



Handbook of Accreditation

Third Edition



The Higher Learning Commission
a commission of the North Central Association

Chicago, Illinois

Handbook of Accreditation

Third Edition

a publication of

The Higher Learning Commission

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On behalf of The Higher Learning Commission, we are pleased to present this third edition of the *Handbook of Accreditation*. Since publication of the second edition in 1998, the Commission has undergone a significant transformation, and the experienced *Handbook* reader will note many changes in processes and terminology.

The Commission has a new mission statement, a new name, new legal status, new decision-making structures, and a new corporate logo. It has enhanced its programs and services through new Criteria, a new candidacy program, and a new team report format. In addition, it introduced a second program for maintaining accredited status—the Academic Quality Improvement Program (AQIP)—and created a new identity for the traditional approach—the Program to Evaluate and Advance Quality (PEAQ). Consultant-evaluators, the heart of the Commission’s evaluation processes, are now part of a larger corps of peer reviewers. Effective peer review is fundamental to the success of both PEAQ and AQIP, and the *Handbook* provides information on how the Commission strives to ensure the integrity of its peer reviewers and the processes in which they participate.

Colleges and universities are currently changing more rapidly than they have in decades. To be effective in this changing environment, accreditation must be responsive while maintaining its capacity to provide credible quality assurance. The new Criteria for Accreditation, AQIP, customized processes in PEAQ, and the Commission’s approach to institutional change are all intended to create an environment of self-regulation, to honor the distinctiveness of each affiliated organization, and to assure that the public is well-served by the organizations the Commission accredits.

The pace of change is unlikely to diminish, and the Commission will continue to be responsive to the needs of its members and the demands of its external publics. We have structured this *Handbook* so that it can be quickly modified and updated through print replacement sections and through new and improved Web-based materials. Each person purchasing a *Handbook* can register to receive e-mail notices of additions, updated sections, and significant policy changes.

The primary audience for this *Handbook* is organizations affiliated with or seeking affiliation with the Commission. The *Handbook* provides a useful overview of the Commission as well as basic introductions to the various programs for seeking and reaffirming accreditation. For an organization using PEAQ, the *Handbook* draws attention to many good and tested practices in self-evaluation and in preparing for and hosting a team visit. For an organization using AQIP, the *Handbook* provides a basic outline of the goals and processes of the program. In both cases, the *Handbook* provides essential information without the instructions and details that are best discussed when organizations are involved in the processes.

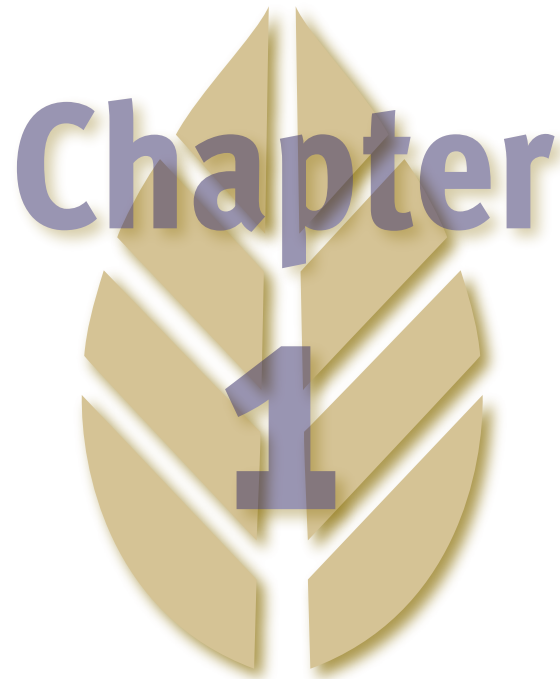
Throughout the *Handbook* are references to supplementary materials and useful resources available on the Commission’s Web site. The *Handbook* is also available there in PDF form, with links to many of the resources referenced in the text.

Organizations preparing for reaffirmation of accreditation after January 1, 2005, when the new Criteria become effective, will find the *Handbook* especially useful. (Organizations scheduled for evaluation in fall 2004 may elect to use the new Criteria.) For those organizations, and the peer reviewers who visit them, the information in Chapter 3 is essential. All other affiliated organizations and those seeking initial affiliation will benefit from the advice on self-study and evaluation, the new chapter on the Academic Quality Improvement Project, and the other information on the ongoing relationship with the Commission. **Organizations building self-studies around the existing Criteria can obtain relevant information about them in the second edition of the *Handbook*, available from the Commission office.**

As you use this new *Handbook*, we welcome your comments on how it can be improved. Send your comment to svk@hlcommission.org.

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Chapter 1

The Commission's History, Decision-Making Processes, and Services





Introduction to Voluntary Accreditation and the Commission

Accreditation in the United States

Voluntary accreditation in higher education originated almost a century ago as a uniquely American process. Sought voluntarily by colleges and universities, accreditation is conferred by nongovernmental bodies. Voluntary accreditation has two fundamental purposes: quality assurance and institutional and program improvement.

Voluntary accreditation has come to be marked by the following attributes: it is provided through private agencies; it requires a significant exercise of self-evaluation by an institution or program, the results of which are summarized in a report given to the agency; a team visit is conducted by the agency; judgments about accreditation are made by expert and trained peers; and institutions under review have opportunities to respond to most steps in the process. Although in recent years accrediting associations are implementing unique processes, they continue to rely on institutional self-evaluation, peer review, and institutional response as essential to sound accreditation practice.

Throughout the last decade, many nations have established new quality assurance agencies that are often funded by, but independent of, government ministries. Some follow the American model of accreditation; others offer different types of quality assurance programs. International discussions are currently being conducted about mutual recognition, perhaps adding a new global dimension to the U.S. accreditation process.

There are two types of accreditation for higher education in the United States: institutional accreditation and specialized accreditation.

Institutional Accreditation

An institutional accrediting body evaluates an entire organization and accredits it as a whole. It assesses formal educational activities and also evaluates governance and administration, financial stability, admissions and student personnel services, resources, student academic achievement, organizational effectiveness, and relationships with outside constituencies.

Six regional agencies provide institutional accreditation on a geographical basis—Middle States, New England, North Central, Northwest, Southern, and Western. While independent of one another, the six regional associations cooperate extensively and recognize one another's accreditation. In 2000, the regional associations initiated a trial collaborative evaluation process for institutions operating physical instructional sites in more than one region.

In addition, seven national institutional accrediting associations offer accreditation for particular types of organizations: religious colleges and universities, trade and technical colleges (both public and private), private business colleges, colleges focusing on health-related fields, and organizations offering programs primarily through distance delivery. The Higher Learning Commission (the Commission) of the North Central Association of Colleges and Schools (the Association) accredits a small number of institutions that are also affiliated with one or more other institutional accrediting associations.

► **See Section 5.6**
for collaborative and
cooperative evaluations
with other accreditors

➔ Visit www.chea.org

for a list of institutional and specialized accreditors

Specialized Accreditation

Specialized (or program) accreditation agencies evaluate particular units, schools, or programs within an organization. Some are discipline-based (business, computer science, and library science, for example), and many are also associated with national professional associations and state licensing (engineering, medicine, health professions, and law are good examples). Institutional accreditation is separate from the accreditation given or withheld by specialized agencies, although the Commission does take cognizance of the standards set by professional bodies.

