- Faculty handbook or other documents that explain the process for determining the amount and level of credit
- Minutes of meetings demonstrating the decision making process

## Reference to Commission Documents, if applicable

“Distance and Correspondence Education”

“Developing Policy and Procedures Documents”

“Credit Hours”

## Cross References to other related Standards/Requirements, if applicable

Core Requirement 2.7.2

Comprehensive Standard 3.4.4

Comprehensive Standard 3.4.8

Federal Requirement 4.9

### **3.4.7 The institution ensures the quality of educational programs and courses offered through consortial relationships or contractual agreements, ensures ongoing compliance with the *Principles*, and periodically evaluates the consortial relationship and/or agreement against the mission of the institution. (See Commission policy “*Collaborative Academic Arrangements.*”) (Consortial relationships/contractual agreements)**

#### **Rationale and Notes**

An institution is responsible for ensuring the quality of all course work offered through consortial relationships or contractual agreements and included on its students’ transcripts as credit earned from the institution. It is also responsible for ensuring that the quality of such programs meets the standards/requirements of the *Principles* required of similar programs.

A signed written agreement that delineates the responsibility and role of all parties to the agreement is basic to the institution’s ability to ensure the quality of the educational programs and courses covered by the agreements. Regular evaluation and comparison of program and course offerings against the institutional mission are also important in establishing educational quality.

*Note:* This standard addresses substantial academic contracts. It typically would include joint degrees, dual degrees, and contracts supporting educational programs. An institution participating in such arrangements must meet the reporting requirements outlined in Commission policy “*Collaborative Academic Arrangements.*” This standard typically does not include clinical training, internships, study abroad programs, and transfer/articulation agreements.

### **Relevant Questions for Consideration**

- How does an institution’s contract or consortial agreement provide for the following: (1) a clear indication of the responsibilities of all parties to the agreement; (2) provision for ensuring the quality of the programs and courses offered through the agreement; and (3) provision for evaluating the agreement in relation to the mission of the institution?
- What is the institution’s process for ensuring the quality of programs and courses offered through contract or consortial agreements?
- How does the process involve all parties to the agreement?

### **Documentation**

#### Required Documentation, if applicable

- Copies of signed contracts and consortial agreements
- Evidence that the institution evaluates the consortial relationship and/or agreement against the purpose of the institution

#### Examples of other Types of Documentation

- Documents that clearly stipulate the responsibility of each party to ensure program and course quality
- Documents that clearly stipulate the responsibility of the SACSCOC institution to ensure ongoing compliance with the standards/requirements as applicable to the program

### **Reference to Commission Documents, if applicable**

“Collaborative Academic Arrangements”

“Substantive Change for Accredited Institutions”

“Quality and Integrity of Undergraduate Degrees”

### **Cross References to other related Standards/Requirements, if applicable**

All relevant standards outlined under Educational Programs

### **3.4.8 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. (Noncredit to credit)**

#### **Rationale and Notes**

All coursework taken for academic credit should have rigor, substance, and standards connected to established learning outcomes. When academic credit is granted for noncredit courses, the institution demonstrates and documents that the noncredit coursework is equivalent to the designated credit experience. A sound academic practice typically involves faculty participation in the evaluation of such credit.

An institution awarding academic credit for coursework taken on a noncredit basis has a process for evaluating and determining that noncredit course work is equivalent to a designated credit experience. The processes are reviewed on a systematic and periodic basis in light of established guidelines for accepting academic credit for work taken on a noncredit basis such as the American Council on Education, the American Association of Collegiate Registrars and Admissions Officers, as well as other discipline-specific organizations.

*Note:* CS 3.4.8 refers to the conversion of coursework from noncredit to credit; CS 3.4.4 refers to credit awarded for the experiences of learners outlined in that standard.

### **Relevant Questions for Consideration**

- What are the policies used to describe the circumstances in which academic credit is awarded for course work taken on a noncredit basis?
- How does the institution determine whether the student has achieved through the noncredit course the same level of proficiency as required in a credit course?

### **Documentation**

#### Required Documentation, if applicable

- Appropriate policy statements describing the process for determining that noncredit course work is equivalent to credit coursework
- Evidence that policies are published, implemented, and enforced

#### Examples of other Types of Documentation

None noted

### **Reference to Commission Documents, if applicable**

None noted

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.4.4

## **3.4.9 The institution provides appropriate academic support services. (Academic support services)**

### **Rationale and Notes**

Academic support services pertain to students at all levels as well as to faculty. The services are consistent with the institution's mission, enhance the educational experience, and contribute to the achievement of teaching and learning outcomes. Student and faculty success is affected by the learning environment. An institution provides appropriate academic support services to strengthen academic programs and ensure the success of students and faculty in meeting the goals of the educational programs. Academic support services may include, but are not limited to, academic teaching and resource centers, tutoring, academic advising, counseling, disability services, resource centers, laboratories, and information technology. (Library services are addressed in CR 2.9.)

### **Relevant Questions for Consideration**

- What academic support programs exist for faculty and students?
- How does the institution ensure that its academic support programs and services are adequate and appropriate to the needs of its students and faculty?
- How do they relate to the mission and to student and faculty needs?
- How does the institution ensure that students and faculty have knowledge of and access to academic support programs, including distance learning and correspondence programs and off-campus instructional sites?

## Documentation

### Required Documentation, if applicable

Description of academic support services

### Examples of other Types of Documentation

- Publications and websites (e.g., academic support services) explaining how support services are provided and how services can be accessed
- Data on the frequency of usage of academic support services by students and faculty
- Surveys indicating that student and faculty needs are being met

## Reference to Commission Documents, if applicable

“Distance and Correspondence Education”

## Cross References to other related Standards/Requirements, if applicable

Comprehensive Standard 3.3.1.3

### **3.4.10 The institution places primary responsibility for the content, quality, and effectiveness of its curriculum with its faculty. (Responsibility for curriculum)**

#### **Rationale and Notes**

The curriculum is directly related to the institution’s mission and the educational degrees, certificates, and diplomas. This standard assumes that the faculty has primary responsibility for the content, quality, and effectiveness of the curriculum.

The route for curriculum approval is typically through processes controlled by faculty which begin at the department or program level followed by appropriate approvals within and external to the institution. Initiation of and responsibility for curriculum *content* is faculty driven. Additionally, it is the responsibility of the faculty to assess periodically the curriculum for quality and effectiveness and make changes as appropriate.

When reviewing the *quality* of its curriculum, the institution might consider characteristics such as the following: (1) currency and relevancy of the theories and practices in the field or discipline; (2) intellectual rigor appropriate to the level of the degree program; or (3) the “connectivity” among the components of the curriculum.

When considering the *effectiveness* of its curriculum, the faculty establishes learning outcomes of the curriculum and assesses the extent to which these outcomes are being achieved. Consequently, the characteristics for assessing the effectiveness of the curriculum might include the extent to which the curriculum provides opportunities for (1) increasingly complex understandings of theories, principles, and practices; (2) increasingly complex levels of analysis and development of skills; and (3) application of theories and principles.

#### **Relevant Questions for Consideration**

- What is the process for the development, evaluation, and improvement of the curriculum?
- What is the role of faculty regarding the content, quality, and effectiveness of the institution’s curriculum?
- What are the policies and procedures for expanding or limiting the curriculum and what are the faculty’s responsibilities?

- How does the institution ensure the quality and effectiveness of its curriculum so that it is appropriate to its educational programs? What standards for review of curriculum quality does the institution use?

## **Documentation**

### Required Documentation, if applicable

Practices addressing the role and responsibility of faculty for curriculum

### Examples of other Types of Documentation

- Minutes or bylaws that document the role and responsibility of faculty in determining the content, quality, and effectiveness of the curriculum
- Curriculum evaluations conducted by faculty showing attention to curriculum quality and effectiveness
- Examples of curricular changes which trace and illustrate an effective process

## **Reference to Commission Documents, if applicable**

“The Quality and Integrity of Undergraduate Degrees”

## **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.3.1.1

Comprehensive Standard 3.4.6

Comprehensive Standard 3.4.7

Federal Requirement 4.2

### **3.4.11 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. (Academic program coordination)**

## **Rationale and Notes**

This standard assumes that individuals competent in the field oversee each major or curricular area or area of concentration in undergraduate and graduate degree programs in order to assure that each contains essential curricular components, has appropriate content and pedagogy, and maintains currency in the degree. Degree programs normally are coordinated by academically qualified faculty who hold degree credentials or other qualifications appropriate to the degree offered. If responsibility for coordination for curriculum development and review are assigned to persons other than faculty, the institution should provide appropriate documentation and rationale.

*Note:* It is the responsibility of the institution to define “field” as it applies to its academic programs.

### **Relevant Questions for Consideration**

- What evidence exists that the coordinator for each major, curricular area, or concentration in an undergraduate or graduate degree program has the qualifications and credentials for leadership in the development and review of the program and its curriculum?
- What evidence exists that the coordinator provides oversight for assessing the quality of the program and its curriculum for the respective undergraduate or graduate degree programs and for ensuring that the curriculum, as well as the delivery of the curriculum, is educationally sound?

### **Documentation**

#### Required Documentation, if applicable

List of program coordinators, their area of responsibility, and their qualifications for coordinating the designated program

#### Examples of other Types of Documentation

- Description of coordinator responsibilities
- Definition of the term “field” as it applies to the institution’s academic programs

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

“Faculty Credential Guidelines”

### **Cross References to other related Standards/Requirements, if applicable**

None noted

## **3.4.12 The institution’s use of technology enhances student learning and is appropriate for meeting the objectives of its programs. Students have access to and training in the use of technology. (Technology use)**

### **Rationale and Notes**

This standard addresses the appropriate use of technology to enhance student learning, meet program objectives, and enrich resources available to students and faculty. It is the institution’s responsibility to provide opportunities for students and faculty to develop competencies in the use of technology. To do so, there must be a qualified corps of faculty/staff with experience/training in the area of technology. In addition to formal training, other opportunities for developing competencies in technology can be provided through access to technology laboratories for students, residence halls where computers are networked with other learners and units, and access to technology for presentation of material and other means.

### **Relevant Questions for Consideration**

- How is the institution using technology to enhance student learning?
- What evidence exists that technology is appropriate for meeting the objectives of its programs?
- How does the institution ensure student and faculty access to technology and to the training, use, and applications of technology?

## **Documentation**

### Required Documentation, if applicable

None noted

### Examples of other Types of Documentation

- Documents that contain policies and procedures for the use of technology to enhance student learning
- Evidence that the use of technology in teaching and learning is appropriate and effective
- Evidence that students and faculty have sufficient opportunity for access and training in the use of technology. Schedules and usage patterns could be presented
- Evidence that the institution assesses competencies of students in the use of technology and uses the results for continuous program improvements
- Evidence that the institution is monitoring technology resources to provide necessary support for faculty and students

## **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

## **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.3.1.3

Comprehensive Standard 3.4.9

## **3.5.1 The institution identifies college-level general education competencies and the extent to which students have attained them. (General education competencies)**

### **Rationale and Notes**

Since general education requirements are central to educational programs, this standard assumes that the institution will define specifically which competencies are appropriate to the goals of its general education program and consistent with principles of good practice. The institution is responsible for identifying measures to determine the extent to which students have attained those competencies during their course of study as well as the extent to which students have actually attained those competencies.

*Note:* This standard addresses college-level competencies within the general education core; it does not require a specific course to address each competency. In addition, there is no requirement regarding when the institution must determine student attainment of competencies.

### **Relevant Questions for Consideration**

- What are the specific college-level competencies within the general education program?
- What evidence is available to show the extent to which students have attained these competencies?
- What evidence exists that demonstrates that the institution identifies competencies that are college-level?
- What criteria does the institution use to set an acceptable benchmark for student attainment of competencies?

## **Documentation**

### Required Documentation, if applicable

- Identification of competencies
- Justification that all competencies are at the college level and the degree to which students have attained them are acceptable
- Evidence of the extent to which students of undergraduate degree programs have attained the college-level competencies

### Examples of other Types of Documentation

Follow up studies of graduates

## **Reference to Commission Documents, if applicable**

“The Quality and Integrity of Undergraduate Degrees”

## **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.7.3

Comprehensive Standard 3.3.1.1

Federal Requirement 4.1

## **3.5.2 At least 25 percent of the credit hours required for the degree are earned through instruction offered by the institution awarding the degree. (See Commission policy “Collaborative Academic Arrangements.”) (Institutional credits for a degree)**

### **Rationale and Notes**

This standard establishes the general principle addressing the integrity of a degree; that is, if an institution awards an academic degree, then it is responsible for the delivery of an appropriate portion of the academic experiences applicable to the degree. The standard also establishes the threshold for determining the acceptable portion of coursework that the institution ought to provide for the degree.

### **Relevant Questions for Consideration**

- What evidence exists that the institution has a policy stating the amount of credit which must be earned through instruction by the institution?
- How does the institution monitor the amount of credit earned at the institution with respect to the total number of credits required for the degree?
- How are the policies disseminated?
- How does an institution identify on its transcript the name of the institution from which a course was taken?
- How does an institution identify on its transcript that the degree awarded is a collaborative degree?

## **Documentation**

### Required Documentation, if applicable

- Degree completion policies

- Evidence that verifies that at least 25 percent of the credits required for the degree have been earned at the institution

Examples of other Types of Documentation

- Process for monitoring the amount of credit earned at the institution
- Policies, procedures, and any operational manuals regarding the awarding of credit
- Examples of the implementation of those policies

**Reference to Commission Documents, if applicable**

“Collaborative Academic Arrangements”

“Substantive Change for Accredited Institutions”

“The Quality and Integrity of Undergraduate Degrees”

**Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.12

**3.5.3 The institution publishes requirements for its undergraduate programs, including its general education components. These requirements conform to commonly accepted standards and practices for degree programs. (See Commission policy “The Quality and Integrity of Undergraduate Degrees.”) (Undergraduate program requirements)**

**Rationale and Notes**

Each undergraduate program of study identifies courses that are designed as introductions to the major, required courses, electives, general education, capstone courses, and any other program requirements. Undergraduate program requirements allow for an integrated understanding of the discipline. Such programs display a clear rationale and design and include clearly stated and measurable outcomes consistent with the mission of the institution.

Commonly accepted practices for the requirements of an undergraduate program address an appropriate number of semester hours, or its equivalent; a coherent course of study appropriate to higher education; and the completion of an appropriate general education component at the collegiate level.

The general education program defines the underlying learning experience that supports the institution’s mission and traditionally provides the “breadth” component to an undergraduate education. Through general education, students encounter the basic content and methodology of the principal areas of knowledge that introduce a breadth of knowledge and reinforce cognitive skills and affective learning opportunities for each student. An effective general education program has underlying rationale and design with goals consistent with the mission of the institution.

**Relevant Questions for Consideration**

- What evidence exists that the institution defines and publishes requirements for each undergraduate program?
- What is the process for determining what coursework is included and for establishing how coursework conforms to commonly accepted standards and practices in the program requirements?

- What is the process for determining what coursework is included in the major program requirements?
- How does the institution demonstrate that all appropriate publications provide clear, complete, and consistent information about each program?

## **Documentation**

### Required Documentation, if applicable

For all educational programs, evidence that the institution has published documents that describe general education and program completion requirements

### Examples of other Types of Documentation

For program requirements, (1) comparison of educational programs with similar programs offered at peer institutions, (2) programmatic/specialized accreditation, and (3) external program reviews

## **Reference to Commission Documents, if applicable**

“The Quality and Integrity of Undergraduate Degrees”

“Distance and Correspondence Education”

## **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.7.2

Core Requirement 2.7.3

Comprehensive Standard 3.5.1

Federal Requirement 4.2

Federal Requirement 4.4

## **3.5.4 At least 25 percent of the course hours in each major at the baccalaureate level are taught by faculty members holding an appropriate terminal degree, usually the earned doctorate, or the equivalent of the terminal degree. (Terminal degrees of faculty)**

### **Rational and Notes**

The quality of a degree program relies in part on the quality and credentials of faculty members providing instruction in the program. This standard establishes a minimum acceptable threshold for determining the acceptable portion of coursework for a major that ought to be provided by faculty members holding a terminal degree. Such credentials provide adequate experience and a knowledge base to provide the necessary depth and breadth in the program.

*Note:* When calculating data in support of compliance, an institution may use course hours or courses. In addition, the institution should take into consideration course hours in each major offered at off-campus instructional sites; disaggregated by location/by delivery. When providing data, the institution should use two consecutive semesters or the equivalent. Do not include general education and pre-requisites.

### **Relevant Questions for Consideration**

- How does the institution define course hours within a major?
- What percentage of courses/course hours are taught by faculty holding the terminal degree?

## **Documentation**

### Required Documentation, if applicable

- List of faculty in each major who hold the appropriate terminal degree
- Evidence verifying that at least 25 percent of courses or course hours required for a major are taught by faculty members holding a terminal degree

### Examples of other Types of Documentation

- Definition and listing of majors
- Evidence that disaggregation data includes consideration of location and modality of course work

## **Reference to Commission Documents, if applicable**

“Faculty Credential Guidelines”

“Distance and Correspondence Education”

## **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.7.1

### **3.6.1 The institution’s post-baccalaureate professional degree programs, master’s and doctoral degree programs, are progressively more advanced in academic content than undergraduate programs. (Post-baccalaureate program rigor)**

#### **Rationale and Notes**

Post-baccalaureate degree programs are progressively more complex and rigorous than undergraduate programs and are consistent with the expectation of higher education institutions. Requirements in courses not specifically designed for graduate credit but that allow both undergraduate and graduate enrollment ensure that there is a clear distinction between the requirements of undergraduate students and graduate students.

#### **Relevant Questions for Consideration**

- What process is used by the institution to clearly define the content and rigor of post-baccalaureate degree programs?
- What evidence exists that the institution has post-baccalaureate professional degree programs and master’s and doctoral programs that are progressively more advanced in academic content than undergraduate programs?

## **Documentation**

### Required Documentation, if applicable

Publications that show differentiation between undergraduate and post-baccalaureate programs

### Examples of other Types of Documentation

Course syllabi describing the advanced body of learning to be accomplished through completion of the post-baccalaureate course work

## **Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

None noted

**3.6.2 The institution structures its graduate curricula (1) to include knowledge of the literature of the discipline and (2) to ensure ongoing student engagement in research and/or appropriate professional practice and training experiences. (Graduate curriculum)**

**Rationale and Notes**

Effective graduate instruction provides the foundational knowledge and skill development to support independent research and professional practice. Graduates have the ability to contribute to a profession or field of study. Although the extent to which students are expected to demonstrate these competencies will vary with the level of the graduate degree, faculty within graduate programs define the skills, knowledge, and competencies required and evaluate the ability of students to engage in independent research and professional practice.

**Relevant Questions for Consideration**

- How is the literature of the discipline incorporated into the curriculum requirements?
- What evidence exists that the students are engaged in ongoing research or appropriate professional practice and training experiences?

**Documentation**

Required Documentation, if applicable.

- Publications containing program requirements
- Course syllabi

Examples of other Types of Documentation

- Examples of independent research projects, portfolios, case studies, theses, dissertations, or other examples by graduate students
- Use of examples in CS 3.3.1.1 that show student knowledge of literature in the discipline

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.3.1.1

Comprehensive Standard 3.3.1.4

**3.6.3 At least one-third of credits toward a graduate or post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree. (See Commission policy “Collaborative Academic Arrangements.”) (Institutional credits for a graduate degree)**

### **Rationale and Notes**

An institution is responsible for the integrity of its graduate and post-baccalaureate professional degree programs. The institution establishes policies that ensure that at least one-third of credits is earned through the institution awarding the degree. The standard also establishes the threshold for determining the acceptable portion of coursework that the institution should provide for the degree.

### **Relevant Questions for Consideration**

- What evidence exists that the institution has a policy stating the amount of credit which must be earned through instruction by the institution?
- How does the institution monitor the amount of credit earned at the institution with respect to the total number of credits required for the degree?
- How are the policies disseminated?
- How does an institution identify on its transcript the name of the institution from which a course was taken?
- How does an institution identify on its transcript that the degree awarded is a collaborative degree?

### **Documentation**

#### Required Documentation, if applicable.

- Degree completion policies
- Evidence that verifies that at least one-third of the credits required for the degree have been earned at the institution

#### Examples of other Types of Documentation

- Process for monitoring the amount of credit earned at the institution
- Policies, procedures, and any operational manuals regarding the awarding of credit
- Examples of the implementation of those policies

### **Reference to Commission Documents, if applicable**

“Collaborative Academic Arrangements”

“Substantive Change for Accredited Institutions”

### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.12

## **3.6.4 The institution defines and publishes requirements for its graduate and post-baccalaureate professional programs. These requirements conform to commonly accepted standards and practices for degree programs. (Post-baccalaureate program requirements)**

### **Rationale and Notes**

Each graduate and post-baccalaureate professional program of study identifies courses that are program requirements and any pre-requisite courses. Graduate program requirements allow for an integrated understanding of the discipline. Such programs display a clear rationale and design and include clearly stated and measurable outcomes consistent with the mission of the institution.

Commonly accepted practices for the requirements of a graduate program address an appropriate number of semester hours, or its equivalent, and a coherent course of study appropriate to higher education.

### **Relevant Questions for Consideration**

- What evidence exists that the institution defines and publishes requirements for each graduate and post-baccalaureate professional program of study?
- What is the process for determining what coursework is included and for establishing how coursework conforms to commonly accepted standards and practices in the program requirements?
- What is the process for determining what coursework is included in the major program requirements?
- How does the institution demonstrate that all appropriate publications provide clear, complete, and consistent information about each program?

### **Documentation**

#### Required Documentation, if applicable

For all educational programs, evidence that the institution has published documents that describe program completion requirements

#### Examples of Other Types of Documentation

For program requirements, (1) comparative data for programs with peer institutions, (2) programmatic/specialized accreditation, and (3) external program reviews

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

### **Cross References to other related Standards/Requirements, if applicable**

Federal Requirement 4.2

Federal Requirement 4.4

**3.7.1. 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 the highest earned degree in the discipline. The institution also considers competence, effectiveness, and capacity, including, as appropriate, 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. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines “Faculty Credentials.”) (Faculty competence)**

## **Rationale and Notes**

This standard asserts the fundamental principle that qualified, effective faculty members are essential to carrying out the goals of the mission of the institution and ensuring the quality and integrity of the academic programs of the institution. The emphasis is on overall qualifications rather than simply academic credentials and, that while academic credentials are primary and in most cases will be the standard qualification for faculty members, other types of qualifications may prove to be appropriate. It is also important to note that the documentation and justification of qualifications for each member of the faculty are the responsibility of the institution. This includes faculty teaching outside their discipline.

*Notes:* Institutions should use the Commission’s “Faculty Roster Form for Full-time and Part-Time Faculty” to report the qualifications of all faculty. Information requested on the form should be provided for all full-time and part-time faculty teaching credit courses that can be part of a degree, certificate, diploma, or other credential. Faculty teaching developmental/remedial courses should also be included. Teaching assistants should be included only if they are the instructor of record.

An institution is responsible for identifying the instructor of record; that is, the person qualified to teach the course and who has overall responsibility for the development/implementation of the syllabus, the achievement of student learning outcomes included as part of the syllabus, and for issuing grades.

For the submission of the Compliance Certification, a Track A institution (offering only undergraduate degrees) should submit rosters for fall term of the current academic year and spring term of the previous academic year. A Track B institution (offering graduate degrees) should submit rosters for fall and spring term of the previous academic year.

Transcripts for faculty should be available during on-site reviews but are not required to be part of the documentation provided as part of the Compliance Certification or a substantive change application/prospectus.

## **Relevant Questions for Consideration**

- How does the mission of the institution influence the selection and qualifications of faculty?
- How does the institution determine the competencies of members of the faculty and justify that the qualifications of the members of the faculty meet these competencies?
- How does the institution document and justify the qualifications for each member of the faculty?

## **Documentation**

### Required Documentation, if appropriate

A complete roster of faculty, qualifications, and teaching assignments (See Commission “Faculty Roster Form for Full-time and Part-Time Faculty” and directions for completing the form.)

### Examples of other Types of Documentation

- Guidelines governing the qualifications of faculty members necessary to carry out the mission of the institution and the process for their selection that ensures these qualifications

- A file or portfolio on each faculty member which includes pertinent up-to-date information describing the qualifications of the faculty member such as transcripts, curriculum vitae, teaching evaluations, and institutional qualification justifications in nonstandard situations
- Guidelines for identifying the instructor of record

**Reference to Commission Documents, if applicable**  
 “Faculty Credential Guidelines”

**Cross References to other related Standards/Requirements, if applicable**  
 Core Requirement 2.8  
 Comprehensive Standard 3.5.4

**3.7.2. The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status. (Faculty evaluation)**

**Rationale and Notes**

Since the members of the faculty direct the learning enterprise of an academic institution and are responsible for assuring the quality of the academic program, it is imperative that an effective system of faculty evaluation be in place. The concept of faculty evaluation encompasses a range of processes designed to assess the quality and effectiveness of the performance of each member of the faculty, including tenured, contractual, and adjunct/part-time faculty. The overall evaluation system may include a variety of components, but regardless of the evaluation types used, it is critical that the faculty evaluation system be consistent with the mission of the institution.

**Relevant Questions for Consideration**

- What are the policies, procedures, and criteria that govern faculty evaluation and how are these publicized among the faculty and others?
- What evidence exists that shows that evaluation is administered on a regular and timely basis, at least every three years?
- How does the institution ensure that faculty evaluation policies are sufficiently broad for all faculty, regardless of status?
- How are faculty evaluations administered and used in ensuring the effectiveness of all faculty, especially in terms of student learning?
- If evaluation procedures are different for full-time and part-time faculty, what are the distinctions?

**Documentation**

Required Documentation, if applicable

- Documents and publications that include the process and criteria used for faculty evaluation
- Evidence that shows that evaluations are taking place regularly and being used to measure performance effectiveness

Examples of other Types of Documentation

Sample of completed evaluation forms and procedures (names and sensitive details may be redacted)

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

None noted

**3.7.3. The institution provides evidence of ongoing professional development of faculty as teachers, scholars, and practitioners. (Faculty development)**

**Rationale and Notes**

Faculty members are at the core of institutional teaching, learning, scholarship, and research, and therefore need to stay current, improve their own knowledge and skills, and have the opportunity to conduct research and engage in scholarship. In order to establish and sustain a culture where faculty professional development is valued and pervasive, it is important that institutions develop a systematic and comprehensive approach to offering and supporting activities and programs that assist and encourage members of the faculty to pursue professional development.

**Relevant Questions for Consideration**

- How does the institution support faculty professional development, including financial support?
- What activities are classified as professional development?
- What are the policies, procedures, and programs dealing with the professional development of members of the faculty?
- How are members of the faculty informed of professional development opportunities?

**Documentation**

Required Documentation, if applicable

Evidence that members of the faculty are involved in professional development

Examples of other Types of Documentation

- Policies and procedures governing faculty professional development
- Descriptions of ongoing professional development activities supported by the institution
- Description of resources allocated by the institution in support of ongoing faculty professional development
- Description of how faculty share their professional development experience with other members of the faculty

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

None noted

**3.7.4. The institution ensures adequate procedures for safeguarding and protecting academic freedom. (Academic freedom)**

### **Rationale and Notes**

The essential role of institutions of higher education is the pursuit and dissemination of knowledge. Academic freedom respects the dignity and rights of others while fostering intellectual freedom of faculty to teach, research, and publish. Responsible academic freedom enriches the contributions of higher education to society.

### **Relevant Questions for Consideration**

- How does the institution define academic freedom?
- What are the institutional policies and procedures for safeguarding and protecting academic freedom of faculty?
- How does the institution publicize its policies on academic freedom for faculty?
- If there have been any instances in which issues involving academic freedom have emerged, how have these issues been resolved?

### **Documentation**

#### Required Documentation, if applicable

Publications that include the institution's academic freedom policies

#### Examples of other Types of Documentation

Any evidence regarding institutional academic freedom issues.

### **Reference to Commission Documents, if applicable**

“Developing Policy and Procedures Documents”

### **Cross References to other related Standards/Requirements, if applicable**

None noted

## **3.7.5. The institution publishes policies on the responsibility and authority of faculty in academic and governance matters. (Faculty role in governance)**

### **Rationale and Notes**

Because faculty are generally responsible for ensuring the achievement of appropriate student learning and academic program outcomes, it is imperative that an institution establish policies that explicitly delineate the responsibilities and authority of its faculty in academic and governance matters. These published policies clarify the role of the faculty in relation to other constituencies regarding these fundamental aspects of the institution.

### **Relevant Questions for Consideration**

- What are the policies regarding the role of the faculty in academic and governance matters?
- What evidence exists that the policies are published and disseminated?

### **Documentation**

#### Required Documentation, if applicable

Policies regarding the role of the faculty in academic and governance matters

#### Examples of Other Types of Documentation

Publications describing these policies

Evidence documenting the faculty role in academic and governance affairs

**Reference to Commission Documents, if applicable**

“Developing Policy and Procedures Documents”

**Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.2.6

Comprehensive Standard 3.4.10

**3.8.1 The institution provides facilities and learning/information resources that are appropriate to support its teaching, research, and service mission. (Learning/information resources)**

**Rationale and Notes**

The mission of an institution requires a broad range of resources that relate to facilities and sufficient learning/information resources. The institution has an obligation to provide support for all aspects of an institution’s mission relating to learning, services, and research.

*Note:* Institutions should include information on library facilities/learning resources in the library and other locations as appropriate (e.g., curriculum lab, specified reading rooms, computer labs, writing centers, etc.)

**Relevant Questions for Consideration**

- How are the institution’s facilities or access to them, configured to meet the needs specific to the institution’s programs, wherever they are offered and by whatever mode of delivery?
- How is the provision of facilities and learning/information resources related to the mission?
- How does the institution determine appropriate facilities, and learning/information resources?

**Documentation**

Required Documentation, if applicable.

Documents describing facilities, services, and learning/information resources and how they support programs and disciplines

Examples of other Types of Documentation

- Mission statement of the library, learning resource center, or other similar support services
- Evaluations of educational programs needs and how the institution addresses facilities, services, and learning/information resources to address those needs
- Findings from user surveys and comparisons with peer institutions

**Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

**Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.9

Comprehensive Standard 3.3.1.3

### **3.8.2 The institution ensures that users have access to regular and timely instruction in the use of the library and other learning/information resources. (Instruction of library use)**

#### **Rationale and Notes**

To ensure appropriate use of the library and other learning/information resources, the institution is expected to provide timely and effective access to the library/learning resources that enables students, faculty, and staff to take full advantage of the learning resources provided by the institution.

#### **Relevant Questions for Consideration**

- What is the objective and the type of assistance available to learning/information resource users?
- What delivery mechanisms exist for instruction and assistance to library users and how are they assessed?
- How does the institution deliver instruction and assistance to all users at all locations and through all modes of delivery?

#### **Documentation**

##### Required Documentation, if applicable

Documentation of the availability and type of instruction

##### Examples of other Types of Documentation

- Documentation of the assessment of the instruction
- Reports of library instructional activity that demonstrate broad participation in the instructional program by all segments of the institution at all teaching locations

#### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

#### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.9

### **3.8.3 The institution provides a sufficient number of qualified staff—with appropriate education or experiences in library and/or other learning/information resources—to accomplish the mission of the institution. (Qualified staff)**

#### **Rationale and Notes**

A sufficient number of qualified staff is measured by the effectiveness of the delivery of services to students, faculty, and staff rather than simply the number of staff employed. Qualified staff members are essential to carrying out the mission of the library. The emphasis is on overall qualifications and is based on academic credentials as the standard qualification for library staff; other types of qualifications may prove to be appropriate.

### **Relevant Questions for Consideration**

- How does the institution determine the qualifications of its library/learning resource/library information staff?
- How does the institution demonstrate that the staff is sufficient to accomplish the mission?
- What professional opportunities are available to the learning/information resources staff?

### **Documentation**

#### Required Documentation, if applicable

Roster of library/learning resource staff and documentation of their qualifications

#### Examples of other Types of Documentation

- Position descriptions and any professional development support
- Evidence that personnel use opportunities for professional growth and training

### **Reference to Commission Documents, if applicable**

None noted

### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.9

## **3.9.1 The institution publishes a clear and appropriate statement of student rights and responsibilities and disseminates the statement to the campus community. (Student rights)**

### **Rationale and Notes**

Institutions are obligated to develop comprehensive and appropriate policies delineating student rights and responsibilities because students and student learning are central to the mission of the institution. To be effective, such policies are clear and widely available to the entire community of the institution and need to include procedures for use by students in preserving these rights and responsibilities.

### **Relevant Questions for Consideration**

- How do student rights conform to sound educational principles practice and meet the needs of all undergraduate and graduate students served by the institution?
- What are ways in which the institution ensures that students as well as other constituencies of the institution are aware of student rights and responsibilities?
- How are alleged violations and grievances regarding student rights and responsibilities handled?

### **Documentation**

#### Required Documentation, if applicable

Statement of student rights and responsibilities

#### Examples of other Types of Documentation

Methods of dissemination of statements on student rights and responsibilities

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

### **Cross References to other related Standards/Requirements, if applicable**

- Comprehensive Standard 3.4.5
- Federal Requirement 4.5

## **3.9.2 The institution protects the security, confidentiality, and integrity of student records and maintains special security measures to protect and back up data. (Student records)**

### **Rationale and Notes**

The ongoing security and confidentiality of student records is critical to the integrity of the institution. This standard acknowledges the responsibility of the institution to oversee the release and use of all student records and institutional data with personally identified information and identifies four key aspects of that responsibility: security, confidentiality, integrity, and data protection and back up. As applied to this standard, integrity means to ensure that data within the records are not changed without appropriate oversight and sufficient security measures. Special security measures emphasize the imperative for the institution to protect confidentiality of records, preserve the integrity of its students' academic records, and oversee the release of records in accord with state and federal mandates and commonly accepted standards and practices among institutions of higher learning.

### **Relevant Questions for Consideration**

- What types of student records does the institution store?
- What are the definitions, policies, and procedures governing the security, confidentiality, and integrity of student records? How does the institution ensure that it adheres to these policies and procedures?
- How does the institution manage the physical security of record storage?
- How does the institution manage the security of electronic data storage systems, paper storage, and/or other storage?
- What is the institution's disaster plan for records retrieval?
- How does the institution ensure that faculty and staff understand and carry out the commitments to confidentiality, integrity, and security of student academic records?

### **Documentation**

#### Required Documentation, if applicable

- The policies and procedures governing student records, their security, integrity, and confidentiality, their use, and their release.
- Security measures adopted by the institution that apply to the protection and backs up of data

#### Examples of other Types of Documentation

- Publications used by students and personnel (a) that discuss student academic records, including statements addressing confidentiality of student records; and (b) that identify specific policies for the security of records and include statements about physical security of records, storage of records, back-up of records in both electronic and hard-copy, receipt of course grades, issuance of transcripts, etc.

- Documentation that faculty and staff are trained regarding policies on the confidentiality, integrity, and security of student records
- Documentation of data back-up procedures
- Procedures for response to security breaches

**Reference to Commission Documents, if applicable**  
 “Distance and Correspondence Education”

**Cross References to other related Standards/Requirements, if applicable**  
 Comprehensive Standard 3.10.3  
 Federal Requirement 4.7

**3.9.3 The institution provides a sufficient number of qualified staff—with appropriate education or experience in the student affairs area—to accomplish the mission of the institution. (Qualified staff)**

**Rationale and Notes**

Appropriate and effective student programs and services are central to student learning and development. In order to carry out such programs and services, the institution is expected to have student affairs professionals who have adequate educational training or experience to provide these services. Qualified staff members are essential to carrying out the mission of student services programs. The emphasis is on overall qualifications rather than academic credentials and, that while academic credentials are primary and, in most cases, will be the standard qualification, other types of qualifications may prove to be appropriate.

**Relevant Questions for Consideration**

- What are the various student support programs and services and how are they staffed?
- What are the qualifications for student affairs personnel?
- What are the training and professional growth opportunities for student affairs staff?
- How does the institution demonstrate that the staff is sufficient to accomplish the mission?

**Documentation**

Required Documentation, if applicable

Roster of student affairs staff and documentation of their qualifications

Examples of other Types of Documentation

- Student affairs organizational chart
- Position descriptions
- Evidence that members of the student affairs staff have opportunities for professional growth and training and that they take advantage of them

**Reference to Commission Documents, if applicable**  
 None noted

**Cross References to other related Standards/Requirements, if applicable**  
 • Core Requirement 2.10

### **3.10.1 The institution's recent financial history demonstrates financial stability. (Financial stability)**

#### **Rationale and Notes**

Financial stability is an essential component of an institution's ability to fulfill its mission and is meant to reflect more than a currently balanced budget. Recent financial history generally refers to 3-5 years of financially stable conditions with a focus on such entities as revenue stream, expenses, capital investments, and such. An institution may be overall financially stable, with generally adequate financial and physical resources, and still experience fluctuations in its financial health, such as in funding, enrollment, or expenditures. If an institution experiences financial instability, it is important that it understands and explains the causes and has a reasonable plan for remedying the situation.