The North Central Association

On March 29 and 30, 1895, thirty-six school, college, and university administrators from seven midwestern states met at Northwestern University. They had been called to “organize, if deemed expedient, an association of colleges and schools of the North-Central States.” The constitution of the association formed by these educators stated that the North Central Association’s object would be “the establishment of close relations between the colleges and secondary schools” of the region.

Within a short time, the desire to improve articulation between secondary schools and colleges led to extensive examination of the quality of education at both levels; that, in turn, led to the accreditation of secondary schools and, later, colleges and universities. Three histories of the Association—Calvin O. Davis’ *A History of the North Central Association* (1945), Louis G. Geiger’s *Voluntary Accreditation: A History of the North Central Association 1945–1970* (1970), and Mark Newman’s *An Agency of Change: One Hundred Years of the North Central Association of Colleges and Schools* (1997)—trace this evolution and chronicle the decisions and actions the Association has taken to provide educational leadership to the region and the country.

Today, the Association is a membership organization of colleges and schools in nineteen states (Arizona, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, West Virginia, Wisconsin, and Wyoming), American Dependents’ Schools operated overseas for the children of American military and civilian personnel, and schools and colleges in sovereign U.S. tribal nations within the nineteen states. Through its Board, the Association controls the use of its name, logo, and intellectual property.

Two independent corporations, the Commission on Accreditation and School Improvement (CASI) in Tempe, Arizona, and The Higher Learning Commission, in Chicago, Illinois, also hold membership in the Association. The two commissions hold the legal authority to conduct accrediting activities for educational organizations. CASI accredits schools below the postsecondary degree-granting level, and The Higher Learning Commission accredits degree-granting higher education organizations.

➔ Visit the [CASI Web site](http://www.nccasi.org)

for information about accreditation of schools
www.nccasi.org

The Higher Learning Commission

In 2000, the institutional members of the North Central Association of Colleges and Schools agreed to a corporate restructuring of the Association. Until then, neither Commission had a legal status (or clear legal responsibility) outside of the Association. In November 2000, both Commissions became independent corporations with clear legal responsibility for their accrediting activities. When it filed for new corporate status, the Commission decided to change its name from the Commission on Institutions of Higher Education to The Higher Learning Commission.

The Commission and the Future: Mission, Values, Vision, and Strategic Priorities

Triggered by internal self-evaluation and the major study completed by its Committee on Organizational Effectiveness and Future Directions (1995–1997), the Commission restructured its governance and decision-making processes in the late 1990s and conducted a major review of its mission. On June 22, 2000, the Commission’s Board of Trustees adopted a seminal series of interrelated statements that together define the organization and its work. These statements emerged from a highly participatory process that established for the Commission a new mission statement, core values, a vision, and strategic priorities that are fundamental to the organization and to its mission.

The Commission’s new mission statement is succinct, yet directive.

***Serving the common good
by assuring and advancing the quality of higher learning***

➔ **Visit our Web site**

to view the vision, values,
and strategic priorities
statements

These few words signal important priorities (“serving the common good” instead of “serving the membership,” for example) while restating the two long-standing purposes of accreditation (assuring quality and stimulating improvement). The use of *higher learning* in both the mission statement and the organization’s name recognizes the need to respond to rapidly evolving structures—institutional and extraintitutional—through which students achieve the higher learning once available only in colleges and universities.

Guiding the work of the Commission into the future will be the core values of quality, integrity, innovation, diversity, inclusiveness, service, collaboration, and learning, each of which is of equal weight and importance. In the future, the Commission will be known for

- Conducting its work with such openness, excellence, and integrity that it earns a national and international reputation for leadership in defining quality in the rapidly changing educational marketplace
- Promoting flexibility in accrediting processes that utilize peer review in new and creative ways and serve higher education’s diverse stakeholders
- Ensuring that its systems of peer review are discerning, objective, and accepted as effective and valid by its communities of interest
- Responding to innovative educational models based on new knowledge about learning, such as those incorporating online learning, collaborative initiatives, and distributed learning environments
- Providing new services responsive to the needs of its stakeholders that
 - Share effective models of learning and of professional and organizational development
 - Disseminate lessons learned from innovative initiatives
 - Demonstrate leadership in exploring ways for member organizations to grapple with the complexities of a fast-changing society
- Making the accreditation process a learning experience that supports an organization’s ability to sustain excellence, foster assessment and improvement, and demonstrate integrity and accountability
- Creating new ways to work in partnership with stakeholders from higher education and the public to foster a culture of assessment, provide essential resources to members, and maintain an environment and ethic of accountability

Shaping the Commission’s Criteria and Processes

Since it began accrediting colleges and universities in 1913, the Commission has tried both to reflect and to encourage progress in higher education. At first, institutions were measured against an explicit set of standards (for example, “the college, if a corporate institution, shall possess a productive endowment of not less than \$200,000”; “the college should limit the number of students in a recitation or laboratory class to thirty”). During the first decades of the century, such quantitative and prescriptive standards helped bring order to higher education.

By the end of the 1920s, critics charged that the standards had become roadblocks to legitimate experimentation and constructive change. The Association’s college commission responded by undertaking an exhaustive study that resulted in a fundamental shift in the emphasis of the accreditation process. The concept of standardization was abandoned. Henceforth, the Association declared in 1934, each institution was to be judged in the light of its own self-declared purposes—as long as these were appropriate to higher education. “Standards” were replaced by “criteria”; “inspectors” became “examiners”; and the basis for accreditation decisions became a comparison of data about an institution against a set of “norms” derived from data accumulated from many institutions. The “pattern” of data being evaluated was compared to a “pattern map” based on these norms, and the institution was accredited if the two patterns seemed to match.

After World War II it became apparent that the idea of a norm assumed similarity; institutions could not be measured against a norm unless they were basically alike. But the 1934 principle accepted the fact that institutions were not alike. Moreover, using normative data to make evaluation decisions also conflicted with the principle that an institution was to be judged on the basis of its stated purposes. In 1957, the Commission began a program of periodically reaffirming the accreditation of its members, and placed a new emphasis on renewal and improvement.

The Commission’s 1958 *Guide for the Evaluation of Institutions of Higher Education* captured the shift. It directed the attention of institutions and Commission examiners to seven basic questions that were considered indicative of the areas that needed to be assessed in order to determine the quality of an educational institution (for example,

“What is the educational task of the institution?” “Are the necessary resources available for carrying out the task?” “Is student life on campus relevant to the institution’s task?”). Since the mid-1970s, when its *Handbook of Accreditation* first appeared, the Commission has increasingly emphasized the self-study process as both a procedure for gathering data for accreditation decisions and a means of improvement. The focus of evaluation became more qualitative and less quantitative; as a result, the professional judgment of the Commission’s examiners became proportionately more important in the evaluation decision.