#### **Relevant Questions for Consideration**

- Has the institution experienced major changes in unrestricted revenues and expenditures in its recent history? If so, how have these financial fluctuations undermined the overall financial stability and resources of the institution?
- Are there special circumstances that explain any unusual financial conditions?
- How has the institution managed any changes in revenue streams such as tuition revenues, state appropriations, endowment/investment income, and changes in debt services?
- What have been the changes in temporary and permanently unrestricted assets over the past three years?
- What are the qualifications and experience of individuals who manage and sustain the institution's financial stability?

#### **Documentation**

##### Required Documentation, if applicable

None noted

##### Examples of other Types of Documentation

- Copies of the most recent 3-5 years of audited financial statements
- Most recent 3-5 year schedule of changes in unrestricted net assets, excluding investment gains and losses; 3-5 year schedule of changes in total net assets; 3-5 year schedule of gifts and grants
- Most recent 3-5 year history of enrollment, FTE and unduplicated headcount
- Most recent 3-5 year history on endowment returns and annual payments or spending rates
- Most recent 3-5 year history on short-term and long-term debt
- Policies governing endowment management
- Most recent 3-5 years of fundraising data

#### **Reference to Commission Documents, if applicable**

"The Impact of Budget Reductions on Higher Education"

#### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.11.1

### **3.10.2 The institution audits financial aid programs as required by federal and state regulations. (Financial aid audits)**

#### **Rationale and Notes**

Financial aid programs often have an important and significant impact on the finances of an institution. Many institutions and their students are highly dependent on federal and state funds, thus continued compliance with regulations is critical to long-term financial health. Institutional integrity dictates that if governmental funds are accepted, governmental regulations will be followed. A full program of federal and state financial aid is necessary to determine the accountability and integrity of an institution's financial aid program.

#### **Relevant Questions for Consideration**

- For public institutions: Did the institution receive an unqualified opinion in the Auditor's Report on Compliance and on Internal Control over Financial Reporting based on an Audit of Financial Statements performed in accordance with *Governmental Auditing Standards*? Have there been findings? If so, have they been resolved? Are findings repeated and not cleared?
- For private institutions: Did the institution receive an unqualified opinion in the Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance with OMB Circular A-133? Have there been findings? If so, have they been resolved? Are findings repeated and not cleared?
- For for-profit institutions: Does the institution have an FSA compliance audit conducted under the Inspector General's Audit Guide (for FSA school audits) which is available on the IFAP web site?
- How often are financial aid audits required by the state and by the federal government? If not annually, explain. (Public institutions may not have these reviews annually and should explain their process and the approval of that process.)
- For public institutions, if the institution is included in a group of institutions for federal awards compliance review (such as a state or system audit), is it clearly indicated by memo that your institution has been reviewed? Are findings clearly delineated by institution?

#### **Documentation**

##### Required Documentation, if applicable

Audits of financial aid programs

##### Examples of other Types of Documentation

- Audits of financial aid programs for the past three years
- Institutional responses to all audits and/or findings
- Copies of all correspondence received from the U.S. Department of Education for the past three years

#### **Reference to Commission Documents, if applicable**

None noted

#### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.11.1

Federal Requirement 4.7

### **3.10.3 The institution exercises appropriate control over all its financial resources. (Control of finances)**

#### **Rationale and Notes**

Financial resource management is critical to the long-term stability of an institution. The institution has a fiduciary responsibility to operate in a prudent and responsible manner. This responsibility extends to the care for its financial assets by obtaining, sustaining, and maintaining them for achieving its mission. This requires the institution to employ a sufficient number of qualified staff empowered to provide systems and procedures for adequate checks, balances, and control over assets.

#### **Relevant Questions for Consideration**

- What written policies and procedures are available for safeguarding cash? For the management of and distributions from endowment funds? For approval of expenditures?
- How does the institution manage risk as it relates to financial resources?
- Are there internal control findings in the Compliance Audit? In the Management Letter? Are these repeat findings? Have they been addressed?
- Does the institution have an internal audit function? To whom does the Internal Auditor report?
- What are the qualifications of staff responsible for the control of institutional finances?

#### **Documentation**

##### Required Documentation, if applicable

Management letters

##### Examples of other Types of Documentation

- Internal audit and risk management reports
- Institutional policies related to internal controls/audit
- Investment policy
- Documentation of budget reporting to appropriate constituencies, including members of the board
- Documentation of the qualifications of staff responsible for control of institutional finances

#### **Reference to Commission Documents, if applicable**

“The Impact of Budget Reductions on Higher Education”

#### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.2

Comprehensive Standard 3.2.2.2

### **3.10.4 The institution maintains financial control over externally funded or sponsored research and programs. (Control of sponsored research/external funds)**

### **Rationale and Notes**

Externally funded research and programs are designed to aid in fulfillment of the institution's mission. Ceding financial controls to the funding source may compromise financial, ethical or management standards of the institution. The same prudence in financial control should prevail as in internally funded activities.

### **Relevant Questions for Consideration**

- What are the policies governing the expenditures of external funds and are they published?
- Are the institution's externally funded or sponsored research programs accounted for in an appropriate manner, consistent with the institution's financial policies and procedures?
- Are appropriate reports filed in a timely manner as required by external source of funds?
- Who has management control over external program and research funds within the institution and how are they qualified?

### **Documentation**

#### Required Documentation, if applicable

Federal audits and management letters

#### Examples of other Types of Documentation

- Grant policies and procedures governing externally funded programs
- Indirect cost policy
- Grants accounting documentation

### **Reference to Commission Documents, if applicable**

None noted

### **Cross References to other related Standards/Requirements, if applicable**

None noted

## **3.11.1 The institution exercises appropriate control over all its physical resources. (Control of physical resources)**

### **Rationale and Notes**

Physical resource management is critical to the long-term stability of an institution. The institution has a fiduciary responsibility to operate in a prudent and responsible manner. This responsibility extends to the care for its physical assets by obtaining, sustaining, and maintaining them for achieving its mission. This requires the institution to employ qualified staff empowered to provide systems and procedures for adequate checks, balances, and control over assets.

### **Relevant Questions for Consideration**

- Does the institution have accurate and up-to-date records of its physical inventory?
- Is proper documentation maintained to explain asset disposals?
- How does the institution manage deferred maintenance?
- How does the institution manage risk as it relates to physical resources?

## **Documentation**

### Required Documentation, if applicable

None noted

### Examples of other Types of Documentation

- Internal audit and risk management reports
- Management letters
- Documentation of regular physical inventories
- Institutional policies related to purchasing, including methods for recording, tracking, and disposal of assets
- Links to various planning and control documents

## **Reference to Commission Documents, if applicable**

None noted

## **Cross References to other related Standards/Requirements, if applicable**

None noted

### **3.11.2 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community. (Institutional environment)**

#### **Rationale and Notes**

An institution has an ethical responsibility to take reasonable steps to provide a healthy, safe and secure environment for all campus constituents. A healthy, safe, and secure environment enhances the accomplishment of the institution's mission and contributes to more effective risk management.

#### **Relevant Questions for Consideration**

- What is the institution's safety plan?
- Who has campus administrative responsibility for health, safety, and security functions?
- Is there a crisis communications plan? Has it been tested?
- Are facilities and grounds regularly reviewed and/or tested for health and safety concerns?
- How does the institution ensure campus security?
- How does the institution disseminate emergency procedures and other health and safety related procedures?

## **Documentation**

### Required Documentation, if applicable

None noted

### Examples of other Types of Documentation

- Evidence that the institution has qualified staff to carry out the safety, security, and health plans of the institutions
- Current safety, emergency, and disaster plans
- Emergency procedures
- Inspection reports (e.g., health, safety, etc.)

- Evidence of evacuation plans
- Evidence of compliance with environmental and occupational regulations
- Policies and training regarding harassment, hazardous materials, etc.

**Reference to Commission Documents, if applicable**

None noted

**Cross References to other related Standards/Requirements, if applicable**

None noted

**3.11.3 The institution operates and maintains physical facilities, both on and off campus, that appropriately serve the needs of the institution’s educational programs, support services, and other mission-related activities. (Physical facilities)**

**Rationale and Notes**

Within the mission and purpose of the institution is the need to operate and maintain physical facilities adequate to serve the educational programs, support services, and other mission-related activities. Adequate, well-maintained facilities for all programs enable an institution to achieve its educational goals and to more effectively serve its constituents.

**Relevant Questions for Consideration**

- Is there a master facility plan in place designed to meet current and future needs of the institution? How is it revised and updated?
- Is the technological infrastructure sufficient for the needs of the institution, especially for distance and correspondence education programming?
- What is the institution’s plan for routine and preventative maintenance?
- What is the institution’s deferred maintenance plan?
- How do the physical facilities support the needs of the institution’s educational programs, support services, and other mission-related activities?
- How does the institution provide adequate physical facilities at off-campus sites?
- Does the institution use surveys to determine whether physical facilities meet the needs of users?

**Documentation**

Required Documentation, if applicable

None noted

Examples of other Types of Documentation

- Plan for routine, preventative, and deferred maintenance
- Facilities satisfaction survey results
- Most recent 3-5 years annual capital budget
- Evidence that the institution has facilities that adequately support the mission of the institution
- A video or other visual means to provide a “walking tour” of all the institution’s facilities
- Facilities master plan including a campus map

**Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

**Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.11.2

**3.12.1 The institution notifies the Commission of changes in accordance with the Commission’s substantive change policy and, when required, seeks approval prior to the initiation of changes. (See Commission policy “Substantive Change for Accredited Institutions.”) (Substantive change)**

**Rationale and Notes**

Substantive change is a significant modification or expansion of the nature and scope of an accredited institution. The reporting and review of substantive change ensures that the scope of programs offered by the institution have undergone appropriate review by the Commission. The *Principles of Accreditation* states:

“The Commission on Colleges accredits the entire institution and its programs and services, wherever they are located and however they are delivered. Accreditation, specific to an institution, is based on conditions existing at the time of the most recent evaluation and is not transferable. When an accredited institution significantly modifies or expands its scope, or changes the nature of its affiliation or its ownership, a substantive change review is required.”

A member institution is responsible for following the substantive change policy by informing the Commission of changes in accord with the Commission’s procedures and, when required, seeking approval prior to the initiation of the change. If an institution fails to follow SACSCOC substantive change policy and procedures, it may lose its Title IV funding or be required by the U.S. Department of Education to reimburse it for money received by the institution for programs related to the unreported substantive change. In addition, the institution’s case may be referred to SACSCOC Board of Trustees for the imposition of a sanction or for removal from membership.

Institutions have the following obligations regarding substantive change and compliance with this standard:

- Member institutions are required to notify the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) of changes in accordance with the substantive change policy and, when required, seek approval prior to the initiation of changes.
- Member institutions are required to have an internal policy/procedures to ensure that all substantive changes are reported to the Commission in a timely fashion.

Substantive change includes:

- Any change in the established mission or objectives of the institution
- Any change in legal status, form of control, or ownership of the institution

- The addition of courses or programs that represent a significant departure, either in content or method of delivery, from those that were offered when the institution was last evaluated
- The addition of courses or programs of study at a degree or credential level different from that which is included in the institution's current accreditation or reaffirmation.
- A change from clock hours to credit hours
- A substantial increase in the number of clock or credit hours awarded for successful completion of a program
- The establishment of an additional location geographically apart from the main campus at which the institution offers at least 50 percent of an educational program.
- The establishment of a branch campus
- Closing a program, off-campus site, branch campus or institution
- Entering into a collaborative academic arrangement such as a dual degree program or a joint degree program with another institution
- Acquiring another institution or a program or location of another institution
- Adding a permanent location at a site where the institution is conducting a teach-out program for a closed institution
- Entering into a contract by which an entity not eligible for Title IV funding offers 25% or more of one or more of the accredited institution's programs

The list of types of substantive changes may change; therefore, an institution should always check the Commission's policy "Substantive Change for Accredited Institutions" for the most updated information.

### **Relevant Questions for Consideration**

- Does the institution have an internal policy for the notification of substantive changes?
- Is the policy comprehensive; that is, does it address all aspects of substantive change?
- What procedures does the institution have in place to ensure appropriate notification of substantive change?

### **Documentation**

#### Required Documentation, if applicable

- Copies of correspondence documenting submission of notification/approval for substantive changes instituted since the last decennial review by the Commission.
- Copy of the institution's internal procedure outlining the process for notifying the Commission regarding substantive change

#### Examples of other Types of Documentation

None noted

### **Reference to Commission documents, if applicable**

"Substantive Change for Accredited Institutions"

"Closing a Program, Site, Branch or Institution"

"Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance"

"Unreported Substantive Change"

"Collaborative Academic Arrangements"

"Separate Accreditation for Units of a Member Institution"

“Integrity and Accuracy in Institutional Representation”  
“Developing Policy and Procedures Documents”

**Cross References to other related Standards/Requirements, if applicable**

Principle 1.1  
Comprehensive Standard 3.13.1

**3.13.1 The institution complies with the policies of the Commission on Colleges.  
(Policy compliance)**

**Rationale and Notes**

The Commission’s philosophy of accreditation precludes denial of membership to a degree-granting institution of higher education on any ground other than an institution’s failure to meet the standards of the Commission in the professional judgment of peer reviewers, or failure to comply with the policies and procedures of the Commission. Consequently, institutions are responsible for reviewing Commission policies and providing evidence of compliance with those that are applicable.

The Commission policies that require a determination of compliance with supporting documentation are listed in the most current Compliance Certification posted on the Commission’s web site. (See Commission web site “Institutional Resources” at <http://www.sacscoc.org>). Those policies with an asterisk include a federal requirement. All policies can be accessed at <http://www.sacscoc.org/policies.asp>. Aspects of current policies that require an institutional response are:

“Accrediting Decisions of Other Agencies”  
“Collaborative Academic Arrangements”  
“Complaint Procedures against the Commission or its Accredited Institutions”  
“Reaffirmation of Accreditation and Subsequent Reports”  
“Separate Accreditation for Units of a Member Institution”

The list of polices may change in accord with action by the SACSCOC Board of Trustees.

**Relevant Questions for Consideration**

- How does the institution integrate Commission policy expectations into its operations?
- Is there an appointed accreditation liaison with the Commission who is familiar with Commission policies?
- (Other questions need to specifically address each of the policies designated for analysis and review as listed in the Compliance Certification.)

**Documentation**

Suggested documentation is listed in the Compliance Certification for each of the specific policies.

**Reference to Commission Documents, if applicable**

“Integrity and Accuracy in Institutional Representation”  
“Accrediting Decisions of Other Agencies”  
“Collaborative Academic Arrangements”

“Complaint Procedures against the Commission or its Accredited Institutions”  
“Reaffirmation of Accreditation and Subsequent Reports”  
“Separate Accreditation for Units of a Member Institution”  
“Developing Policy and Procedures Documents”

**Cross References to other related Standards/Requirements, if applicable**

Principle 1.1  
Comprehensive Standard 3.12.1

**3.14.1 A member or candidate institution represents its accredited status accurately and publishes the name, address, and telephone number of the Commission in accordance with the Commission requirements and federal policy. (Publication of accreditation status)**

**Rationale and Notes**

This federal requirement promotes the role of the regional accrediting agency in protecting the general public from fraudulent practices in institutions and in ensuring that accredited institutions meet certain basic quality standards. Among other things, providing this information makes it possible for anyone to inquire about the accreditation status of the institution, to ask questions about the accreditation process, or to pursue procedures for filing complaints against an institution. The information indicated in the standard should be clearly stated so that the constituent understands that the statement is published exclusively for accreditation-related purposes and not to inquire regarding the admissions or general educational policies and practices of an institution.

Typically the required accreditation statement is located in official institutional publications. The institution should use only the publication of accreditation status that is cited in the *Principles*. For publishing the Commission’s contact information, the correct information is: Southern Association of Colleges and Schools Commission on Colleges, 1866 Southern Lane, Decatur, Georgia 30033-4097, telephone 404-679-4500, at <http://www.sacscoc.org>.

**Relevant Questions for Consideration**

- Where and how does the institution publish the required information?
- Is the information accurate and consistent in its publications?
- Is the institution’s accreditation statement reflective of the institution’s academic degrees and in accord with the required SACSCOC publication of accreditation status statement?

**Documentation**

Required Documentation, if applicable

Examples of publications, both print and electronic.

Examples of other Types of Documentation

None noted

**Reference to Commission Documents, if applicable**

“Integrity and Accuracy in Institutional Representation”

**Cross References to other related Standards/Requirements, if applicable**

Principle 1.1

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## Section 4: Federal Requirements

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The U.S. Secretary of Education recognizes accreditation by SACS Commission on Colleges in establishing the eligibility of its accredited institutions to participate in programs authorized under Title IV of the Higher Education Act, as amended, and other federal programs. Federal statutes include mandates that the Commission review an institution in accordance with criteria outlined in the federal regulations developed by the U.S. Department of Education. As part of the review process, institutions are required to document compliance with those criteria responding to federal mandates and the Commission is obligated to consider such compliance when the institution is reviewed for initial membership or continued accreditation.

**Application of the Requirements.** The Commission on Colleges bases its accreditation of degree-granting higher education institutions and entities on requirements in the *Principles of Accreditation: Foundations for Quality Enhancement*. These requirements apply to all institutional programs and services, wherever located or however delivered. This includes programs offered through distance and correspondence education, and at off-campus instructional sites and branch campuses. Consequently, when preparing documents for the Commission demonstrating compliance with the *Principles of Accreditation*, an institution must include these sites and programs in its “Institutional Summary Form Prepared for Commission Reviews” and address them in its analysis and documentation of compliance. (See Commission policy “Distance and Correspondence Education.”)

**The Requirement of a Policy.** Implicit in every Federal Requirement mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it. (See Commission best practices “Developing Policy and Procedures Documents.”)

#### **4.1 The institution evaluates success with respect to student achievement consistent with its mission. Criteria may include: enrollment data; retention, graduation, course completion, and job placement rates; state licensing examinations; student portfolios; or other means of demonstrating achievement of goals. (Student achievement)**

##### **Rationale and Notes**

An institution needs to be able to document its success with respect to student achievement. In doing so, it may use a broad range of criteria to include, as appropriate, enrollment data; retention, graduation, course completion, and job placement rates; state licensing examinations; student portfolios; or other means of demonstrating achievement of goals.

*Note:* In accord with federal regulations, it is expected that the institution will demonstrate its success with respect to student achievement and indicate the criteria and threshold of acceptability used to determine that success. In its report, the Commission's off-site (for reaffirmations) and on-site committees will examine and analyze (1) documentation demonstrating success with respect to student achievement, (2) the appropriateness of criteria and threshold of acceptability used to determine student achievement, and (3) data provided to document student achievement.

##### **Relevant Questions for Consideration**

- How does the institution document successful student achievement in relation to its mission?
- Are the criteria mentioned above in this standard appropriate to the mission of the institution? If so, how does the institution use the findings?
- If the institution does not use the criteria above in this standard, what are the criteria used by the institution and why are they appropriate?
- What is the expected threshold of achievement for each criterion and why is it appropriate?
- How does the institution use data to support and improve student achievement?

##### **Documentation**

###### Required Documentation, if applicable

- Documentation of appropriate criteria used to determine successful student achievement
- Documentation of the expected threshold of achievement for each criterion and the rationale for why each is appropriate
- Documentation of data used to demonstrate achievement of goals

###### Examples of other Types of Documentation

- Sample documentation of student achievement such as trend data showing course completion by discipline, pass rates on state licensing exams, job placement rates by degree program, and others
- Documentation of the institution actively following up with students who have graduated

##### **Reference to Commission Documents, if applicable**

Commission Statement on Sampling (See "sampling" in the Glossary.)

**Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.5

Comprehensive Standard 3.3.1.1

**4.2 The institution’s curriculum is directly related and appropriate to the mission and goals of the institution and the diplomas, certificates, or degrees awarded. (Program curriculum)**

**Rationale and Notes**

To meet its mission, an institution offers educational programs that are appropriate to the type of diplomas, certificates, and degrees awarded, developed by the faculty, and approved by appropriate governing bodies. The institution’s curriculum carries out the goals of the educational programs.

**Relevant Questions for Consideration**

- How are existing programs consistent with the mission and goals of the institution?
- What evidence exists that the curriculum is appropriate to diplomas, certificates, and degrees awarded by the institution?

**Documentation**

Required Documentation, if applicable

- Evidence that the curriculum is directly related to the mission of the institution
- Evidence that the curriculum is appropriate and consistent with good practices in higher education

Examples of other Types of Documentation

Evidence that the curriculum is developed by faculty and approved by the appropriate governing bodies

**Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

**Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.4

Core Requirement 2.7.2

Core Requirement 2.7.3

Comprehensive Standard 3.1.1

Comprehensive Standard 3.5.1

Comprehensive Standard 3.5.3

**4.3 The institution makes available to students and the public current academic calendars, grading policies, and refund policies. (Publication of policies)**

### **Rationale and Notes**

Good educational practice suggests that the institution's constituents be informed about matters such as academic calendars, grading policies, and refund policies. Such policies and calendars are published and widely distributed.

### **Relevant Questions for Consideration**

How does the institution make current academic calendars, grading policies, and refund policies available to students and other constituents?

### **Documentation**

#### Required Documentation, if applicable.

Publications that include information about academic calendars, grading policies, and refund policies

#### Examples of other Types of Documentation

None noted

### **Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

“Integrity and Accuracy in Institutional Representation”

“Advertising, Student Recruitment, and Representation of Accredited Status”

“Developing Policy and Procedures Documents”

### **Cross References to other related Standards/Requirements, if applicable**

Principle 1.1

Comprehensive Standard 3.4.5

## **4.4 Program length is appropriate for each of the institution's educational programs. (Program length)**

### **Rationale and Notes**

Accepted practices in higher education are used to establish completion requirements that determine program length. Educational programs are of sufficient length to include appropriate course work, of sufficient duration to provide for mastery of the subject matter.

### **Relevant Questions for Consideration**

- For each educational program, what is the program length?
- What are the criteria and process used to determine each program's length?
- For any program length that differs significantly from accepted practices, what is the basis for the variation?

### **Documentation**

#### Required Documentation, if applicable

Publications that describe the length of all educational programs

#### Examples of other Types of Documentation

- Documentation of the criteria used in determining program length
- Processes used to determine program length

- Evidence supporting program length that is significantly different from accepted practices

**Reference to Commission Documents, if applicable**

“Distance and Correspondence Education”

**Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.7.2

Core Requirement 2.7.3

Comprehensive Standard 3.4.1

**4.5 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 “Complaint Procedures against the Commission or its Accredited Institutions.”) (Student complaints)**

**Rationale and Notes**

Student complaints need to be addressed in a fair and professional manner, and the policies and procedures governing student complaints need to be well publicized and provide clear and consistent guidelines for their resolution.

Note: In addition to FR 4.5 addressing student complaints, the Commission’s “Complaint Procedures against the Commission or its Accredited Institutions” states:

Each institution is required to have in place student complaint policies and procedures that are reasonable, fairly administered, and well-publicized. (See FR 4.5). The Commission also requires, in accord with federal regulations, that each institution maintains a record of complaints received by the institution. This record is made available to the Commission upon request. This record will be reviewed and evaluated by the Commission as part of the institution’s decennial evaluation. (page 2)

The Commission requires that institutions respond to the requirement of the policy statement by documenting compliance under CS 3.13.1 of the institution’s Compliance Certification or include documentation under FR 4.5. The Compliance Certification states that “when addressing this policy statement, the institution should provide information to the Commission describing how the institution maintains its record and also include the following: (1) individuals/offices responsible for the maintenance of the record(s), (2) elements of a complaint review that are included in the record, and (3) where the record(s) is located (centralized or decentralized). The record itself will be reviewed during the on-site evaluation of the institution.”

For FR 4.5 and CS 3.13 (as it applies to complaints), at the time of its review of an institution, the Commission will review (1) the acceptability of the complaint policy of the institution, (2) whether the institution follows its policy in the resolution of student

complaints, and (3) the institution's record of student complaints in the examination for patterns.

If a pattern of student complaints exists and those complaints are related to SACSCOC accreditation standards, the Commission will review the complaints if the issues were unresolved.

### **Relevant Questions for Consideration**

- What are the policies and procedures governing student complaints and are they adequate to meet the needs of the students?
- How are the policies and procedures governing student complaints disseminated?
- What is the evidence that the publicized policies and procedures are followed when resolving student complaints?
- How does the institution retain a record of student complaints?

### **Documentation**

#### Required Documentation, if applicable

- Policies and procedures for addressing student complaints
- Evidence that the published policies and procedures are followed when resolving student complaints
- An example of a student complaint resolution (with sensitive information redacted)
- See CS 3.13 for additional requirements applicable to complaints

#### Examples of other Types of Documentation

Evidence that complaint policies and procedures are published and disseminated

### **Reference to Commission Documents, if applicable**

“Complaint Procedures against the Commission or its Accredited Institutions”

“Distance and Correspondence Education”

“Developing Policy and Procedures Documents”

### **Cross References to other related Standards/Requirements, if applicable**

None noted

## **4.6 Recruitment materials and presentations accurately represent the institution's practices and policies. (Recruitment materials)**

### **Rationale and Notes**

Institutional integrity requires that recruitment materials and presentations accurately represent the institution and that its practices and policies are in accord with the published information.

### **Relevant Questions for Consideration**

- Do recruitment materials and presentations accurately represent the institution's practices, policies, and academic programs?
- How does the institution ensure that its recruitment materials and presentations accurately represent the institution?

## **Documentation**

### Required Documentation, if applicable

Copies of recruitment materials, publications, and presentations

### Examples of other Types of Documentation

Documents that provide evidence of practices for ongoing accuracy

## **Reference to Commission Documents, if applicable**

“Developing Policy and Procedures Documents”

“Distance and Correspondence Education”

“Integrity and Accuracy in Institutional Representation”

“Advertising, Student Recruitment, and Representation of Accredited Status”

## **Cross References to other related Standards/Requirement, if applicable**

Principle 1.1

Comprehensive Standard 3.4.3

## **4.7 The institution is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended. (In reviewing the institution’s compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the U.S. Department of Education.) (Title IV program responsibilities)**

### **Rationale and Notes**

Many institutions are dependent upon the availability of Title IV financial aid to assist students with their educational expenses and maintain adequate levels of enrollment. In order to secure these funds, an institution complies with the program responsibilities under Title IV of the most recent Higher Education Act as amended or risk the loss of federal aid for both its students and other organizational needs.

As the primary gatekeeper for many of its member and candidate institutions seeking Title IV funds, the Commission is obligated to review any information submitted by the institution or provided by the U.S. Department of Education that could affect an institution’s continued compliance with Commission standards. Under this standard, institutions are required to submit to the Commission any communication from the U.S. Department of Education related to continued compliance with Title IV provisions.

### **Relevant Questions for Consideration**

- What issues exist with Title IV programs for the institution, if any?
- Has the institution been placed on the reimbursement method?
- Has the institution been required to obtain a letter of credit in favor of the Department of Education?
- Have complaints related financial aid been filed with the Department of Education regarding this institution?
- Do the independent audits of the institution’s financial aid programs evidence significant noncompliance?
- Are there significant impending litigation issues with respect to financial aid activities?

- Are there significant unpaid dollar amounts due back to the Department of Education?
- Has adverse communication been received from the Department of Education? If so, what was the institution's response?
- What is the institution's student loan default rate?
- Is the institution aware of infractions to regulations which would jeopardize Title IV funding?
- Has the institution been obligated to post a letter of credit on behalf of the Department of Education or other financial regulatory agencies?

## **Documentation**

### Required Documentation, if applicable

Most recent federal awards/financial aid audit

### Examples of other Types of Documentation

- Copies of all recent, relevant correspondence from the U.S. Department of Education
- Copies of institutional response to U.S. Department of Education correspondence
- Negotiated settlement agreements for the payoff of any fines or monies owed in connection with program or fiscal audits
- Copies of any reports on compliance from the U.S. Department of Education
- Current Program Participation Agreement

## **Reference to Commission Documents, if applicable**

“Integrity and Accuracy in Institutional Representation”

## **Cross References to other related Standards/Requirements, if applicable**

Principle 1.1

Comprehensive Standard 3.10.2

## **4.8 An institution that offers distance or correspondence education documents each of the following: (Distance and correspondence education)**

**4.8.1 demonstrates that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit by verifying the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as (a) a secure login and pass code, (b) proctored examinations, or (c) new or other technologies and practices that are effective in verifying student identification.**

**4.8.2 has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs.**

### **4.8.3 has a written procedure distributed at the time of registration or enrollment that notifies students of any projected additional student charges associated with verification of student identity.**

#### **Rationale and Notes**

To protect the integrity of educational credentials awarded to students enrolled in distance or correspondence education courses or programs, an institution takes measures to ensure that a student awarded credit in distance or correspondence education courses is the same student who successfully completes the course and is tested for the achievement of intended student learning outcomes. To this end, an institution is required to verify the identity of a student enrolled in distance or correspondence education courses or programs, ensure that the method used to verify the identity protects the privacy of students enrolled, and notify the student in advance enrollment regarding any projected additional charges associated with the verification process.

#### **Relevant Questions for Consideration**

- How does the institution demonstrate that the student who registers in the distance or correspondence education course or program is the same student who participates in and completes the course or program and receives credit?
- Because the institution is obligated to select a verification method for the identification of students enrolled in such programs, how does the institution protect the privacy of students enrolled in distance or correspondence education?
- Do the institution's written procedures for notifying students of any projected additional student charges associated with verification include the appropriate provisions of the standard?
- What office(s) is responsible for ensuring that the provisions of this standard are enforced?

#### **Documentation**

##### Required Documentation, if applicable

- Method(s) used by the institution verifying the identity of the student enrolled in distance or correspondence education courses or programs
- Written procedure regarding the protection of privacy of the student enrolled in distance or correspondence education courses or programs
- Written procedure addressing the notification of projected additional student charges associated with verification of student identity

##### Examples of other Types of Documentation

Process for ensuring ongoing verification, including persons responsible for implementation

#### **Reference to Commission Documents, if applicable**

“Developing Policy and Procedures Documents”

“Distance and Correspondence Education”

“Integrity and Accuracy in Institutional Representation”

“Advertising, Student Recruitment, and Representation of Accredited Status”

“Substantive Change for Accredited Institutions”

#### **Cross References to other related Standards/Requirements, if applicable**

Comprehensive Standard 3.13

#### **4.9 The institution has policies and procedures for determining the credit hours awarded for courses and programs that conform to commonly accepted practices in higher education and to Commission policy. (See Commission policy “Credit Hours.”) (Definition of credit hours)**

##### **Rationale and Notes**

Academic credit has provided the basis for measuring the amount of engaged learning time expected of a typical student enrolled not only in traditional classroom settings but also laboratories, studios, internships and other experiential learning, and distance and correspondence education. Students, institutions, employers, and others rely on the common currency of academic credit to support a wide range of activities, including the transfer of students from one institution to another. For several decades, the federal government has relied on credits as a measure of student academic engagement as a basis of awarding financial aid. Because of the significance of the awarding of credit for coursework or experiences, an institution is obligated to ensure that credit hours awarded for courses and programs conform to commonly accepted practices in higher education.

##### **Relevant Questions for Consideration**

- What is the institution’s definition of a credit hour?
- How does the institution define credit hour when it differs from commonly accepted practices in higher education? What are the criteria used?
- What is the process and criteria used by an institution that calibrates documented student learning to the amount of academically engaged time for a typical student?

##### **Documentation**

###### Required Documentation, if applicable.

Policy for determining credit hours awarded, including the definition of a credit hour used by the institution

###### Examples of other Types of Documentation

- Evidence that the institution consistently applies its definition in the awarding of credit for courses and programs
- Descriptions of processes and criteria used to award credit for courses and programs outside the commonly accepted practices in higher education

##### **Reference to Commission Documents, if applicable**

“Credit Hours”

“Substantive Change for Accredited Institutions”

“Developing Policy and Procedures Documents”

##### **Cross References to other related Standards/Requirements, if applicable**

Core Requirement 2.7

Comprehensive Standard 3.4.6

Federal Requirement 4.4

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# Appendices

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## Appendix A

### Chart of Standards and Requirements

The chart below provides the reader with an overview of the following information: (1) the availability of a Commission template, (2) a Commission policy/interpretation related to the standard/requirement, (3) whether a standard/requirement will be reviewed as part of the Fifth-Year Interim Report, (4) whether the institution is required to submit a policy as part of its response to the standard/requirement, and (5) whether the standard/requirement is reviewed on-site as well as off-site (in the case of reaffirmation).

#### Index of the Columns in the Chart

- Column 1**                      The number of the standard/requirement of the *Principles of Accreditation*
  
- Column 2**                      A descriptor of the particular standard
  
- Column 3**                      An indication to the reader that there is a template available for use by the institution when providing documentation in support of compliance
  
- Column 4**                      An indication to the reader that there is a SACSCOC-related policy to the standard
  
- Column 5**                      An indication to the reader that the standard will be reviewed as part of an institution’s Fifth-Year Interim Report
  
- Column 6**                      An indication to the reader that the institution needs to provide an institutional policy in its response to the standard
  
- Column 7**                      An indication to the reader that the standard will be reviewed by the On-Site Reaffirmation Committee regardless of the Off-Site Committee’s findings

1. Section Number	2. Brief Description	3. Template Available	4. Commission Policy Related to Standard	5. Reviewed at 5 <sup>th</sup> Year	6. Institutional Policy Required by Commission	7. Reviewed by Off & On-Site Reaffirmations
1.1	Integrity		X			
2.1	Degree-Granting Authority					
2.2	Governing Board	X	X			
2.3	Chief Executive Officer		X			
2.4	Institutional Mission		X			
2.5	Institutional Effectiveness	X				

1. Section Number	2. Brief Description	3. Template Available	4. Commission Policy Related to Standard	5. Reviewed at 5 <sup>th</sup> Year	6. Institutional Policy Required by Commission	7. Reviewed by Off & On-Site Reaffirmations
2.6	Continuous Operation					
2.7.1	Program Length	X	X			
2.7.2	Program Content		X			
2.7.3	General Education		X			X
2.7.4	Coursework for Degrees		X			
2.8	Faculty	X	X	X		X
2.9	Learning Resources and Services		X			
2.10	Student Support Services		X	X		X
2.11.1	Financial Resources	X				
2.11.2	Physical Resources	X	X			
2.12	Quality Enhancement Plan		X			
3.1.1	Mission					
3.2.1	CEO evaluation/ selection					
3.2.2	Governing board control		X		X	
3.2.3	Board conflict of interest		X		X	
3.2.4	External influence					
3.2.5	Board dismissal		X		X	
3.2.6	Board/ administration distinction				X	
3.2.7	Organizational structure					
3.2.8	Qualified administrative/ academic officers	X	X	X		X
3.2.9	Personnel appointment		X		X	
3.2.10	Administrative staff evaluations		X			
3.2.11	Control of intercollegiate athletics					
3.2.12	Fund-raising activities					
3.2.13	Institution-related foundations					
3.2.14	Intellectual property rights		X		X	
3.3.1.1	Institutional effectiveness – educational programs		X	X		X
3.3.1.2	Institutional effectiveness – administrative support services		X			
3.3.1.3	Institutional effectiveness – academic and student support services		X			
3.3.1.4	Institutional effectiveness – research					

1. Section Number	2. Brief Description	3. Template Available	4. Commission Policy Related to Standard	5. Reviewed at 5 <sup>th</sup> Year	6. Institutional Policy Required by Commission	7. Reviewed by Off & On-Site Reaffirmations
3.3.1.5	Institutional effectiveness – community/public service					
3.3.2	Quality Enhancement Plan		X			
3.4.1	Academic program approval					
3.4.2	Continuing education/ service programs					
3.4.3	Admission policies		X	X	X	X
3.4.4	Acceptance of academic credit		X		X	
3.4.5	Academic policies		X		X	
3.4.6	Practices for awarding credit		X			
3.4.7	Consortial relationships/ contractual agreements		X			
3.4.8	Noncredit to credit					
3.4.9	Academic support services		X			
3.4.10	Responsibility for curriculum		X			
3.4.11	Academic program coordination		X	X		X
3.4.12	Technology use		X			
3.5.1	General education competencies	X	X			
3.5.2	Institutional credits for an undergraduate degree		X			
3.5.3	Undergraduate program requirements		X			
3.5.4	Terminal degrees of faculty	X	X			
3.6.1	Post-baccalaureate program rigor	X				
3.6.2	Graduate curriculum					
3.6.3	Institutional credits for a graduate degree	X	X			
3.6.4	Post-baccalaureate program requirements		X			
3.7.1	Faculty competence	X	X			
3.7.2	Faculty evaluation					
3.7.3	Faculty development					
3.7.4	Academic freedom		X		X	
3.7.5	Faculty role in governance		X		X	
3.8.1	Learning/ information resources		X			
3.8.2	Instruction in library use		X			
3.8.3	Qualified staff	X				
3.9.1	Student rights		X		X	

1. Section Number	2. Brief Description	3. Template Available	4. Commission Policy Related to Standard	5. Reviewed at 5 <sup>th</sup> Year	6. Institutional Policy Required by Commission	7. Reviewed by Off & On-Site Reaffirmations
3.9.2	Student records		X			
3.9.3	Qualified staff	X				
3.10.1	Financial stability		X			
3.10.2	Financial aid audits			X		X
3.10.3	Control of finances		X			
3.10.4	Control of sponsored research/ external funds					
3.11.1	Control of physical resources					
3.11.2	Institutional environment					
3.11.3	Physical facilities		X	X		X
3.12.1	Substantive change		X		X	
3.13.1	Policy compliance		X	X	X	X
3.14.1	Publication of accreditation status		X			
4.1	Student achievement			X		X
4.2	Program curriculum		X	X		X
4.3	Publication of policies		X	X	X	X
4.4	Program length		X	X		X
4.5	Student complaints		X	X	X	X
4.6	Recruitment materials		X	X		X
4.7	Title IV program responsibilities		X	X		X
4.8.1	Distance Learning (verification)			X		X
4.8.2	Distance Learning (privacy)		X	X	X	X
4.8.3	Distance Learning (notification)		X	X	X	X
4.9	Credit Hours		X	X	X	X

# Appendix B

## Glossary of Terms

-- A --

**Accreditation Committee:** The Accreditation Committee visits a Candidate institution to verify compliance with the Principle of Integrity, the Core Requirements (except for 2.12 Quality Enhancement Plan), the Comprehensive Standards (except for 3.3.2 (Quality Enhancement Plan), and the Federal Requirements contained in *The Principles of Accreditation*. The Candidate institution is seeking renewal of candidate status or initial membership. An institution may remain in Candidacy status for a maximum of four years.