These changes allowed the Commission to slowly but surely extend accreditation to new types of organizations. Starting in the 1960s, the Commission’s membership increased both in size and variety as community colleges, vocational-technical institutes, and specialized institutions assumed increasing importance in American education.

As its membership grew in size and diversity, the Commission revisited its criteria and processes regularly.

- In 1981, the Commission adopted four Evaluative Criteria for Accreditation and the Criteria for Candidacy for Accreditation. These incorporated and superseded all previous criteria.
- In 1987, the Commission reformulated the General Institutional Requirements that defined the essential characteristics of an affiliated institution.
- In 1991, through the work of a Committee on Critical Issues, the Commission revised its Criteria for Accreditation and General Institutional Requirements, and created a new Candidacy Program. The Committee also recommended and the Board adopted a revised mission statement. The changes were accompanied by a major restructuring of the *Handbook of Accreditation*.
- In 1995, the Commission created the Committee on Organizational Effectiveness and Future Directions (COEFD) to conduct a comprehensive study of the Commission and its work. COEFD’s seminal report, “Effective Collaboration for the Twenty-First Century,” was submitted to the Commission’s Board of Trustees in February 1998, shortly after the Commission had adopted a new decision-making structure. Other major initiatives followed, all shaped by COEFD’s work.
- In 1999–2000, as discussed earlier, the Commission engaged in a major review of its mission, leading to the adoption of new strategic goals, including goals for “increasing the focus of accreditation on the quality of higher learning” and providing “multiple Commission accreditation processes that place emphasis on the institutions’ own processes of quality assurance and quality improvement.”
- In 1999, the Commission received a \$1.5 million grant from the Pew Charitable Trusts to assist in its proposal to design and implement an alternative accreditation process based on quality improvement principles. Within three years, the Commission mounted its **Academic Quality Improvement Program (AQIP)**, which is now available to eligible institutions.
- In 2001, the Commission launched the “Restructuring Expectations: Accreditation 2004” initiative. The new accreditation program that emerged from this highly participative process was adopted by the Board in February 2003 for full implementation by January 2005. The new program includes significantly recast Criteria for Accreditation with embedded Core Components, a set of Eligibility Requirements for new applying organizations, and a set of Operational Indicators that will constitute the core of an affiliated organization’s annual report to the Commission. This new edition of the *Handbook of Accreditation* introduces the new accreditation program.
- In 2003, the Board established a new identify for its traditional program for maintaining accredited status. The naming of the **Program to Evaluate and Advance Quality (PEAQ)** makes clear that there are two options available to accredited organizations for maintaining status, PEAQ and AQIP, each with a set goals and objectives. Shortly after PEAQ was named, the Board adopted as its next project, “Reinforcing and Extending the Value of the Program to Evaluate and Advance Quality (PEAQ).” Components of this project include: the development and use of evaluation instruments for visits; study of the move away from a decennial cycle and/or the use of different strategies for monitoring institutions between reaffirmations; experiments with different approaches in accreditation processes; the use of technology in supporting effective accreditation; and the use of education and training programs to can strengthen PEAQ. As with the Commission’s most recent projects, this study will be marked by extensive participation of the affiliated organizations and other stakeholders.

As the Commission has invented, revised, experimented, and learned over the years, it has always recognized the social and political consequences of its work. Moreover, it has understood that the quality assurance provided through the accreditation process has served the common good. When the Commission first began accrediting colleges,

► **See Chapter 5**
for the PEAQ process
and Chapter 6
for the AQIP process

► **See Section 8.1**
*for Commission relations with
governmental agencies*

most states did not have regulatory bodies for higher education. The federal government was decades away from providing support for and, therefore, forms of regulation of higher education.

That has changed. For almost four decades, the Commission has been one of a triad of constituencies concerned with quality assurance. States license and give degree-granting authority; the federal government distributes student aid and other grant monies to eligible colleges and universities; and both often rely on testimony of acceptable educational quality provided by the accrediting associations. With its most recent revision of accreditation criteria, the Commission gives evidence of its responsibility not only to its members but to governmental entities and other important constituencies. Through these new criteria, the Commission links its work to the efforts of colleges and universities to be responsive to those who seek access to effective educational opportunities that prepare graduates for effective citizenship, for lifelong learning, and for careers.





The Commission Staff and Services

The Commission and its staff provide a number of services for higher learning organizations and the broader public.

The Executive Director

The Commission is a private organization governed by a Board of Trustees elected by the membership and administered by an executive director selected by and accountable to that Board. The charge to the executive director is to ensure that through its structures and personnel, the Commission delivers useful and cost-effective services. While affiliated organizations constitute the largest users of those services, the executive director and staff serve other constituencies by explaining voluntary institutional accreditation, exploring connections between accreditation and the public interest, contributing to the growth of knowledge about effective quality assurance and peer review, and creating effective bridges with a global higher education community.

Commission Staff Liaison

The Commission assigns a staff liaison to each affiliated organization. This staff liaison serves as the primary resource person to that organization as well as the organization's liaison with the Commission. The staff liaison explains Commission policies and procedures and draws on the skills of other staff members to provide effective assistance and service to colleges and universities. The Commission provides the following services, often through the staff liaison.

- Assistance in understanding and selecting the most appropriate option for maintaining accreditation—the Program to Evaluate and Advance Quality (PEAQ) or the Academic Quality Improvement Program (AQIP)
- Preparation for a PEAQ evaluation process
 - Counsel about ways to integrate the self-study process with the organization's ongoing evaluation and planning programs
 - Review of the organization's self-study design
 - Participation in the various Commission programs to support an effective self-study process
 - Development of a proposed evaluation team for the comprehensive visit
 - Review of the draft of the organization's self-study report
- Support for organizations committed to AQIP and continuous performance improvement through
 - Clarification of the objectives and operation of AQIP processes and services, assisting organizations to maximize the value of participation
 - Creation of educational and networking opportunities for organizations and their employees to learn more about the goals, benefits, requirements, and tools of continuous improvement

➔ [Visit our Web site](#)

for the Commission staff roster

➤ [See Chapter 5](#)
for information on PEAQ
and [Chapter 6](#)
for information on AQIP

➤ **See Section 7.2**
for change policies and
procedures

➤ **Visit our Web site**
for the current fee schedule

- Oversight of the evaluation process by
 - Reviewing drafts of the team report or AQIP process recommendations
 - Informing the organization of its responsibilities and options in the Commission’s decision-making processes
- Assistance in understanding and implementing Commission policies and procedures for organizational change through
 - Telephone or electronic communication about possible changes
 - Review of a formal request for approval of change
 - Implementation of one of the several approval mechanisms used by the Commission

The Commission supports communication with the staff through its toll-free telephone access and its strong e-mail system. Organization representatives are welcome to visit the Commission’s office in Chicago by appointment to meet with their staff liaison. Commission staff liaisons also travel to campuses on request. The organization is charged a fee for this visit.

Because of the importance of this working relationship, the Commission will assign a different staff liaison in the event of an apparent conflict of interest. In determining conflict of interest, the Commission weighs such things as past matriculation, previous and/or prospective employment, the status at an organization of close personal friends or family members, or knowledge of privileged information not available to others involved in the evaluation process.