**Accreditation Contact:** The Accreditation Contact is the member of the Applicant institution's Leadership Team who works closely with SACSCOC staff during review of the Application for Membership and with the Chair of the Candidacy Committee to prepare for the institution's first on-site review.

**Accreditation Liaison:** Each Candidate and Member institution appoints an **Accreditation Liaison** to serve as the resource person on campus for SACSCOC accreditation questions and as an institutional contact person for SACSCOC personnel. A complete description of the responsibilities of the accreditation liaison is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.]

**Adverse Actions:** The Commission defines four actions made by SACSCOC Board of Trustees as adverse actions: (1) Denial of Candidacy for Initial Accreditation, (2) Removal from Candidacy for Initial Accreditation, (3) Denial of Initial Membership, and (4) Removal from Membership. All four actions are appealable.

**Annual Meeting:** Each December, the Commission's College Delegate Assembly business meeting caps a four-day *Annual Meeting* agenda of pre-session workshops, general sessions, break-out meetings, and round-table discussions about current issues in higher education and topics related to accreditation processes. [Information about the upcoming Annual Meeting is available at [www.sacscoc.org](http://www.sacscoc.org) under Meetings and Events.]

**Appealable Actions:** The Commission defines four decisions made by SACSCOC Board of Trustees or its standing committees as appealable actions: (1) Denial of Candidacy for Initial Accreditation, (2) Removal from Candidacy for Initial Accreditation, (3) Denial of Initial Membership, and (4) Removal from Membership. [Details of the appeals process can be found in Commission policy "Appeals Procedures of the College Delegate Assembly of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Appeals Committee:** Consisting of twelve persons who have served on the SACSCOC Board of Trustees, the Appeals Committee is elected by the College Delegate Assembly to enable Applicant, Candidate, and Member institutions to appeal adverse decisions taken by the SACSCOC Board. [Information on the membership of the committee and its operating procedures is available in Commission policy "Appeals Procedures of the College Delegate Assembly of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Applicant Institution:** After a prospective member institution submits to the Commission an initial Application for Membership, it is identified on the SACSCOC website as an Applicant institution. An Applicant institution has no formal status with the Commission on Colleges nor does submission of an Application for Membership imply that the institution will attain Candidacy or Membership.

**Application for Membership:** The first document submitted by institutions as they begin the process of securing Initial Accreditation, the Application for Membership describes institutional characteristics

in Part A (history, control, organization, educational programs, methods of delivery, enrollment, faculty qualifications, library/learning resources, financial resources, and physical resources) and documents compliance with selected sections of *The Principles of Accreditation* in Part B (Core Requirements 2.1-2.11: Comprehensive Standards 3.3.1, 3.5.1, and 3.7.1; and Federal Requirements 4.1-4.9). [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org). The template for the Application for Membership is also available at [www.sacscoc.org](http://www.sacscoc.org) under Application Information.]

**Approval of Substantive Change:** Some substantive changes filed by institutions require notification and approval prior to implementation of the change. When the Commission takes positive action (by its Board of Trustees or its staff) on an institution's prospectus or application for substantive change following notification in accord with Commission policy, it has approved the substantive change and the institution can initiate the substantive change. The policy and procedures for reporting and review of institutional substantive change are outlined in the document "Substantive Change for Accredited Institutions of the Commission on Colleges."

**Authorization of a Candidacy Committee Visit:** The Commission's first official action in its procedure for securing Initial Accreditation is the authorization of a Candidacy Committee visit, which results from a determination that the *revised* Application for Membership appears to document compliance with the relevant Core Requirements, Comprehensive Standards, and Federal Requirements. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

-- B --

**Branch Campus:** A branch campus is an instructional site located geographically apart and independent of the main campus of the institution. A location is independent of the main campus if the location is (1) permanent in nature, (2) offers courses in educational programs leading to a degree, diploma, certificate, or other recognized educational credential, (3) has its own faculty and administrative or supervisory organization, **and** (4) has its own budgetary and hiring authority.

-- C --

**Candidacy Committee:** The Candidacy Committee visits an Applicant institution to verify compliance with the selected standards and requirements addressed in the Application for Membership. The applicant institution is seeking Candidate Status. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Candidacy Status:** An institution Initial Accreditation is granted four years of Candidacy status upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has demonstrated compliance with the requirements addressed in the Application for Membership and that this compliance has been verified by a Candidacy Committee during a visit to the institution. Candidate institutions move into membership after demonstrating compliance with the remaining Comprehensive Standards. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Change of legal status, governance, control, or form:** For the purpose of accreditation and in accord with Commission policy on substantive change, an institution seeks approval of any of the following: a change of corporate form, governance structure, or conversion, including, but not limited to, change from Limited Partnership to Corporation, from Limited Liability Corporation to Corporation, from a Not-for Profit Corporation to a For-Profit Corporation, a Private to a Public, a Not-for Profit Corporation controlled by members to one controlled by its Board of Directors, or a significant change in the size of the institution's governing board. [Further information on consolidations is available in Commission policy "Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status" at [www.sacscoc.org](http://www.sacscoc.org).]

**Change of ownership:** For the purpose of accreditation and in accord with Commission policy on substantive change, an institution seeks approval for the sale or transfer to, or acquisition by, a new

owner of all, or a substantial portion, of the institution's assets, or the assets of a branch campus or site. [Further information on consolidations is available in Commission policy "Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status" at [www.sacscoc.org](http://www.sacscoc.org).]

**Coherent Evidence:** Coherent evidence of an institution's level of compliance with SACSCOC standards and requirements is orderly and logical and consistent with other patterns of evidence presented. [See Part II of the *Handbook for Institutions Seeking Reaffirmation of Accreditation* for information on documenting compliance.]

**Collaborative Academic Arrangements:** Collaborative academic arrangements are agreements by institutions accredited by SACSCOC and accredited or non-accredited degree-granting institutions of higher education throughout the world for purposes of awarding academic credits and/or educational program completion credentials, e.g., certificates, diplomas, degrees or transcripts. Institutions describe collaborative academic arrangements in many different ways, most commonly identifying them as dual or joint educational programs, affiliations, partnerships, and consortial agreements. [See Commission policy "Collaborative Academic Arrangements: Policy and Procedures," available at [www.sacscoc.org](http://www.sacscoc.org).]

**College Delegate Assembly:** Comprised of one voting representative from each member institution, the College Delegate Assembly elects the SACSCOC Board of Trustees, the Appeals Committee, and representatives to the SACS Board and approves revisions to the accrediting standards and the dues schedule. [See Appendix E of this manual. Further information on the authority of the College Delegate Assembly is available in Commission policy "Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly" at [www.sacscoc.org](http://www.sacscoc.org).]

**Committees on Compliance and Reports (C&R Committees):** Standing committees of the SACSCOC Board of Trustees, the Committees on Compliance and Reports review Applications for Membership, reports prepared by visiting committees, and the institutional responses to those reports and recommend action on those accreditation issues to the Executive Council. [See Appendix E of this manual. Further information on the composition and duties of C&R Committees is available in Commission policy "Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly" at [www.sacscoc.org](http://www.sacscoc.org).]

**Complaint against the Commission:** A formal written document submitted by a student, employee, or others against a Commission staff member, agency representative, the President of SACSCOC, the Commission, or a member of its Board of Trustees, alleging failure to follow Commission policy, evidence of existing bias against an institution, evidence of a conflict of interest, failure to attend to allegations of unfair treatment by a staff member against an institution, etc. [Further information on complaints is available in Commission policy "Complaint Procedures against the Commission or its Accredited Institutions" at [www.sacscoc.org](http://www.sacscoc.org).]

**Complaint against an Institution:** A formal written document submitted by a student, employee, or others against a member or candidate institution alleging possible noncompliance with the Core Requirements, Comprehensive Standards, and Federal Requirements of the *Principles of Accreditation*. [Further information on complaints is available in Commission policy "Complaint Procedures against the Commission or its Accredited Institutions" at [www.sacscoc.org](http://www.sacscoc.org).]

**Compliance:** A finding of compliance in a report resulting from committee review indicates that an institution has documented that it meets the expectations set forth in a standard or requirement in *The Principles of Accreditation*. Reports written by committees require judgments about the **compliance** or non-compliance of the institution with all of the standards and requirements relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. [See Parts III and V of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**Compliance Certification:** The primary document prepared by Candidate institutions for Accreditation Committees (when seeking Initial Accreditation) and Off-Site Reaffirmation Committees (when member institutions are seeking Reaffirmation of Accreditation), the Compliance Certification presents narrative arguments for compliance with Core Requirements, Comprehensive Standards, and Federal Requirements and appropriate documentation supporting those narratives. [The template for the Compliance Certification is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources and also under Application Information.]

**Compliance Components:** Embedded in the wording of the Core Requirements, Comprehensive Standards, and Federal Requirements (and frequently signaled by numbers, commas, and the use of compound modifiers), the compliance components are the multiple discrete issues that must be addressed for each requirement and standard.

**Comprehensive Standards:** More specific to the operations of an institution than the Core Requirements, the Comprehensive Standards (3.1-3.14 in *The Principles of Accreditation*) represent good practice in higher education and establish a level of accomplishment expected of all institutions seeking Initial Accreditation or Reaffirmation of Accreditation.

**Consolidation:** For the purpose of accreditation and in accord with Commission policy, a consolidation is the combination or transfer of the assets of at least two distinct institutions (corporations) to that of a newly-formed institution (corporation). An example includes two colleges consolidating to form a new institution. For purposes of accreditation, when an institution consolidates with another, the Commission uses the same review process as that with a change of ownership, acquisitions, and merger. [Further information on consolidations is available in Commission policy “Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status” at [www.sacscoc.org](http://www.sacscoc.org).]

**Consortial Relationship:** A consortial relationship typically is one in which two or more institutions share in the responsibility of developing and delivering courses and programs that meet mutually agreed-upon standards of academic quality.

**Continued Candidacy:** An institution is continued in Candidacy upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for Initial Accreditation has been verified by the first Accreditation Committee that visited the institution. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Contractual Agreement:** A contractual agreement typically is one in which an institution enters an agreement with another institution or service provider for receipt or delivery of courses/programs or portions of courses or programs delivered by another institution or service provider.

**Core Requirements:** Basic, broad-based, foundational requirements, the **Core Requirements** (2.1-2.12 in *The Principles of Accreditation*) establish a threshold of development required of all institutions seeking initial accreditation or reaffirmation.

**Correspondence Education:** Correspondence education is a formal educational process under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student; courses are typically self-paced. [See Commission policy “Distance and Correspondence Education,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Credit Hour:** For the purpose of accreditation and in accord with federal regulations, a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates (1) not less than one hour of classroom or direct faculty instruction and a minimum of two hours out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time or (2) at least an equivalent amount of work as required outlined in item 1 above for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. [Further information on the definition of credit hour is available in Commission policy “Credit Hours” at [www.sacscoc.org](http://www.sacscoc.org).]

**Current Evidence:** Information that supports an assessment of the institution as it exists now is current evidence of an institution’s level of compliance with SACSCOC standards and requirements. [See Part II of *Handbook for Institutions Seeking Reaffirmation of Accreditation* for information on documenting compliance.]

-- D --

**Degree completion program:** Typically, a degree completion program is one designed for a non-traditional undergraduate population such as working adults who have completed some college-level course work but have not achieved a baccalaureate degree. Students in such programs may transfer in credit from courses taken previously and may receive credit for experiential learning. Courses in degree completion programs are often offered in an accelerated format or meet during evening and weekend hours, or may be offered via distance learning technologies.

**Degree Level:** See “Level.”

**Degree Programs:** See “Educational Program.”

**Denial of Authorization of a Candidacy Committee Visit:** An institution is denied authorization of a Candidacy Committee visit upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Denial of Candidacy Status:** An institution is denied Candidacy status upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership and that this lack of compliance has been verified by a Candidacy Committee during a visit to the institution. Denial of Candidacy status is an appealable action. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Denial of Initial Accreditation:** An institution is denied Initial Accreditation upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for Initial Accreditation has been verified by the second Accreditation Committee that visited the institution. Denial of Initial Accreditation is an appealable action. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Denial of Reaffirmation:** An institution is denied reaffirmation upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that, during its decennial review, the institution (1) has failed to comply with any of the Core Requirements, (2)

demonstrates significant noncompliance with the Comprehensive Standards or Federal Requirements, or (3) does not comply with SACSCOC policies. Denial of reaffirmation is accompanied by a sanction. [Further information is available in Commission policy “Sanctions, Denial of Reaffirmation, and Removal from Membership” at [www.sacscoc.org](http://www.sacscoc.org).] Denial of Reaffirmation is not an appealable action. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Distance Education:** In conjunction with the federal definition, SACSCOC defines distance education as a formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs if used as part of the distance learning course or program. [See Commission policy “Distance and Correspondence Education,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Dual Educational Program:** A dual educational program (or sometimes called dual enrollment), is one whereby students study at two or more institutions, and each institution awards a separate program completion credential bearing only its own name, seal and signature. [See Commission policy “Collaborative Academic Arrangements: Policy and Procedures,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Dues:** Member and candidate institutions pay annual dues to the Commission based on a fixed cost set by the Executive Council, plus a percentage of the institution’s full-time equivalent enrollment, plus a percentage of the E & G of an institution, if the E & G exceeds four million. Institutions are billed in April for receipt by July 1 of that same year.

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**Educational Program:** An educational program is a coherent set of courses leading to a credential (degree, diploma, or certificate) awarded by the institution.

**Executive Council:** Comprised of thirteen members, the Executive Council is the executive arm of the SACSCOC Board of Trustees and functions on behalf of the Board and the College Delegate Assembly between meetings. [See Appendix G in this manual. Further information on the composition and selection of the Executive Council and its duties is available in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**Exit Conference:** Committee visits end with a brief meeting between the Committee and the institution’s leadership, the Exit Conference, at which time the Committee orally presents an overview of its draft report with particular emphasis on its findings of compliance/noncompliance. [See Part V of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

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**Faculty Credentials:** When an institution defines faculty qualifications using faculty credentials, institutions should use the Commission’s credential guidelines. (See Commission guidelines “Faculty Credentials” at [www.sacscoc.org](http://www.sacscoc.org).)

**Federal Requirements:** The Federal Requirements in *The Principles of Accreditation* reflect criteria established by the U.S. Department of Education for inclusion in reviews of accrediting agencies recognized by the Department. These include all standards in Section 4 and additional standards that have been incorporated into Sections 2 and 3.

**Fees:** The Commission assesses fees to institutions for a variety of activities: application, reaffirmation of accreditation, substantive change, special reviews, and advisory visits. As part of the reaffirmation

process, member institutions pay a set **fee** for the Off-Site Review, as well as the actual expenses incurred by members of the On-Site Reaffirmation Committee. [A current fees schedule can be found in the Commission policy entitled “Dues, Fees, and Expenses,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Fifth-Year Follow-up Report:** Submitted five years prior to an institution’s reaffirmation review, a Fifth-Year Follow-up Report, also called an Additional Report to the Fifth-Year Interim Report, addresses accreditation issues identified for verification of continued compliance during the last visiting committee review.

**Fifth-Year Interim Report:** Submitted five years prior to an institution’s reaffirmation review, a Fifth-Year Interim Report includes (1) a modified compliance certification that addresses only those Federal requirements that are integrated in Sections 1-3 and are listed in Section 4 of *The Principles of Accreditation*, (2) an Impact Report on the Quality Enhancement Plan, (3) an Institutional Summary Form Prepared for Commission Reviews, and, where applicable, (4) a report on off-campus sites initiated since the institution’s last reaffirmation but not reviewed, and (5) a report on issues identified for verification of continued compliance during the last reaffirmation review. [See “Fifth-Year Interim Review” in the Institutional Resource section of the Commission’s web site available at [www.sacscoc.org](http://www.sacscoc.org).]

**Focused Report:** A component of the process for Reaffirmation of Accreditation, a Focused Report addresses the findings of the Off-Site Review Committee. [Further information about the Focused Report is available in the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

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**General Education:** Courses in general education introduce students to the basic content and methodology of the principal areas of knowledge – humanities and the fine arts, the social and behavioral sciences, and the natural sciences and mathematics.

**Geographically separate:** A geographically separate site is an instructional site or branch campus that is located physically apart from the main campus of the institution. This definition is used in the application of provisions of the COC Substantive Change Policy for Accredited Institutions.

**Good Cause:** If a member institution has not remedied deficiencies at the conclusion of its two-year monitoring period, the SACSCOC Board of Trustees must either remove the institution from membership or continue accreditation for good cause; an institution may be continued for good cause only if it has met three conditions: it has (1) demonstrated significant recent accomplishments in addressing non-compliance *and* (2) documented that it has the "potential" to remedy all deficiencies within the extended period *and* (3) provided assurance to the Board that it is not aware of any other reasons why the institution could not be continued in accreditation. Good cause must be accompanied with Probation. [For further information, see Commission policy “Sanctions, Denial of Reaffirmation, and Removal from Membership” at [www.sacscoc.org](http://www.sacscoc.org).]