Commission Resources and Services

The Commission office in Chicago offers a broad range of resources and services to affiliated organizations and the public at large.

- The Commission’s primary means of providing information about its work is through its print and electronic publications. The *Handbook of Accreditation* informs organizations about Commission policies, procedures, and processes. The *Exchanges* newsletter is electronically published and distributed to all chief executive officers, peer reviewers, and other constituencies after each Board meeting. A new edition of *A Collection of Papers on Self-Study and Institutional Improvement* is published for each Annual Meeting. It provides a wealth of valuable information from the perspective of affiliated institutions. The brochure, *Institutional Accreditation: An Overview*, presents general information about the Commission and its work. The *Annual Data Report* provides a summary of the Commission’s work in the previous year.
- The Commission’s Web site has become an important tool for both gathering and disseminating information. It provides information about the Commission, its staff, and its policies for affiliated organizations, peer reviewers, and the general public. It is the best source for current information on policies, procedures, services, and events.

The Web site offers access to important speeches and position papers, the Commission’s policy manuals, rosters of affiliated organizations and Commission decision-makers, and online publications. Special areas offer extensive information on the Academic Quality Improvement Program, the Peer Reviewer Program, the Annual Meeting, and Commission projects. Through e-commerce, it is possible to order a publication or register for the Annual Meeting on the Web site. Many of the Commission’s forms are available electronically. Web-based forms support annual reports and ongoing evaluation processes and the updating of database information on affiliated organizations and peer reviewers. The Web site is accessible using any major Web browser on any platform.

- The Commission maintains a small library of self-studies and other sample documents available for review by affiliated organizations.
- Staff members respond to inquiries about organizations as well as about the work of the Commission through use of toll-free WATS lines and a T-1 Internet connection.

➤ **Visit our Web site**
for a list of current
publications

The Annual Meeting

→ *Visit our Web site
for Annual Meeting
information*

The Annual Meeting, held in Chicago in early spring, features an extensive program on a broad variety of higher education issues. It is an important gathering at which affiliated organizations, peer reviewers, and representatives of related higher education agencies consider current issues and share best practices. It provides an excellent opportunity to establish networks with others engaged in similar efforts. Approximately three thousand faculty members and administrators from a wide variety of colleges and universities attend the Annual Meeting.

The general program of the Annual Meeting is useful to all persons interested in institutional improvement. In each of the past several years, the Commission has offered major tracks on assessment of student learning and academic quality improvement. Other recent theme tracks have included partnerships; state, regional, and national initiatives; new technology; mission, planning, and organizational change; general education; and assessing and supporting effective teaching. Preconference workshops are directed to special audiences, including presidents, peer reviewers, and those interested in the Academic Quality Improvement Program. The preconference Workshop on Self-Study is particularly useful for self-study coordinators and steering committee members from organizations scheduled for evaluation in the next several years. The meeting also includes a pre-conference Workshop for Applying Organizations and general program track for nonaffiliated colleges and universities to become familiar with the Commission's expectations and practices. In 2000, the Commission added a business partner program, bringing to the meeting special showcase sessions and an exhibit hall.

Program information and registration materials are distributed widely to member institutions, peer reviewers, and others throughout the fall and winter months preceding the meeting. In addition, one- and two-year reminder letters about forthcoming evaluations encourage organizations to send representatives to the Annual Meeting. Many sessions provide guidance about various elements of the self-study and accreditation processes, an opportunity to review Commission policies and procedures and to examine sample self-study reports, and a chance to exchange information and ideas with people from other organizations who are or have recently been engaged in self-study.





The Commission's Commitment to Effective Peer Review

Peer review in accreditation is based on the fundamental assumption that quality in higher education is best served through a process that enables peers of the organization, informed by standards best understood and applied by professionals in higher education, to make the comparative judgments essential to quality assurance. At every step in the accreditation processes, higher learning professionals contribute their time and expertise to render the judgments and establish the policies that embody the Commission's primary purposes: organizational improvement and public certification of organizational quality. Peer review means bringing expert judgment based on experience and knowledge to the evaluation process—from setting the standards, to conducting the evaluation, to making final decisions.

In all accreditation processes and events, judgment, reason, and the documentation of evidence are critical to effective peer review, for the Commission's decision on the accreditability of an organization rests on qualitative criteria rather than on inflexible or absolute quantitative standards. Thus, peer reviewers play a far more critical role in the accreditation process than would be the case if it relied on a more automatic or "checklist" approach to determining educational quality.

The Peer Review Corps

The Commission relies on a cadre of carefully selected and trained professionals who serve the Commission in its accreditation processes. This group of more than a thousand individuals is called the Peer Review Corps. These volunteers are marked by their knowledge of and direct experience with higher education, their willingness to give generously of their time and expertise, their dedication to educational excellence, and their commitment to the principles underlying voluntary accreditation.

Responsibilities of Peer Reviewers

Whether involved in the Eligibility Process, PEAQ, or AQIP, peer reviewers have two primary responsibilities. They offer consultative information intended to help improve the quality of an organization's education and services, and they evaluate and confirm the quality of an organization of higher learning, using the Commission's written criteria as a foundation for their evaluation.

For peer review to maintain its credibility as an effective tool in self-regulation and self-improvement, peer reviewers must be professional, competent, and objective. They are expected to know and understand the Criteria for Accreditation and the accreditation processes. They must demonstrate a willingness to commit the time to the betterment of higher education. They must possess the ability to learn and apply skills and aptitudes particular to the work of the Commission. They are expected to prepare well so as to be informed and knowledgeable about the organization, to make fair and objective judgments using relevant information, to participate effectively in review processes, to interact effectively with other peer reviewers and organizational staff and students, to protect confidentiality, and to show respect for the organization and the people associated with it.

Peer reviewers commit to participating in the Commission's professional development opportunities, confirming objectivity for each proposed assignment, and undergoing periodic performance evaluation.

The Roles of Peer Reviewers within the Commission's Processes

Members of the Peer Review Corps are identified by experience and training to fill specific roles within Commission processes.

- Eligibility reviewers support the Eligibility Process by reviewing the documents of nonaffiliated organizations seeking to affiliate with the Commission.
- Consultant-evaluators serve PEAQ processes and the Candidacy Program as team members and team chairs; some specially trained consultant-evaluators serve in the Team Chair Corps, from which the chairs of evaluation teams are drawn.
- AQIP reviewers serve AQIP processes.

Selection and Training of Peer Reviewers

The Commission staff review and select new Peer Review Corps members every year. In so doing, the Commission strives to maintain a diverse and representative group that can effectively serve its purposes. Only people who apply to serve as peer reviewers are considered for membership in the Peer Review Corps. College and university presidents are informed of all appointments to the Corps from their institutions.

During the late 1950s, the Commission adopted the policy of developing and maintaining a corps of trained and experienced peer reviewers, reasoning that restricting the number of peer reviewers would enhance the reliability of evaluation processes and would quickly develop the professionalism of the peer reviewers. The restricted size of the Corps allows peer reviewers to be regularly involved in review processes, developing in a short period of time the experience, wisdom, and sensitivity necessary for effective peer review.