**Good Practices:** A SACSCOC good practice is a commonly-accepted practice within the higher education community designed to enhance institutional quality. [See page 4 of this manual. Good practices are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**Governance:** When the Commission refers to the governance of an institution, it means one of three types of control: (1) public, (2) private, not-for-profit, and (3) private, for-profit. (See also Types of Institutions.)

**Guidelines:** A SACSCOC guideline is an advisory statement designed to assist institutions in fulfilling accreditation requirements. [See page 4 of this manual. Guidelines are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**Impact Report for the Quality Enhancement Plan (QEP) on Student Learning:** Submitted as part of the Fifth-Year Interim Report five years prior to an institution's reaffirmation review, the Impact Report demonstrates the extent to which the QEP has affected outcomes related to student learning.

**Initial Accreditation:** An institution is awarded Initial Accreditation upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has demonstrated compliance with the applicable sections of *The Principles of Accreditation* and this compliance has been verified by an Accreditation Committee during a visit to the institution, that it has been in operation through at least one complete degree program cycle, and that it has graduated at least one class at the level of the highest degree offered by the institution. The date of Initial Accreditation marks the year that the institution became a member of the Commission on Colleges. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Initial Application for Membership:** The initial Application for Membership (addressing Institutional Characteristics in Part A and documenting compliance with the relevant standards in Part B) is the first document submitted by the Applicant institution after participation in a Pre-Applicant Workshop. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Institute on Quality Enhancement and Accreditation:** Each summer, SACSCOC offers a three-day Institute on Quality Enhancement and Accreditation to address issues related to the assessment of student learning and the development of a Quality Enhancement Plan. [Programs for the upcoming institute and highlights of recent institutes are available at [www.sacscoc.org](http://www.sacscoc.org) under Meetings and Events.]

**Institutional Effectiveness:** Institutional effectiveness is the systematic, explicit, and documented process of measuring performance against mission in all aspects of an institution.

**Institutional Effectiveness Workshop for Pre-Applicants:** All attendees at the Workshop for Pre-Applicants are invited to attend a one-day Institutional Effectiveness Workshop for Pre-Applicants, which is designed to illustrate how to write adequate narratives and appropriately document compliance with the three SACSCOC requirements and standards that have historically proven most difficult for applicants to address -- Core Requirement 2.5, Comprehensive Standards 3.3.1 and 3.5.1, and Federal Requirement 4.1.

**Institutional Profile:** Each year, the SACSCOC office collects information about Candidate and Member institutions; the **Institutional Profile** requesting information about finances is due in July; the Institutional Profile requesting information about enrollment is due in January.

**Institutional Publication:** In this manual, the term "institutional publication" refers to formal print materials of the institution, such as catalogs, faculty handbooks, etc, and electronic materials, such as web sites.

**Integrity:** The honesty, sincerity, and sound moral principle embedded in the concept of integrity serve as the foundation of the relationship between the SACSCOC and its Member, Candidate, and Applicant institutions. [See Section 1 in this manual.]

**Joint Educational Program:** A joint educational program is one whereby students study at two or more institutions and are awarded a single program completion credential bearing the names, seals and signatures of each of the participating institutions. [See Commission policy "Collaborative Academic Arrangements: Policy and Procedures," available at [www.sacscoc.org](http://www.sacscoc.org) .]

**Last Reaffirmation:** The date of an institution's last reaffirmation identifies the year that the most recent comprehensive review of the institution's compliance with the Commission's requirements and standards was acted upon by the SACSCOC Board of Trustees.

**Leadership Team:** The Leadership Team is the small group at the institution that coordinates and manages the internal process for developing appropriate documents and overseeing preparations for the site reviews that are required for Initial Accreditation or Reaffirmation of Accreditation. [See Part I of *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**Level:** Classified by the Commission on Colleges according to the highest degree offered, member institutions are designated as operating at one of the following six levels:

Level I	Associate
Level II	Baccalaureate
Level III	Master
Level IV	Educational Specialist
Level V	Doctorate (3 or fewer)
Level VI	Doctorate (4 or more)

**Loss of Membership:** See "Removal from Membership."

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**Main Campus:** An institution's main campus is the campus with the central administrative unit.

**Meeting on the Record:** Committees on Compliance and Reports meet with representatives of institutions in a meeting on the record, which is an interview with a recorded transcript, when there is a significant possibility that Commission action could include appealable actions (Denial of Candidacy for Initial Accreditation, Removal from Candidacy for Initial Accreditation, Denial of Initial Membership, and Removal from Membership). [Further information is available in Commission policy "Administrative Procedures for the Meetings of the Committees on Compliance and Reports," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Merger:** The term merger means the acquisition by one institution of another institution's assets. An example includes an institution accredited by SACSCOC acquiring the assets of a non-accredited institution. For purposes of accreditation, when an institution merges with another, the Commission uses the same review process as that with a change of ownership, acquisitions, and consolidation. [Further information on consolidations is available in Commission policy "Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status" at [www.sacscoc.org](http://www.sacscoc.org).]

**Mission statement:** The mission statement is comprehensive statement addressing all aspects of institutional function. It is important that the institutional mission statement be formally adopted, published, implemented, and made available to all the constituencies of the institution and to the general public. Because the statement describes what the institution does, it is the foundation for planning and assessment processes. These processes validate that the institution does what it claims and evaluates how well it fulfills its mission statement. The mission statement thus provides the basis and context for evaluating institutional effectiveness. The Commission uses the term "mission" throughout its standards to be consistent in representing other terminology which may mean the same, such as purpose.

**Modified prospectus:** A modified prospectus can be submitted in lieu of a full prospectus for certain designated substantive changes. When a modified prospectus is acceptable, the Commission specifies requested information from the institution.

**Monitoring Reports:** A Monitoring Report provides additional documentation of compliance for those standards and requirements identified by the Committee on Compliance and Reports following

review of a committee's findings as issues for which full compliance has not yet been documented. [Additional information is available in Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Multi-campus Institution:** A **multi-campus institution** is accredited as one unit with all campuses included in that accreditation. Such campuses are permanent and usually have a core faculty and substantive administrative and academic support systems. A multi-campus institution may have a central administrative unit—a unit that administers the entire institution—with all instruction taking place on the individual campuses.

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**National Accrediting Agencies:** National accrediting agencies (such as the Rabbinical and Talmudic Schools Accreditation Commission and the Accrediting Bureau of Health Education Schools) focus on specific types of institutions wherever they are located. Normally, there are single purpose institutions, e.g. career education, religious education. [See Part I of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**Negative Actions:** The Commission defines negative actions taken by SACSCOC Board of Trustees as the following: place or continue on Warning; place or continue on Probation; continue accreditation for good cause and place or continue on Probation; and the denial of substantive change.

**Next Reaffirmation:** The date for the next reaffirmation of a member institution is the year in which the SACSCOC Board of Trustees will act on the results of the next **comprehensive** review of the institution's compliance with the Commission's requirements and standards. Between reaffirmations, other committees (such as Substantive Change Committees) may visit the campus to review the institution's compliance with a portion of the Commission's requirements and standards.

**Non-Compliance:** A finding of non-compliance in a report written by a visiting committee indicates that an institution has failed to document that it meets a standard or requirement in *The Principles of Accreditation*. Reports written by both Off-Site Reaffirmation Committees and On-Site Reaffirmation Committees require judgments about the compliance or **non-compliance** of the institution with all of the standards relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. In reports written by On-Site Reaffirmation Committees, narratives that detail findings of non-compliance include Recommendations, which formally cite the lack of compliance with a standard or requirement. [See Parts III and V of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**Notification of substantive change:** When an institution plans to initiate a significant change between its decennial reviews, it submits a letter from its chief executive officer, or his/her designated representative, to SACSCOC President summarizing a proposed change and providing the intended implementation date (and listing the complete physical address, if the change involves the initiation of an off-campus site or branch campus). The policy and procedures for reporting and review of institutional substantive change are outlined in the document "Substantive Change for Accredited Institutions of the Commission on Colleges."

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**Objective Evidence:** Objective evidence of the institution's level of compliance with SACSCOC standards and requirements is based on observable data and information. [See Part II of the *Handbook for Institutions Seeking Reaffirmation of Accreditation* for information on documenting compliance.]

**Off-Campus Instructional Site:** An off-campus instructional site is a teaching site located geographically apart from the main campus. A site at which an institution provides electronic delivery and where

students go to access the support services needed is also considered an off-campus instructional site. The site is not independent of the institution's main campus.

**Off-Site Reaffirmation Committee:** Composed of a Chair and evaluators for finance, institutional effectiveness, organization and administration, student support services, learning support services, and two or more evaluators for educational programs, the Off-Site Reaffirmation Committee completes the first review of the Compliance Certification developed by a Member institution seeking Reaffirmation of Accreditation. [See Part III of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**On-Site Reaffirmation Committee:** Composed of a minimum of seven members (the Chair and evaluators in the areas of organization/governance, faculty, educational programs, student support services, institutional effectiveness, and the Quality Enhancement Plan), the On-Site Reaffirmation Committee visits a member institution seeking Reaffirmation of Accreditation to complete the review of the standards begun by the Off-Site Review Committee and to review the Quality Enhancement Plan. [See Part V the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

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**Policy:** A SACSCOC policy is a required course of action to be followed by the Commission's Board of Trustees or its member or candidate institutions. [See page 4 of this manual. Policies are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**Position Statement:** A SACSCOC position statement examines an issue facing the Commission's membership, describes appropriate approaches, and states the Commission's stance on the issue. [See page 4 of this manual. Position statements are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**The Principles of Accreditation: Foundations for Quality Enhancement:** The accreditation requirements that must be met by all applicant, candidate, and member institutions (private for-profit, private not-for-profit, and public) are published in *The Principles of Accreditation*. These requirements apply to all institutional programs and services, wherever located or however delivered.

**Principle of Integrity:** The Principle of Integrity (1.1 in *The Principles of Accreditation*) embodies the Commission's expectations that integrity govern the operation of all institution institutions and that institutions make decisions consistent with the spirit of integrity. Failure to adhere to the integrity principle may result in a loss of accreditation or loss of candidacy.

**Probation:** The more serious of two SACSCOC-imposed sanctions, Probation is usually, but not necessarily, invoked by the SACSCOC as the last step before an institution is removed from membership. The reasons for the imposition of Probation can be found under "Sanctions." The maximum consecutive time that an institution may be on Probation is two years. [See Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Procedure One:** Procedure One of the Substantive Change policy followed by member institutions prior to implementing substantive changes requiring notification and approval, includes the development of a prospectus or application. Procedure One applies to changes such as the following (1) *curriculum*: initiating programs at a lower level, expanding at the institution's current degree level if the new programs constitute a significant departure from current programs, initiating degree completion programs, changing significantly the length of a program, entering into a teach-out agreement or closing an institution, and initiating a joint degree program with another institution not accredited by the Commission on Colleges (2) *location*: initiating an additional off-campus site for site-based/classroom group instruction offering at least 50 percent of the credits toward an educational program, and initiating or relocating a branch campus, and (3) *delivery system*: initiating distance learning courses and programs by which students can earn at least 50 percent of a program's credits offered electronically. Substantive change is prohibited during the process for

achieving initial accreditation. [A full list of substantive changes that require both notification and approval and directions for developing a prospectus can be found in Commission policy “Substantive Change for Accredited Institutions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Procedure Two:** Procedure Two of the Substantive Change policy is followed by member institutions prior to implementing substantive changes requiring only notification. Procedure Two applies to changes such as the following (1) curriculum: expanding offerings at a currently approved off-campus site by adding 50 percent or more of the credits for programs that are approved to be offered elsewhere at the institution and that are significantly different from the current offerings at the off-campus site or initiating programs/courses delivered through contractual agreement or consortium, (2) location: initiating an additional off-campus site for site-based/classroom group instruction offering at least 25-49 percent of the credits toward an educational program or relocating an approved off-campus site, and (3) delivery system: initiating distance learning courses and programs by which students can earn 25-49 percent of a program’s credits offered electronically or implementing distance learning delivery for programs that are approved for site-based delivery and are significantly different from previously reported programs offered through distance learning. Substantive change is prohibited during the process for achieving initial accreditation. [A full list of substantive changes that require notification can be found in Commission policy “Substantive Change for Accredited Institutions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Programmatic Accrediting Agencies:** Programmatic Accrediting Agencies (such as those for dentistry and for dance) are also called Specialized Accrediting Agencies. They focus on discipline-specific educational programs and are geographically nonrestricted. [See Appendix E of this manual.]

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**Quality Enhancement Plan (QEP):** Required of all Member institutions undergoing Reaffirmation of Accreditation, the Quality Enhancement Plan is a carefully designed and focused course of action that addresses a well-defined issue directly related to enhancing student learning. Applicant and Candidate institutions do not prepare a Quality Enhancement Plan during the process for Initial Accreditation. [See Part IV of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

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**Reaffirmation of Accreditation:** A process that involves a collective analysis and judgment by the institution’s internal constituencies, an informed review by peers external to the institution, and a reasoned decision by the elected members of the SACSCOC Board of Trustees, Reaffirmation of Accreditation is the process for ensuring that member institutions maintain continuing compliance with Commission policies and with *The Principles of Accreditation*. An institution must be reaffirmed five years after it gains initial accreditation and every ten years thereafter.

**Recommendation:** A Recommendation is a formal statement written by a committee of the Commission indicating an institution’s lack of compliance with a standard or requirement in *The Principles of Accreditation*. The Candidacy Committee and the Off-Site Reaffirmation Committee are the only SACSCOC committees that do not write Recommendations.

**Referral Report:** A Referral Report provides additional documentation of compliance for those standards and requirements identified by the Committee on Fifth-Year Interim Reports following submission of an institution’s Fifth-Year Interim Report and Quality Enhancement Plan Impact Report as issues for which full compliance has not yet been documented. The Referral Report is forwarded to the Committees on Compliance and Reports for action. [Additional information is available in Commission policy “Reports Submitted for Committee or Commission Review,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Regional Accrediting Agencies:** The seven regional accrediting agencies within the six geographic regions of the U.S. review the entire organization, not just the education programs, for institutions

within their geographic service area. [See Part I of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**Relevant Evidence:** When the evidence directly addresses the requirement/standard and provides the basis for the institution's argument for compliance, it is relevant evidence of an institution's level of compliance with SACSCOC standards and requirements. [See Part II of the *Handbook for Institutions Seeking Reaffirmation of Accreditation* for information on documenting compliance.]

**Reliable Evidence:** Evidence that can be consistently interpreted is reliable evidence of an institution's level of compliance with SACSCOC standards and requirements. [See Part II of the *Handbook for Institutions Seeking Reaffirmation of Accreditation* for information on documenting compliance.]

**Removal from Candidacy:** An institution is removed from Candidacy upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has failed to demonstrate compliance with the Principle of Integrity and Core Requirements and/or has failed to provide strong evidence that it is making adequate progress towards complying with the Comprehensive Standards and Federal Requirements. Removal from Candidacy is an appealable action. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Removal from Membership:** An institution is removed from Membership upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has failed to demonstrate compliance with the Principle of Integrity, the Core Requirements, the Comprehensive Standards, and/or the Federal Requirements or has failed to comply with Commission policy. Removal from Membership is an appealable action.

**Report of the Accreditation Committee:** Prepared by the Accreditation Committee to record their on-site findings of compliance and noncompliance with the applicable sections of *The Principles of Accreditation*, the Report of the Accreditation Committee is considered by the Committee on Compliance and Reports when it determines whether to recommend initial accreditation for a Candidate institution. [The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org) under Application Information.]

**Report of the Candidacy Committee:** Prepared by the Candidacy Committee to record their on-site findings of compliance and noncompliance with Core Requirements 2.1-2.11, three Comprehensive Standards (CS 3.3.1, CS 3.5.1, and CS 3.7.1), and the Federal Requirements, the Report of the Candidacy Committee is considered by the Committee on Compliance and Reports when it determines whether to recommend the granting of Candidacy status to an Applicant institution. [The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org) under Application Information.]

**Report of the Reaffirmation Committee:** Begun by the Off-Site Reaffirmation Committee and completed by the On-Site Reaffirmation Committee to record findings of compliance and noncompliance with all requirements and standards in *The Principles of Accreditation*, the Report of the Reaffirmation Committee is reviewed by the Committee on Compliance and Reports when it determines whether to recommend Reaffirmation of Accreditation for a member institution. [See Part V of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*. The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org) under Committee Resources.]

**Report of the Special Committee:** Prepared by the Special Committee to record on-site findings of compliance and noncompliance with the applicable standards and requirements, the Report of the Special Committee is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a member institution. [The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org) under Committee Resources.]

**Report of the Substantive Change Committee:** Prepared by the Substantive Change Committee to record on-site findings of compliance and noncompliance with the applicable requirements and standards, the Report of the Substantive Change Committee is reviewed by the Committee on

Compliance and Reports when it determines whether to recommend continuation of accreditation for a member institution. [The templates for various substantive change reports are available at [www.sacscoc.org](http://www.sacscoc.org) under Committee Resources.]

**Representative Evidence:** Not indicative of an isolated case, representative evidence of an institution's level of compliance with SACSCOC standards and requirements reflects a larger body of knowledge. [See Part II of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**Response to the Visiting Committee Report:** A Response to the Visiting Committee Report addresses recommendations written by visiting committees by providing updated or additional documentation of compliance. [See Part VI of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*. Further information is available in Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Revised Application for Membership:** After the leadership team from the applicant institution has met with SACSCOC staff to discuss the staff analysis of the initial Application for Membership, the institution is invited to re-work weak sections of the original document and submit a revised Application for Membership. The decision whether to authorize a Candidacy Committee visit will be based on this revised document. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

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**SACS Board of Trustees:** The SACS Board of Trustees oversees the shared business of its two separately-incorporated accrediting entities – the Commission on Colleges (SACSCOC) and the Council on Accreditation and School Improvement (SACSCASI). [See Appendix E of this manual.]

**SACS Commission on Colleges (SACSCOC):** One of two separately incorporated entities of the Southern Association of Colleges and Schools, the SACS Commission on Colleges is the regional body for the accreditation of degree-granting institutions of higher education in the eleven Southern states – Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia; SACSCOC also accredits international institutions of higher education. [See Appendix E of this manual.]

**SACSCOC Board of Trustees:** Comprised of seventy-seven elected members, the SACSCOC Board of Trustees recommends changes to the accrediting standards, authorizes special visits, takes final action on the accreditation status of institutions, nominates individuals to serve on the SACSCOC Board, elects the Executive Council, appoints *ad hoc* study committees, and approves policies and procedures. [See Appendix G of this manual. Further information on the selection of trustees and their duties is available in Commission policy "Standing Rules: the Board of Trustees, Executive Council, and the College Delegate Assembly" at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Staff representative:** Various members of the Commission staff are designated contacts for applicant, candidate, and member institutions as they move through various phases of the accreditation process. [See Part I of the *Handbook for Institutions Seeking Reaffirmation of Accreditation* and "Standing Rules: the Board of Trustees, Executive Council, and the College Delegate Assembly" at [www.sacscoc.org](http://www.sacscoc.org).]

**Sampling:** There is a clear expectation that an institution is required to be able to demonstrate institutional effectiveness for all its educational programs. This includes certificate and degree programs. To this end, an institution may provide a sampling of the effectiveness of its programs at the time of its comprehensive review. Sampling, for the purpose of accreditation, includes the following three elements: (1) a representation of the institution's mission, (2) a valid cross-section of programs from every school or division, and (3) a compelling case as to why the sampling and assessment findings are an appropriate representation of the institution's educational programs. Sampling does not preclude the institution from having effectiveness data/analysis available on all programs. It is

the prerogative of a SACSCOC committee member to conduct a more in-depth review of an institution's data/findings/analysis on the effectiveness of all its educational programs.

**Sanctions:** An institution that fails to comply with any of the Core Requirements, demonstrates significant noncompliance with the Comprehensive Standards or Federal Requirements, fails to make significant progress towards correcting deficiencies within the time allotted, or does not comply with SACSCOC policies may be placed on one of two **sanctions** – Warning or Probation. [Further information is available in Commission policy “Sanctions, Denial of Reaffirmation, and Removal from Membership” at [www.sacscoc.org](http://www.sacscoc.org).]

**Significant departure:** If a new program planned by an institution is a significant departure from current programs offered, it means that the new program is not closely related to previously approved programs at the institution or site or for the mode of delivery in question. To determine whether a new program is a “significant departure,” it is helpful to consider the following questions:

- What previously approved programs does the institution offer that are closely related to the new program and how are they related?
- Will significant additional equipment or facilities be needed?
- Will significant additional financial resources be needed?
- Will a significant number of new courses will be required?
- Will a significant number of new faculty members will be required?
- Will significant additional library/learning resources be needed?

**Site visits:** Teams of evaluators are sent to applicant, candidate, and member institutions to verify the documentation of compliance previously submitted to the Commission in such documents as Applications for Membership, Compliance Certifications, and prospectuses for substantive change. Site visits typically involve both the main campus and off-campus instructional sites.

**Southern Association of Colleges and Schools (SACS):** A private, nonprofit, voluntary organization, the Southern Association of Colleges and Schools is comprised of the Commission on Colleges, which accredits higher education degree-granting institutions, and the Council on Accreditation and School Improvement, which accredits elementary, middle, and secondary schools. [See Appendix E of this manual.]

**Special Committee:** Special Committees are authorized by the SACSCOC Board of Trustees or by the President of SACS Commission on Colleges to evaluate institutional circumstances determined to be indicative of a lack of compliance with SACSCOC standards, regulations, or policies. [Further information is available in Commission policy “Special Committee Procedures and Team Report,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Staff Advisory Visit:** After the Orientation Meeting for the institution's Leadership Team, an institution may schedule an optional staff advisory visit to the institution to address preparation of the Compliance Certification. [See Part I of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*.]

**Substantive Change:** Substantive change is a significant modification or expansion of the nature and scope of an accredited institution. Under federal regulations, substantive change includes institutional activities such as (1) changing the established institutional mission or objectives, (2) changing the institution's legal status, form of control, or ownership, (3) adding courses/programs that represent a significant departure in content or in method of delivery, (4) adding courses/programs at a degree or credential level above the institution's current accreditation, (5) changing from clock hours to credit hours, (6) substantially increasing the number of clock or credit hours for completion of a program, (6) adding an off-campus location at which the institution offers at least 50 percent of an educational program, or (7) establishing a branch campus. [See CS 3.12 of this book for a complete list. Further information about reporting and approval procedures for substantive change can be found in Commission policy “Substantive Change for Accredited Institutions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Substantive Change Committee:** Composed of a Chair and a number of evaluators whose expertise is appropriate for the significant departure or expansion under review, the Substantive Change Committee visits the institution to confirm whether the institution has maintained compliance with selected Core Requirements, Comprehensive Standards, and Federal Requirements relevant to the substantive change.

-- T --

**Teach-out Agreement:** A teach-out agreement is a written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides fifty percent or more of at least one program offered, ceases to operate before all enrolled students have completed their program of study. Such a teach-out agreement requires SACSCOC approval in advance of implementation. [Requirements for approval of teach-out agreements can be found in Commission policy "Substantive Change for Accredited Institutions," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Teach-out Plan:** A teach-out plan is a written plan developed by an institution that provides for the equitable treatment of students if an institution, or an institutional location that provides fifty percent or more of at least one program, ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions. Teach-out plans must be approved by SACSCOC in advance of implementation. [Requirements for approval of teach-out plans can be found in Commission policy "Substantive Change for Accredited Institutions," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Third-Party Comments:** In recognition of the value of information provided by students, employees, and others in determining whether an institution's performance at the time of formal committee evaluation for Candidacy, Initial Accreditation, or Reaffirmation of Accreditation meets all requirements at the time of the relevant committee's review, the Commission invites the public to submit third-party comments. [Further information can be found in Commission policy "Third-Party Comment by the Public," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Track A Institution:** A Track A institution is a COC accredited institution that offers undergraduate degrees only. The term is used to classify institutions during the reaffirmation process.

**Track B Institution:** A Track B institution is a COC accredited institution that offers undergraduate and graduate degrees or graduate degrees only. The term is used to classify institutions during the reaffirmation process.

**Type of Institution:** On the basis of their governance systems, member institutions are classified as one of two primary types of institutions -- Public or Private. Private institutions are further classified as Not-for-Profit and For-Profit.

-- U --

**Unsolicited Information:** Significant accreditation-related information revealed about a candidate or member institution (1) during off-site or on-site committee reviews, (2) between periods of scheduled review, and (3) during a meeting on the record with the Committees on Compliance and Reports constitutes unsolicited information that may become the basis for a request for further documentation of compliance with a SACSCOC standard, requirement, or policy. [Further information can be found in Commission policy "Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly," available at [www.sacscoc.org](http://www.sacscoc.org).]

-- V --

**Verifiable Evidence:** Evidence that can be replicated and corroborated is verifiable evidence of an institution's level of compliance with SACSCOC standards and requirements. [See Part II of the *Handbook for Institutions Seeking Reaffirmation of Accreditation* for information on documenting compliance.]

**Visiting Committees:** Composed of evaluators from similar institutions outside of the home state of the host institution, visiting committees conduct site visits to home campuses and/or off-campus instructional sites and write reports of their findings for consideration by the Committee on Compliance and Reports as it addresses institutional accreditation issues. Visiting committees are most often referred to by their formal titles (such as On-Site Reaffirmation Committee or Substantive Change Committee) that reflect the nature of the accreditation issue under consideration. [See Parts V of the *Handbook for Institutions Seeking Reaffirmation of Accreditation*. Further information is available in Commission policy "Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators," which is available at [www.sacscoc.org](http://www.sacscoc.org).]

-- W --

**Warning:** The less serious of two COC-imposed sanctions, Warning is usually, but not necessarily, levied in the earlier stages of institutional review and often, but not necessarily, precedes Probation. It cannot, however, succeed Probation. The reasons for the imposition of Warning can be found under "Sanctions." The maximum consecutive time that an institution may be on Warning is two years. [See Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership," available at [www.sacscoc.org](http://www.sacscoc.org).] Sanctions are not applicable to applicant and candidate institutions.

**Workshop for Pre-Applicants:** Prior to submitting an Application for Membership, all prospective applicants (including campuses of member institutions seeking separate accreditation) are required to attend a one-day Workshop for Pre-Applicants, which is designed to (1) review the procedures for attaining membership, (2) provide an understanding of the Commission on Colleges and its accreditation procedures, and (3) explain how to complete the application.

## Appendix C

# Guidelines for Addressing Distance and Correspondence Education

## A Guide for Evaluators Charged with Reviewing Distance and Correspondence Education

This Guide provides assistance for committee members when preparing to serve as evaluators of distance and correspondence education. It should be used in conjunction with the *Principles of Accreditation*, the *Resource Manual*, and the *Handbook for Peer Evaluators* as well as the Commission policy “Distance and Correspondence Education.” It is divided into four sections:

1. An Overview of Commission Expectations
2. Commission Definitions, Standards, and Policies
3. Distance and Correspondence Program Review Activities
  - The design of the review
  - Key persons to be interviewed
  - Generic questions related to distance and correspondence education programs being reviewed
  - Expectations and questions related to standards and requirements of the *Principles*
4. The Application of Findings

### An Overview of Expectations

Accreditation is a higher education self-regulatory mechanism that plays a significant role in fostering public confidence in the educational enterprise and student learning, in maintaining minimum standards, and in enhancing institutional effectiveness. It also serves as a means by which institutions recognize and accept one another.

Accreditation’s review process involves making collective professional judgments. The committee’s responsibility is to provide an objective professional judgment to the Commission’s Board of Trustees and to the institution as to (1) the institution’s status of compliance with the *Principles of Accreditation* and (2) the quality and acceptability of the institution’s Quality Enhancement Plan (applicable to reaffirmations). The committee also provides advice on other areas of educational improvement.

The role of the evaluator is to examine the institution’s mission, policies, procedures, programs, resources and activities that relate to one or more sections or subsections of the *Principles* and then bring to the full committee the findings and any proposed recommendations and comments. To do that, the evaluator will carefully review the institutional documents,

interview faculty, staff, and students, and gather information that will enable the evaluator to provide an accurate assessment of the institution.

A committee member is responsible for the following:

- Preparing extensively for the visit/review by studying all training materials, reviewing the institution's documents and materials, studying the *Principles*, and becoming familiar with the specific assignment to review distance and correspondence learning.
- Participating in all scheduled or special meetings of the committee, including those arranged before the actual review period/visit
- Applying the standards to the institution's distance and correspondence education programs and services as well as providing input regarding the application of the other standards.
- Coordinating input from other committee members assigned to review various aspects of distance and correspondence education.
- Contributing to the committee's collective decisions.
- Developing and writing, or revising and updating, assigned sections of the committee report.

### **Commission Definitions, Standards, and Policies**

The Core Requirements, Comprehensive Standards, and Federal Requirements of the *Principles of Accreditation* apply to distance and correspondence education as well as other, more "traditional" methods of delivery. Institutions are responsible for the quality of programs and courses delivered by means of distance education and for ensuring that distance and correspondence education programs offered are complemented by support structures and resources that allow for the total growth and development of students.

The Commission expects institutions to not only meet the *Principles* as applied to distance learning, but also to comply with all related Commission policies. Outlined below is the definition for distance and correspondence education and a summary of policy statements and standards related to distance and correspondence education.

**Definition of Distance Education.** For the purposes of the Commission on College's accreditation review, distance education is a formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVD's, and CD-ROMs if used as part of the distance learning course or program.

**Definition of Correspondence Education.** Correspondence education is a formal educational process under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student; courses are typically self-paced.

## Policy Statements and Standards.

1. At the time of review by the Commission, the institution must demonstrate that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit by verifying the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as (1) a secure login and pass code, (2) proctored examinations, and (3) new or other technologies and practices that are effective in verifying student identification. (*Note:* This applies to courses in which the majority of instruction occurs when students and instructor are not in the same place.)(See also Federal Requirement 4.8. of the *Principles of Accreditation*.)
2. The institution must have a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs. (See also Federal Requirement 4.8. of the *Principles of Accreditation*.)
3. The institution must have a written procedure distributed at the time of registration or enrollment that notifies students of any projected additional student charges associated with verification of student identity. (*Note:* The publication of fees may also be incorporated into official student documents or institution's web page that list academic/activities fees for students.) (See also Federal Requirement 4.8. of the *Principles of Accreditation*.)
4. An institution that offers distance or correspondence education must ensure that it reports accurate headcount enrollment on its annual Institutional Profile submitted to the Commission.
5. Institutions must ensure that their distance and correspondence education courses and programs comply with the *Principles of Accreditation*. This applies to all educational programs and services, wherever located or however delivered.

## Distance and Correspondence Program Review Activities

### The Design of the Review

The design of the review is dependent on a number of factors, some of which include:

1. ***Accountability for the delivery and quality of programs.*** Consider whether the accountability for the quality of distance learning courses and programs is centralized or decentralized. Is there one office that coordinates the development and quality of distance learning courses/programs or is the accountability decentralized by academic departments or schools? By another means?
2. ***Scope of the programs.*** Consider the geographical scope of courses and programs offered through distance and correspondence education. Review design might include (1) the review of one site of a similar group of distance learning activities and (2) the review of multiple sites of distance learning activities geographically remote from the main campus (by direct visit, interaction by electronic conferencing, telephone, questionnaire distributed in advance of visit, etc.
3. ***The extent of course work/programs.*** Consider the number and variety of courses/programs involved where the majority of instruction occurs when students and instructors are not in the same place.

4. ***Modes of delivery.*** Consider the various modes of instruction offered through technology and student access to those delivery modes.
5. ***Access to information regarding the programs.*** Consider all information provided by the institution in advance of the review and determine additional information needed to successfully inform evaluators of the courses/programs.

### **Key Persons to be Interviewed**

The distance learning evaluator should review carefully the organizational chart of the institution and study the administrative structure created for the accountability of distance learning activities. Who is accountable for distance learning activities? Although the persons to be evaluated depend on the structure, size, and scope of distance learning activities, the people who should be considered for interviews are:

- Students currently in the programs
- Students who have completed one or more distance learning courses
- Main campus deans and directors responsible for distance learning activities, including those responsible for evaluating student learning
- Main campus faculty and student support and librarians/learning resource personnel involved in the distance learning activities
- Off-site deans, directors, coordinators, faculty, librarians and administrators
- Operational people, such as academic and student services (even though they are neither the driving force behind the programs nor the persons accountable for the quality of programs)

### **Generic Questions Related to the Distance and Correspondence Education Programs being Reviewed**

Before beginning the review, the evaluator should have received information from the institution that addresses the following questions:

- What distance and correspondence learning courses and programs are being offered?
- What are the modes of delivery for the programs? The description should include hybrids of online/face-to-face, etc.
- Where are they offered?
- Why did the institution choose to offer these programs through a distance learning mode?
- Who are responsible for the academic and administrative coordination of the programs?
- Who are “teaching” the courses? Are the faculty of record the same faculty employed by the institution?

If the evaluator is unclear as to the answers to the above questions, then he/she should contact the committee chair so that sufficient background is provided in order for evaluators to begin their reviews.

## **Expectations and Questions related to the standards and requirements of the *Principles***

The Commission on Colleges bases its accreditation of degree-granting higher education institutions on requirements outlined in the *Principles of Accreditation*. These requirements apply to all institutional programs and services, wherever located or however delivered. This includes programs offered through distance and correspondence education. Consequently, member and candidate institutions completing a compliance certification or receiving a committee visit and applicant institutions completing an application for membership should at a minimum address the following areas.

### Mission

- Expectations: If an institution offers significant distance and correspondence education, it should be reflected in the institution's mission.
- Questions: Is there evidence that the governing board has been involved in the decision to include distance education courses or programs as a part of the institution's mission?
- Are distance learning programs part of the mission statement of the institution? How does the mission of distance learning "fit" the overall mission of the institution?
- Is there evidence of understanding on the part of the governing board, the administration, and the faculty concerning how extensive distance education should become?

### Organizational Structure

- Expectations: Administrative responsibility for all educational programs, including the offering of distance education courses and programs, should be reflected in the organizational structure of the institution.
- Questions: What is the administrative structure responsible for the quality of distance learning programs? Does the institution maintain control over distance education programs?
- Does the organizational chart for the institution indicate responsibility for distance education?
- Does the organizational structure at the institution reflect the relationship between courses/programs offered in traditional formats and courses/programs offered by distance education?

## Institutional Effectiveness

Expectations: Comparability of distance and correspondence education programs to campus-based programs and courses is ensured by the evaluation of educational effectiveness, including assessments of student learning outcomes, student retention, and student satisfaction.

The institution regularly assesses the effectiveness of its provision of library/learning resources and student support services for distance or correspondence education students.

Questions: How do distance learning programs fit into the overall plans of the institution?

Who directs the development, planning, and evaluation of distance learning programs? To what extent are faculty members involved?

Has the institution implemented a plan for the collection of data relating to its distance learning programs? Is the collected data used in the planning and evaluation process? Are the research activities for collecting data regularly evaluated?

Is there evidence that outcomes for the program have been identified?

Is there evidence that the effectiveness of the distance education program is regularly assessed and steps taken for improvement of the program? Is the evaluation plan part of a broader institutional plan?

Has the institution developed student learning competencies for the courses/programs offered by distance education? If these are the same competencies for courses/programs offered by “traditional” methodologies, is assessment identified for distance learning students separate from students taking courses by “traditional” methodologies?

## Curriculum and Instruction

Expectations: The faculty assumes primary responsibility for and exercises oversight of distance and correspondence education, ensuring both the rigor of programs and the quality of instruction.

The technology used is appropriate to the nature and objectives of the programs and courses and expectations

concerning the use of such technology are clearly communicated to students.

Distance and correspondence education policies are clear concerning ownership of materials, faculty compensation, copyright issues, and the use of revenue derived from the creation and production of software, telecourses, or other media products.

Academic support services are appropriate and specifically related to distance and correspondence education.

Program length is appropriate for each of the institution's educational programs, including those offered through distance education and correspondence education.

For all degree programs offered through distance or correspondence education, the programs embody a coherent course of study that supports the institution's mission and is based upon fields of study appropriate to higher education.

For all courses offered through distance or correspondence education, the institution employs sound and acceptable practices for determining the amount and level of credit awarded and justifies the use of a unit other than semester credit hours by explaining its equivalency.

An institution entering into consortial arrangements or contractual agreements for the delivery of courses/programs or services offered by distance or correspondence education is an active participant in ensuring the effectiveness and quality of the courses/programs offered by all of the participants.

The institution's curriculum designed for distance learning is directly related and appropriate to the mission of the institution.

The institution makes available to students current academic calendars, grading practices, and refund policies.

Questions:

How appropriate are the delivery systems for the programs being offered?

Are admissions, degree completion, curriculum, and instructional design policies and procedures the same as those used for traditional campus-based programs?