Because the Commission employs teams and individuals who collectively embody much training and experience in conducting evaluations, the Commission's teams tend to be relatively small. Also, because of the Commission's commitment to peer review and the experience level of peer reviewers, it is unnecessary for Commission staff members to accompany teams or individuals during evaluation processes. To ensure currency and vitality in the Peer Review Corps, the Commission strives to involve every peer reviewer in one or two accreditation events annually.

The Commission continually improves the effectiveness of the Corps through enhanced education and training programs; through its processes for recruiting, screening, and selecting peer reviewers; and through ongoing evaluations. Prior to full membership and service as peer reviewers, corps members must complete required training programs; and they are expected to pursue additional Commission-related professional development opportunities throughout their term of service. New peer reviewers receive additional mentoring from experienced peer reviewers when participating in Commission processes. Peer reviewers serve an initial internship term and may be reappointed to multiyear terms. At the end of each term, Commission staff members review their work and decide whether service will be continued.

Confirmation of Objectivity

Because peer reviewers must be able to render impartial and objective decisions on behalf of the Commission, the Commission does not knowingly allow any person to participate in an organizational evaluation whose past or present activities could affect his/her ability to be impartial and objective. Peer reviewers are required to inform Commission staff of any barrier to impartiality and objectivity. Before participating in an evaluation process, each peer reviewer signs or orally agrees to a Confirmation of Objectivity form regarding the organization(s) being evaluated. When an individual has disclosed a potential for predisposition or bias, the Commission staff liaison notifies the organization of that potential and consults with the peer reviewer and the organization regarding that person's suitability for the assignment. The Commission reserves final authority for determining whether the individual who has identified a potential bias or predisposition will participate in an evaluation, in a review, or in decision making.

► **See Chapters 4, 5, and 6**
for information on the
Eligibility Process,
PEAQ, and AQIP

► **Visit our Web site**

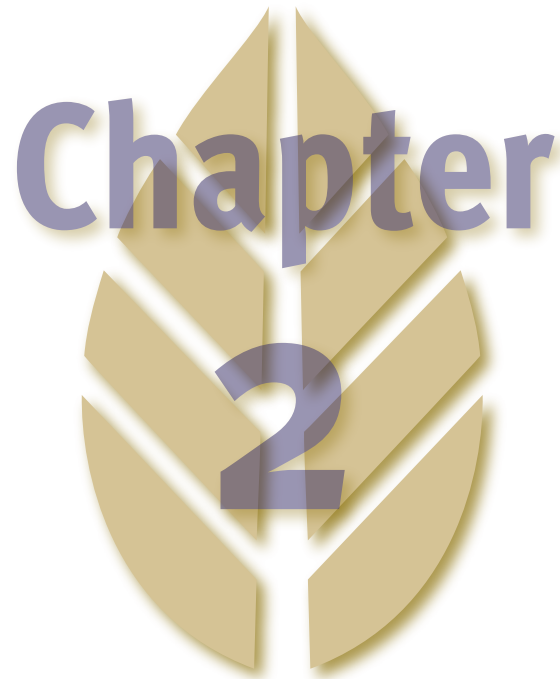
Eligible people who would like to be considered for the Corps may apply by completing an application on our Web site. Nominations are also accepted.

Using Peer Reviewers as Consultants

To assist organizations in their ongoing improvement efforts, the Commission staff may, on request, provide organizations and agencies with the names of peer reviewers whose services might be useful. When serving as independent consultants, these persons do not represent or speak for the Commission, nor are their reports sent to the Commission. The organization makes all relevant arrangements directly with persons selected as consultants.

Peer reviewers themselves are expected to use good judgment in seeking or accepting consulting assignments with organizations affiliated with the Commission. Commission policy stipulates that, to avoid the appearance of possible conflict of interest in the accreditation process, no peer reviewer who evaluated an organization should serve as an independent consultant to that organization for a period of one year following the official Commission accrediting action. Any peer reviewer who violates this policy is automatically dropped from the Peer Review Corps. In addition, independent consultancy makes one ineligible for future peer reviewer service for that institution.





Chapter 2

Defining Affiliation with the Commission





Affiliation with the Commission

Forms of Affiliation

Higher education organizations may be affiliated with The Higher Learning Commission (the Commission), and through it with the North Central Association (the Association), in either of two ways. One is candidate status; the other is accredited status. Both are voluntary and are initiated by the organization.

- Candidate status.** Candidate status is a preaccreditation status and, unlike accredited status, does not involve membership in the Commission and the Association. Candidate status indicates that an organization fulfills the expectations of the Commission's Candidacy Program, which include meeting the Eligibility Requirements. Candidate status gives an organization the opportunity to establish a formal, publicly recognized relationship with the Commission. Candidate status is not a prerequisite to achieving accredited status; an organization applying for initial affiliation may apply for either status. However, it is the recommended approach to seeking accredited status for most nonaffiliated colleges and universities.

An organization granted candidate status is expected to be making progress toward accredited status. Candidate status does not automatically ensure eventual attainment of accredited status.

- Accredited status.** Achieving accredited status establishes an organization's membership in the Commission and the Association. It indicates to other colleges and universities and to the public that an organization meets the Commission's Criteria for Accreditation. It also indicates the organization's commitment to the purposes and goals of the Commission. Accredited status includes all components of a higher education organization, wherever they are located. An organization achieves and maintains accredited status with the Commission through the evaluation processes outlined in this *Handbook*.

Communication with Affiliated Organizations

The Commission transmits its official communications to the organization's chief executive officer. The Commission expects the CEO to forward communications about the self-study and evaluation processes to the self-study coordinator. Because the governing board is the body legally responsible for the organization, copies of letters communicating official Commission action also are sent to the governing board's chair.

Obligations of Affiliation

All affiliated organizations voluntarily agree to meet Obligations of Affiliation, including undergoing periodic review, submitting required reports, completing annual reports, hosting other required or requested visits, and paying dues and fees. These processes are discussed in detail in other sections of the *Handbook*. Failure to fulfill these obligations may result in loss of affiliation.

► See Section 4.1 for the Commission's Eligibility Process

and Section 4.2 for the Candidacy Program

► See Section 7.2 for information on determining separately accreditable organizations

► See Section 7.1 for additional information

→ *Visit our Web site*

*for the current schedule
of dues and fees*

The Commission bills affiliated organizations for annual dues; payment is due on receipt of the billing and is not refundable. The Commission also bills the organization for all evaluation processes. Payment is due prior to the evaluation. The Commission reserves the right to withdraw the affiliation of an organization that, after due notice, fails to meet its financial obligations.





Commission Decision-Making Bodies and Processes

➔ [Visit our Web site](#)
for the current rosters
of decision-making bodies

➤ [See Chapter 5](#)
for information on PEAQ
and [Chapter 6](#)
for information on AQIP

➤ [See Section 4.2](#)
for information on the
Candidacy Program

Decision-Making Bodies

Actions on affiliated organizations are taken by decision-making bodies comprised of organizational representatives and public members. Unless otherwise specified, the decision-making bodies are broadly representative of the colleges and universities accredited by the Commission, with attention to institutional type, control, size, and geographical distribution. All decision-making bodies abide by the Commission's conflict of interest policies.

- The *Accreditation Review Council* (ARC) consists of no fewer than sixty experienced consultant-evaluators. The Board of Trustees appoints them to four-year terms that begin on September 1. The Board also appoints representatives of the public to serve on ARC. ARC members serve on Readers Panels and Review Committees.
- The *Institutional Actions Council* (IAC) consists of twenty experienced peer reviewers and six public members. The Board of Trustees appoints IAC members to four-year terms that begin on September 1. No person can serve simultaneously as a member of ARC and IAC. IAC members serve on IAC Panels.
- The *Board of Trustees* is the governing body of the Commission. The Commission's member organizations elect Trustees in the spring to four-year terms that begin on September 1. The Board is made up of no fewer than fifteen and no more than twenty-one persons. One of every seven Trustees is a representative of the public, and the others are broadly representative of organizations that are members of the Commission.

Steps in the Reaffirmation Processes

The Commission provides two programs for maintaining accredited status: the Program to Evaluate and Advance Quality (PEAQ) and the Academic Quality Improvement Program (AQIP).

PEAQ employs a five-step comprehensive evaluation process to determine continued accredited status.

1. The organization engages in a self-study process for approximately two years and prepares a report of its findings in accordance with Commission expectations.
2. The Commission sends an evaluation team of consultant-evaluators to conduct a **comprehensive visit** for continued accreditation and to write a report containing the team's recommendation.
3. The documents relating to the comprehensive visit are reviewed by a Readers Panel or, in some situations, a Review Committee.
4. The IAC takes action on the Readers Panel's recommendation. (If a Review Committee reviewed the visit, the Review Committee takes action.)
5. The Board of Trustees validates the IAC or Review Committee, finalizing the action.

AQIP employs these steps to reaffirm an organization's accredited status.

1. The organization engages in all AQIP processes, including Strategy Forums, Annual Updates, Systems Portfolio Appraisals, visit to review U.S. Department of Education compliance issues, for a seven-year period.
2. An AQIP Review Panel examines the collective history of the institution's interaction with AQIP and the Commission (i.e., reports of the various processes and activities, organizational indicators, current Systems Portfolio) to determine whether this evidence demonstrates compliance with the Commission's Criteria for Accreditation and Core Components. If evidence relating to any of the Core Components is insufficient, the Panel seeks and obtains additional information before making its recommendation.
3. The IAC takes action on the Panel's recommendation regarding reaffirmation of accreditation and continuing AQIP participation.
4. The Board of Trustees validates the action.

Institutional Responses Within Processes

The chief executive officer is invited to file written responses as follows: a response to the team's report and recommendations; a response to a Readers Panel process when it forwards the team recommendation to a Review Committee; a response to a Review Committee recommendation forwarded to either the Institutional Actions Council or the Board of Trustees; a response to AQIP reviews, including the review that results in a recommendation for continued accreditation; a response to staff recommendations other than those initiated at the request of the organization. Those responses are used in the review processes and become a part of the official record of the process.

Decision-Making Processes

Review Processes for PEAQ Visits

Team recommendations from comprehensive or focused visits may be reviewed by either of two processes: the Readers Panel or the Review Committee. The Readers Panel is the appropriate choice for organizations that are in essential agreement with the team's recommendation. Commission policy requires a Review Committee process in the following cases.

- Recommendation for initial candidacy or initial accreditation
- Recommendation for probation, denial or withdrawal of status, or placed on notice
- Recommendation for a comprehensive visit in five or fewer years
- Recommendation with which the organization does not agree
- Referral by Readers Panel or the Board of Trustees

In considering whether to choose the Readers Panel or the Review Committee, the organization should understand that Review Committees cannot alter team reports, but they can alter the team recommendation.

The Readers Panel

A Readers Panel consists of two Accreditation Review Council members. Panels are created as needed throughout the year to review eligible team recommendations that have been accepted by organizations. To the extent possible, members of the Readers Panel are selected on the basis of peer compatibility.

Readers Panel members review and evaluate the team report and all pertinent documents pertaining to the team visit and make a recommendation. If the Panel members concur that the team's recommendation should be adopted, the recommendation is forwarded to the Institutional Actions Council (IAC). If the Panel members and the organization can agree on minor modifications to the team's recommendation, the modified recommendation is also forwarded to the IAC. If the organization does not concur with the proposed modification, or if the Readers Panel so recommends, the case is referred to a Review Committee.

► **See Section 7.1**
for information on
focused visits

► **See Section 7.3**
for information on
sanctions and
adverse actions

► **Visit our Web site**

for details on the
review processes

The Review Committee

Review Committee meetings are convened three times a year, with additional committees scheduled as required. Each meeting may include one or multiple Review Committees, each of which consists of at least five ARC members, one of whom is a public member. To the extent possible, selection of members of a Review Committee is based on peer compatibility. Each Review Committee reviews no more than two cases.

A Review Committee reviews all pertinent materials from the team visit and holds a hearing. The organization's chief executive officer and a member of the evaluation team that reviewed the organization make presentations to the Committee and respond to questions. By majority vote, the Review Committee decides on the official action: to accept the team recommendation, to modify the team recommendation, or to substitute an action significantly different from that recommended by the team. With the concurrence of the organization and the team, the Committee's decision is forwarded to the Board of Trustees for validation. If agreement is not reached, the team recommendation, Review Committee recommendation, and organization's response are forwarded to IAC for a decision.

There are two exceptions to these procedures. The first involves lack of agreement on a Review Committee decision concerning initial candidacy or initial accreditation, and the second involves recommendations for placed on notice, probation, or withdrawal or denial of affiliation. In these situations, team and Review Committee recommendations are forwarded to the Board of Trustees for the decision.

AQIP Review Panels

AQIP Review Panels make recommendations that lead to several accrediting decisions: admission to AQIP, continued involvement, reaffirmation of accreditation, and institutional change. Panels may be created at any time and may meet in person or in a synchronous or asynchronous electronic environment. The size of an AQIP Review Panel depends on the nature of the task. Panels charged with making a recommendation to IAC consist of at least five AQIP Reviewers. Review Panel decisions are made by consensus and are submitted to the next scheduled IAC meeting for approval and, subsequently, to the Board for validation. Members of a Review Panel follow the Commission's policy on Confirmation of Objectivity.

The Institutional Actions Council

An Institutional Actions Council Panel consists of six IAC members, one of whom is a public member. IAC Panel meetings are held bimonthly. These panels review recommendations from Readers Panels, Review Committees, Evaluators Panels, AQIP reviewers, and staff members. By majority vote, the IAC Panel decides on the official action. The action is then forwarded to the Board of Trustees for validation.