Does the institution contract for any or all of its distance learning program with an outside party to deliver instruction? Do the contracts provide for quality control by the institution awarding credit for the distance learning course or program? Are provisions of the agreement, contract, or arrangement clearly delineated? Is there provision for regular evaluation of the effectiveness of the arrangement?

Are goals and objectives, and skills and competencies for distance learning programs comparable to those expected for traditional campus-based programs?

Does the administrative structure for provision of distance education courses/programs appropriately involve faculty as well as administrators? What role do the academic departments play in the design and coordination of courses? Are faculty members in distance learning programs also involved in curriculum development, in coordinating syllabi, and in preparing comprehensive examinations?

Is there appropriate technological assistance for faculty charged with developing distance education courses/programs?

If “outside experts” develop and provide distance education courses/programs, what is the role of the institution’s faculty?

Are the technological delivery modes, instructional design, and resource materials appropriate for the courses and programs? Does the technology used enhance student learning?

Does the institution provide adequate technology for its distance education courses and does it upgrade the technology as needed?

Does the institution make training in technology available to faculty members teaching distance education courses?

Is assistance in use of required technology provided to distance education students who need it?

## Faculty

### Expectations:

An institution offering distance or correspondence learning courses/programs ensures that there is a sufficient number of faculty qualified to develop, design, and teach the courses/programs.

The institution has clear criteria for the evaluation of faculty teaching distance education courses and programs.

Faculty who teach in distance and correspondence education programs and courses receive appropriate training.

### Questions:

What role is expected of faculty members relative to distance education courses/programs?

Are there policies concerning the expectations of full and part time faculty planning for, designing, and teaching distance education courses? What is the percentage of full-time/part-time faculty who are involved in courses/programs designated as distance and correspondence education?

Is there evidence that consideration is given to the demands of teaching distance learning courses and do faculty loads reflect this consideration?

What procedures are in place to ensure communication between faculty and students?

What are the defined qualifications for faculty members teaching distance education courses? How does the institution ensure that faculty are qualified to teach those courses?

Is there evidence that the institution has considered the differences between teaching distance education courses and teaching courses offered using “traditional” methodologies?

Does the institution regularly evaluate the effectiveness of faculty members who teach distance education courses? Are the criteria clear for evaluating distance education faculty?

How does the institution orient and train faculty for teaching in these programs?

Does the institution make professional development activities and training available to distance education faculty members

and ensure that distance education faculty members engage in that training and professional development?

Is there evaluation of faculty members teaching distance education courses? Is there a clear understanding among distance education faculty members concerning expectations and criteria for evaluation? Does the institution publish its criteria for evaluation of and expectations concerning the teaching of distance education courses? Is there evidence in faculty files of evaluation of distance education faculty members using established and published criteria?

What is the interaction that occurs between students and faculty in these programs and how is the quality of interaction perceived by faculty and students?

### Library\Learning Resources

Expectations:

Students have access to and can effectively use appropriate library and learning resources supporting distance learning activities.

Access is provided to laboratories, facilities, and equipment appropriate to the courses or programs

Questions:

What arrangements has the institution made for ensuring that students have access to appropriate learning resources? Are the resources adequate to support the programs?

What learning resources are available to distance education students?

How are distance education students made aware of the available learning resources?

Do distance education students have access to professional assistance at times when they are likely to need assistance?

How does the institution know that its provision of resources and assistance to distance learning students is adequate?

Does the institution make available to distance education students information concerning what will be needed to access learning resources for their enrolled distance education courses?

Does the institution provide regularly scheduled orientation sessions for distance education students?

Is data available indicating that provision of learning resources to distance education is effective and that it is regularly evaluated and improved where appropriate?

### Student Support Services

#### Expectations:

Students have adequate access to the range of services appropriate to support the programs offered through distance and correspondence education.

Students in distance or correspondence programs have an adequate procedure for resolving their complaints, and the institution follows its policies and procedures.

Advertising, recruiting, and admissions information adequately and accurately represent the programs, requirements, and services available to students.

Documented procedures assure that security of personal information is protected in the conduct of assessments and evaluations and in the dissemination of results.

Students enrolled in distance education courses are able to use the technology employed, have the equipment necessary to succeed, and are provided assistance in using the technology employed.

#### Questions:

Has the institution made appropriate and necessary adjustments to ensure adequate student development services for students involved in distance learning programs? Is there a supervisor responsible for ensuring such services?

Does the institution have a sufficient number of trained student service personnel to ensure provision of appropriate support in such areas as admissions or counseling?

Does the institution have a sufficient number of trained academic support personnel to ensure provision of academic assistance needed by distance education students?

Does the institution ensure that services are available?

Does the institution provide distance education students with material indicating student services and academic services which are available to them and how to access the services?

How does the institution identify distance education students who need academic assistance and how does it intervene to provide that assistance?

Is there data that demonstrates achievement by distance education students of learning outcomes established by the institution?

### Facilities and Finances

Expectations:

The institution provides appropriate facilities, equipment, and technical expertise required for distance and correspondence education.

The institution, in making distance and correspondence education courses/programs a part of its mission, provides adequate funding for faculty, staff, services, and technological infrastructure to support the methodology.

Questions:

Does the budget reflect provision of funding for needs of distance education at the institution to include technology, faculty, staff, administrative personnel, learning resources, and services? Are the funding needs reflected in the annual budget and in long-range budgetary projections for the institution?

Are the technological resources, means of delivery, and other physical resources available, maintained, staffed, and current?

Are there sufficient financial resources available and committed to support distance learning activities and how is it supported by the budget?

Is there a financial plan for maintaining the support systems needed for the programs, including upgrading systems currently being used and maintaining currency of technological delivery?

What arrangements has the institution made for required laboratories, workshops, etc. associated with distance learning programs?

## Federal Requirements

- Expectation 1: The institution is expected to provide distance education students with processes by which they can submit complaints.
- Questions: Do distance education students know how they may file a complaint and receive feedback on resolution of the complaint? Is there a process by which a distance education student may file a complaint and receive response within a reasonable time is provided to the student upon registration?
- Does documentation exist indicating that institutions are responsive to student complaints and to resolving the complaint within a reasonable time period?
- Expectation 2: All recruitment materials accurately represent the institution's practices and policies.
- Questions: Who is responsible for ensuring the accuracy of materials used for the recruitment of students? What is the process for maintaining accuracy? Are recruitment materials accurate?
- Expectation 3: An institution that offers distance or correspondence education demonstrates that the student who registers in a distance or correspondence education course or programs is the same student who participates in and completes the course or program and receives the credit by verifying the identity of a student who participates in class or coursework by using such methods as (1) a secure login and pass code, (2) proctored examinations, or (3) new or other technologies and practices that are effective in verifying student identification.
- Questions: What are the methods used by the institution to verify student identity? Are the methods adequate and effective?
- Expectation 4: The institution has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or program.
- Questions: What is the procedure for protecting the privacy of students enrolled in these courses? Is the procedure adequate and effective?
- Expectation 5: The institution has a written procedure distributed at the time of registration or enrollment that notifies students of any

projected additional student charges associated with verification of student identity (if a charge is assessed).

Questions:

What is the procedure for notifying students regarding additional student charges associated with such verification? Where is it written and how is the student notified? What is the timing of notification?

## **The Application of Findings**

Following the review of distance and correspondence learning courses and programs, the evaluator, in concert with the other committee members, determines whether the institution meets the standards and the policies of the Commission.

### ***For a reaffirmation of accreditation review or initial accreditation review***

If an institution fails to assess its distance and correspondence education in its Compliance Certification when it indicates on its Institutional Summary Form that it offers the courses/programs, then the Off-Site Reaffirmation Committee (Accreditation Committee for applicant institutions) will find the institution noncompliant with CS 3.13.

If an institution partially assesses its distance and correspondence education in its Compliance Certification; that is, evaluates its quality in the application of some standards and not others that are relevant, then the Off-Site Reaffirmation Committee (Accreditation Committee for applicant institutions) will find the institution to be out of compliance with the specific standard(s) not addressed but relevant to distance learning activities. This would be done in lieu of citing CS 3.13.

### ***For a substantive change review with a focus on distance and correspondence education***

In the review of its distance and correspondence education courses/programs, the institution will complete a template listing standards specifically designed for assessing distance learning activities. Therefore, Substantive Change Committees will cite the institution for the standards listed on the template for which it finds the institution to be out of compliance.

### ***For the fifth-year interim review***

If an institution fails to assess its distance and correspondence education in its Fifth-Year Compliance Certification when it indicates on its Institutional Summary Form that it offers the courses/programs, then the Fifth-Year Interim Committee will request a Referral Report in which the institution must document compliance with CS 3.13.

If an institution partially assesses its distance and correspondence education; that is, evaluates its quality in the application of some standards and not others that are relevant, then the Fifth-Year Interim Committee will request a Referral Report in which the institution must document compliance with the specific relevant standard(s) not addressed in the Compliance Certification. This would be done in lieu of citing CS 3.13.

## **Appendix D**

### **Commission Documents of Special Significance for Institutions**

The following Commission documents are of special significance for institutions because they require action on the part of the institution as part of a review or as requested by the Commission.

They are as follows:

- “Closing a Program, Site, Branch or Institution”
- “Collaborative Academic Arrangements”
- “Complaints against the Commission or Its Accredited Institutions”
- “Developing Policy and Procedures Documents”
- “Integrity and Accuracy in Institutional Representation”
- “Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance”
- “The Quality and Integrity of Undergraduate Degrees”
- “Separate Accreditation for Units of a Member Institution”
- “Substantive Change for Accredited Institutions”
- “Third-Party Comments”
- “Unreported Substantive Change”

All of the above policies can be found on the Commission’s web page at [www.sacscoc.org](http://www.sacscoc.org).

## Appendix E

### Overview 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, maintaining standards, enhancing institutional effectiveness, and improving higher education by establishing a common set of requirements with which accredited institutions must comply.

#### **Types of Accrediting Agencies**

The approximately sixty accrediting organizations recognized by the United States Department of Education (USDE) reflect three basic approaches to accreditation – (1) national accreditation, (2) programmatic accreditation, and (3) regional accreditation. National and regional agencies accredit the entire *institution*; programmatic (also called specialized) agencies accredit *programs* within institutions.

**National Accrediting Agencies.** National accreditors accredit primarily single purpose institutions and do not have a geographically limited service area. The United States Department of Education recognizes four national faith-based accreditors (such as the Association of Rabbinical and Talmudic Schools Accreditation Commission and the Commission on Accrediting of the Association of Theological Schools in the United States and Canada), which review religiously-affiliated or doctrinally-based institutions. The USDE also recognizes seven national career-related accreditors (such as the Accrediting Bureau of Health Education Schools and the Council on Occupational Education), which review institutions whose mission focuses primarily on career education programs of both degree and non-degree types. These programs are generally designed to meet the needs of the job market.

**Programmatic Accrediting Agencies (Also called Specialized Accrediting Agencies).** Programmatic accreditors focus on a single educational program and do not have a geographically limited service area. USDE recognizes approximately forty programmatic accreditors, many of which focus on medical programs such as those in dietetics, dentistry, occupational therapy, optometry, podiatric medicine, nursing, physical therapy, and radiologic technology. Among the non-medical specialties for which programmatic accreditation is available are programs in art and design, dance, education, law, music, and theatre.

**Regional Accrediting Agencies.** Regional accreditors accredit an entire higher education institution and have a geographically limited service area. Eight regional accrediting agencies operate in the six U.S. regions. (See Figure 1.) Both Western and New England have divided their institutions by type and created two agencies to manage accreditation. To maintain their status as the gatekeepers for federal financial aid, every five years regional accreditors undergo a continued recognition review with the U.S. Department of Education.

**Figure 1: The Six Accrediting Regions**

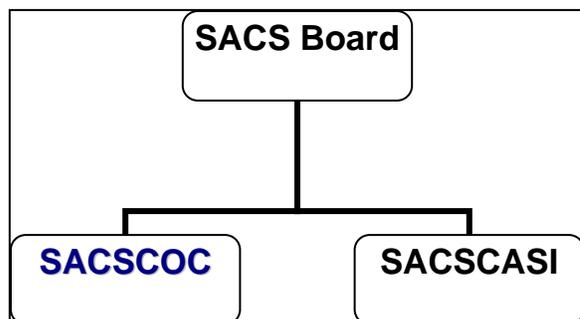


These regional agencies are independent non-profit entities with separate standards, policies, and procedures designed for their respective member institutions and for meeting the USDE recognition standards that apply to all accreditors. Consequently, all agencies address such issues as faculty, student achievement, curricula and program length, facilities, equipment, finance, administrative capacity, student support services, recruiting and admissions practices, student complaints, and compliance with federal financial aid regulations. Although these regional entities function independently of one another, they do communicate regularly through the Council of Regional Accrediting Commissions (C-RAC), which is composed of the CEO and commission chairs of each regional agency.

### **Southern Association of Colleges and Schools (SACS)**

The Southern Association of Colleges and Schools is a private, nonprofit, voluntary organization founded in 1895 in Atlanta, Georgia. The Association is comprised of the Commission on Colleges (SACSCOC), which accredits higher education degree-granting institutions in the southeastern United States and abroad, and the Council on Accreditation and School Improvement (SACSCASI), which accredits elementary, middle, and secondary schools. (See Figure 2.) The Commission on Colleges and the Council on Accreditation and School Improvement carry out their missions with considerable autonomy; they develop their own standards and procedures and govern themselves by a delegate assembly. Both independently incorporated and operate under the umbrella of the Association's Board of Trustees.

**Figure 2: Southern Association of Colleges and Schools**

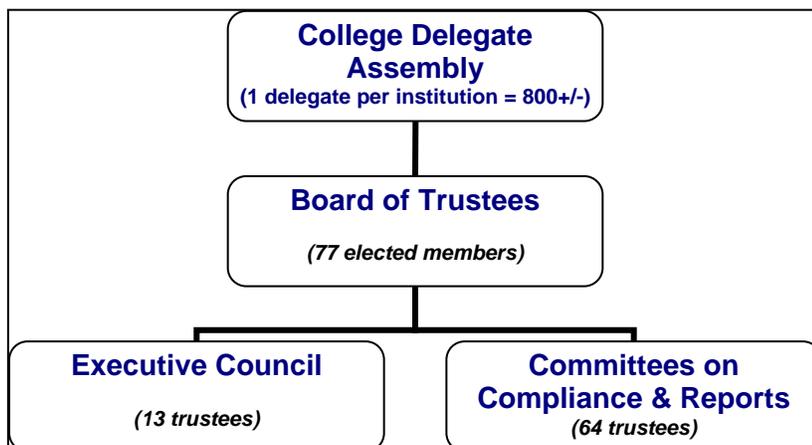


**SACS Commission on Colleges (SACSCOC)**

The SACS Commission on Colleges is the regional body for the accreditation of degree-granting higher education institutions in eleven Southern states -- Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. The Commission also accredits international institutions of higher education. SACSCOC strives to enhance educational quality by ensuring that institutions meet standards established by the higher education community to address the needs of society and students. It serves as the common denominator of shared values and practices among the diverse institutions that award associate, baccalaureate, master's, or doctoral degrees.

SACSCOC is composed of four primary units: (1) the College Delegate Assembly, (2) the Board of Trustees, (3) the Executive Council, and the (4) Committees on Compliance and Reports. (See Figure 3.)

**Figure 3: SACS Commission on Colleges**



**College Delegate Assembly (CDA).** The College Delegate Assembly is comprised of one voting representative (the Chief executive officer or the CEO’s designee) from each member institution. Its responsibilities include (1) electing the SACSCOC Board of Trustees, (2) approving all revisions in accrediting standards recommended by the SACSCOC Board, (3) approving the dues schedule for Candidate and Member institutions as recommended by the SACSCOC Board, (4) electing an Appeals Committee to hear appeals of adverse accreditation decisions, and (5) electing representatives to the SACS Board. The College Delegate Assembly convenes for business during the Annual Meeting. For further information on the authority of the College Delegate Assembly, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

**Board of Trustees (BOT).** The seventy-seven elected members of the SACSCOC Board of Trustees are primarily administrators and faculty from member institutions; however, eleven (one from each state in the region) are public members from outside the academy. Each state has at least four trustees (one from a Level I institution, one from Levels II-VI institutions, and one from the public); the remaining thirty-three are at-large positions that are apportioned among the states in proportion to the number of member institutions in each. One of the at-large positions is designated for representation from one of the internationally accredited institutions. The Board is responsible for (1) recommending to the College Delegate Assembly standards for candidacy and for membership, (2) authorizing special visits to institutions, (3) taking final action on the accreditation status of applicant, candidate, and member institutions, (4) nominating to the CDA individuals for election to the SACSCOC Board of Trustees, (5) electing the Executive Council, (6) appointing *ad hoc* study committees as needed, and (7) approving the policies and procedures of the Commission on Colleges. The Board meets twice a year. For further information on the selection of trustees and their duties, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

**Executive Council (EC).** The thirteen-member Executive Council (one trustee from each of the region’s eleven states, one public member, and the chair of the SACSCOC Board of Trustees) is the executive arm of the Commission and functions on behalf of the SACSCOC Board and the CDA between meetings; however, the actions of the Executive Council are subject to review and approval by the SACSCOC Board. The Executive Council (1) interprets Commission policies and procedures, (2) develops procedures for and supervises the work of *ad hoc* and standing committees of the Commission on Colleges, (3) approves the goals and objectives of the Commission on Colleges, (4) reviews and approves the Commission’s budget and the membership’s dues, (5) oversees and annually evaluates the work of its president, and (6) initiates new programs, projects, and policy proposals. The Executive Council meets three times a year. For further information on its composition, selection, and duties, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

**Committees on Compliance and Reports (C & R).** Standing committees of the SACSCOC Board of Trustees, the Committees on Compliance and Reports (C&R Committees) review (1) applications for membership, (2) applications/prospectus for substantive changes requiring Board approval, (3) visiting committee reports and institutional responses generated by reaffirmation committees, special committees, substantive change committees, and candidacy and accreditation committees prepared by peer committees, (4) monitoring and referral reports, and (5) other reports requested by the Commission on Colleges. C&R Committee recommendations

resulting from the analysis of these documents are forwarded to the Executive Council for review. To ensure consistency in the application of SACSCOC standards to Applicant and Candidate institutions, C&R Committee A has been designated to review all materials from institutions seeking initial accreditation. In addition to the elected Trustees who serve on C&R Committees, membership may be expanded to include up to ten appointed Special Readers whose expertise – typically in the areas of finance, institutional effectiveness, and library/learning resources – is germane to the compliance issues under review. C&R Committees meet twice a year prior to the meetings of the SACSCOC Board of Trustees. For further information on the composition and duties of the C&R Committees, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).