Board of Trustees Action

The Board of Trustees takes official Commission action through a validation process or through its own deliberations. The Board validates actions decided by other designated decision-making bodies either during its regular meeting or by participating in an electronic or mail form of voting that is completed within four working days of the meeting of the designated decision-making body. Validation requires a two-thirds majority of voting trustees.

The Board deliberates on and decides the official action on all recommendations for placed on notice or probation and their removal, withdrawal of affiliation, and denial of affiliation. It also decides official action for team recommendations for initial candidacy or initial accreditation when the recommendations are not supported by a Review Committee or are contested by the organization. The Board issues and removes all show-cause orders. When the Board decides an official action, it does so by majority vote of those attending a meeting and eligible to vote.

Deferral of Action

The Board of Trustees and the IAC may defer final action on granting or renewing accreditation when

- A state agency or another recognized institutional accrediting agency has provided official notice of potential suspension, revocation, or termination of accreditation or legal authority to provide education
- Determinative evidence may be justifiably anticipated within a specified period

A decision to defer action will specify the new information that must be provided by the organization or the Commission office; the method of procuring that information, including, if appropriate, another team visit; and the date by which the official action must be taken. The Board will not defer final action beyond the next regularly scheduled business meeting. The Institutional Actions Council will not defer final action longer than seventy days.



► See Section 7.2
for the role of Evaluators
Panels and Commission staff
in reviewing organizational
change requests

Commission Decision-Making Processes

Type of Review	Routing of Recommendation	REVIEW AND DECISION MAKING PROCESSES			
		Readers Panel (RP)	Review Committee (RC)	Institutional Actions Council (IAC)	Board of Trustees (BoT)
Comprehensive evaluation for continued accreditation	Accreditation continued. Next comprehensive evaluation in 6-10 years.	Who goes: all cases in which the institution agrees with the team. What happens: (1) RP refers to IAC for decision; or (2) RP refers to RC for further review	Who goes: (1) all cases referred by RP; and (2) all cases where institution does <u>not</u> agree with team recommendation. What happens: (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to IAC for decision.	Who goes: (1) all cases referred by RP; and (2) cases referred by RC due to lack of consensus. What happens: IAC makes decision, sends to BoT for validation.*	Validation process**
Evaluations for continued candidacy and focused visits	Accreditation continued. Next comprehensive evaluation in 5 or fewer years.	Who goes: all cases	Who goes: (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to IAC for decision.	Who goes: cases referred by RC due to lack of consensus. What happens: IAC makes decision, sends to BoT for validation.*	Validation process**
Evaluations for initial candidacy or initial accreditation	All recommendations other than those involving probation or denial or withdrawal of status.	Who goes: all cases in which the institution agrees with the team. What happens: (1) RP refers to IAC for decision; or (2) RP refers to RC for further review.	Who goes: (1) all cases referred by RP; and (2) all cases where institution does <u>not</u> agree with team recommendation. What happens: (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to IAC for decision.	Who goes: (1) all cases referred by RP; and (2) cases referred by RC due to lack of consensus. What happens: IAC makes decision, sends to BoT for validation.*	Validation process**
All reviews that involve probation, or denial or withdrawal of status	Team has recommended granting of status.	Who goes: all cases	Who goes: (1) RC makes decision, sends to BoT for validation; or (2) RC process fails to find consensus, sends to BoT for decision.	(1) Validation process where consensus exists; or (2) reviews and acts on cases where RC failed to reach decision.**	The Board reviews and acts on all cases that involve probation or denial or withdrawal of status. (Actions on denial or withdrawal of status may be appealed.)**
Evaluators Panels (EP) and staff recommendations	Team or other process has recommended imposition or removal of probation or denial or withdrawal of status.	Who goes: all cases	Who goes: all cases	Who goes: all cases What happens: RC reviews and makes recommendation; forwards case to BoT for review and decision.	Validation process**
AQIP processes for admission, reaffirmation of accreditation, and organizational change	All positive EP recommendations; all staff recommendations. Reviewed by an AQIP Review Panel	Who goes: all cases	Who goes: all cases	Who goes: all cases What happens: IAC makes decision, sends to BoT for validation.*	Validation process**

* IAC may defer action in special cases

** The Board of Trustees validates decisions made by other bodies during its regular meetings or through electronic or mail ballot. Validation is completed within four working days of the meeting of the designated decision-making body. Validation requires a 2/3 majority of voting trustees.

Note: The Board also takes action on recommendations forwarded directly by the Executive Director. The Board may also issue a Show-Cause Order.



Recording the Relationship and Status

The Official Records of a Process

Specific documents constitute the official record of the Commission's interaction with an organization. These documents include team reports, institutional responses, recommendations from Review Committees, analyses of required reports, specific documents identified within the AQIP processes, and all official letters from the Commission detailing actions taken regarding the organization's relationship with the Commission. The documents identify the participants in those processes. Other documents developed by the staff to assist in specific processes are not included in materials provided in future review processes and are not considered to be part of the official record of the interaction.

The Commission relies on three primary documents to record its relationship with an affiliated organization.

1. An official **action letter** from a member of the Commission staff (typically the executive director) explaining the action taken on behalf of the Commission. This letter may be disclosed by the organization.
2. A **Statement of Affiliation Status (SAS)** that describes the affiliated status of an organization. Every Commission action requires the updating and potential revision of the SAS. The SAS may be disclosed by the Commission and by the organization.
3. An **Organization Profile (OP)** that the Commission creates largely from data reported by the organization on the Annual Report on Organizational Information and Operational Indicators. The OP may be disclosed by the Commission and by the organization.

Official Action Letters

While the various review processes allow for frequent, clear, and open communication between the organization and the Commission, the official relationship between an affiliate organization and the Commission is recorded in the action letter, which is accompanied by appropriate documents that summarize the accrediting relationship and identify its relevant aspects. For all decisions made or validated by the Board of Trustees, the executive director signs the letter. It is accompanied by a newly adopted Statement of Affiliation Status.

Other staff members have authority to take actions on the Commission's behalf, such as resetting dates of reports and team visits, approving the change of ownership of an organization, and accepting reports submitted by the organization. Staff members may also take several AQIP actions on behalf of the Commission. In all these situations, the official action letter may be signed by the organization's staff liaison.

While at this time the Commission does not make these letters public, the organization is free to do so. The letters become part of the Commission's official files and are shared with future evaluation teams.

Statement of Affiliation Status

For more than two decades, the Commission has used the Statement of Affiliation Status (SAS) as the foundational public disclosure document. From time to time, the components of the SAS have changed. The current SAS identifies

► **See Section 8.3**
for additional discussion
of public disclosure

► **Visit our Web site**

for further details on the
Organizational Profile,
the Annual Report, and
the Operational Indicators

► **See Section 7.1**
for information on the
Annual Report and the
Operational Indicators

categories of information (nature of the organization, conditions of affiliation, synopsis of Commission review) and includes a new section on distributed education. Moreover, this version of the SAS can be adapted to fit some of the special conditions of affiliation for organizations using the AQIP approach to accreditation.

The SAS states the Commission status of an organization (accredited or candidate and, when appropriate, the sanction) and the organization's legal status, as well as the range of degree levels included in the organization's status. Specific conditions of affiliation are included: stipulations on the relationship, permission (or lack thereof) for off-campus expansion and initiation of distributed learning endeavors, and any required reports or focused visits. The SAS also provides the date of the last comprehensive evaluation and the scheduled date of the next one. The Commission is exploring the possibility of including a summary of Commission actions taken subsequent to the last comprehensive evaluation.

Comprehensive and focused evaluation teams formulate their recommendations by proposing wording for the SAS. Most formal Commission actions involve some modification of an existing SAS and, thereby, the adoption of a new SAS. Each SAS carries an effective date. The action letter sent to the organization at the conclusion of the evaluation process is accompanied by a newly adopted SAS. The chief executive officer may request additional copies as needed.

Organizational Profile

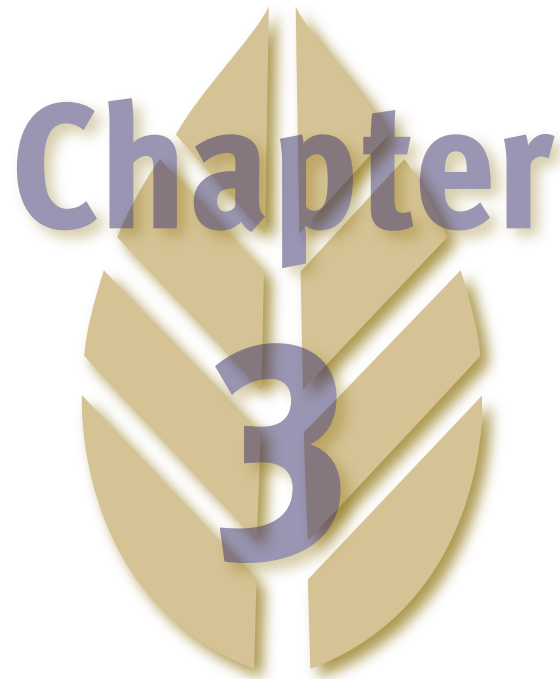
The Organizational Profile (OP) replaces and is an expansion of the previous Statement of Institutional Scope and Activity (SISA). Drawing on the new types of data gathered in the Annual Report on Organizational Information and Operational Indicators, the OP includes demographic information, program information, some student performance data, and information on off-campus sites and distributed education offerings. Although the total OP has an effective date, each section also has a specific date based on the most recent intake of information. OPs will be available for all organizations, whether using PEAQ or AQIP.

In some unique situations, an official Commission action will not change the SAS, but might change the OP. For example, if an organization receives approval to open a new instructional site, the SAS may show the date of approval, but listing that site on the OP is evidence of the action.

Most of the information on the OP depends on reports provided by affiliated colleges and universities. While evaluation teams will be asked to verify the accuracy of the information, the Commission cannot vouch for the accuracy of this self-reported information.

Affiliated organizations frequently used the SISA to provide evidence that the Commission knew the full extent of their physical operations. The OP will serve the same purpose. It will also help organizations provide evidence of the Commission's awareness of their distributed education programs.





Chapter 3

The Criteria for Accreditation





The Criteria for Accreditation

Effective January 1, 2005; optional for fall 2004

Organizations building self-studies around the previous criteria will find information about them in the second edition of the Handbook, available from the Commission office.

The Criteria Headings Defined

The Criteria for Accreditation are organized under five major headings. Each criterion has three elements: Criterion Statement, Core Components, and Examples of Evidence. These elements are defined as follows.

- Criteria Statements** These statements, adopted by the Commission, define necessary attributes of an organization accredited by the Commission. An organization must be judged to have met each of the Criteria to merit accreditation. Sanctions may be applied if an affiliated organization is in jeopardy of not meeting one or more of the Criteria.
- Core Components** The Commission identifies Core Components of each Criterion. An organization addresses each Core Component as it presents reasonable and representative evidence of meeting a Criterion. The review of each Core Component is necessary for a thorough evaluation of how an organization meets a Criterion.
- Examples of Evidence** The Commission provides in the Examples of Evidence illustrative examples of the specific types of evidence that an organization might present in addressing a Core Component. Organizations may provide other evidence they find relevant to their mission and activities. Some types of evidence suggested by the Commission may not be appropriate for all organizations; therefore, the absence of a specific type of evidence does not in and of itself mean that the organization fails to meet a Core Component.

The Criteria for Accreditation

Criterion One

Criterion Statement

Core Component - 1a

Examples of Evidence

Mission and Integrity

The organization operates with integrity to ensure the fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff, and students.

The organization's mission documents are clear and articulate publicly the organization's commitments.

- *The board has adopted statements of mission, vision, values, goals, and organizational priorities that together clearly and broadly define the organization's mission.*
- *The mission, vision, values, and goals documents define the varied internal and external constituencies the organization intends to serve.*
- *The mission documents include a strong commitment to high academic standards that sustain and advance excellence in higher learning.*
- *The mission documents state goals for the learning to be achieved by its students.*

Core Component - 1b	<ul style="list-style-type: none"> • The organization regularly evaluates and, when appropriate, revises the mission documents. • The organization makes the mission documents available to the public, particularly to prospective and enrolled students.
<i>Examples of Evidence</i>	<p>In its mission documents, the organization recognizes the diversity of its learners, other constituencies, and the greater society it serves.</p> <hr/> <ul style="list-style-type: none"> • In its mission documents, the organization addresses diversity within the community values and common purposes it considers fundamental to its mission. • The mission documents present the organization's function in a multicultural society. • The mission documents affirm the organization's commitment to honor the dignity and worth of individuals. • The organization's required codes of belief or expected behavior are congruent with its mission. • The mission documents provide a basis for the organization's basic strategies to address diversity.
Core Component - 1c	<p>Understanding of and support for the mission pervade the organization.</p>
<i>Examples of Evidence</i>	<ul style="list-style-type: none"> • The board, administration, faculty, staff, and students understand and support the organization's mission. • The organization's strategic decisions are mission-driven. • The organization's planning and budgeting priorities flow from and support the mission. • The goals of the administrative and academic subunits of the organization are congruent with the organization's mission. • The organization's internal constituencies articulate the mission in a consistent manner.
Core Component - 1d	<p>The organization's governance and administrative structures promote effective leadership and support collaborative processes that enable the organization to fulfill its mission.</p>
<i>Examples of Evidence</i>	<ul style="list-style-type: none"> • Board policies and practices document the board's focus on the organization's mission. • The board enables the organization's chief administrative personnel to exercise effective leadership. • The distribution of responsibilities as defined in governance structures, processes, and activities is understood and is implemented through delegated authority. • People within the governance and administrative structures are committed to the mission and appropriately qualified to carry out their defined responsibilities. • Faculty and other academic leaders share responsibility for the coherence of the curriculum and the integrity of academic processes. • Effective communication facilitates governance processes and activities. • The organization evaluates its structures and processes regularly and strengthens them as needed.
Core Component - 1e	<p>The organization upholds and protects its integrity.</p>
<i>Examples of Evidence</i>	<ul style="list-style-type: none"> • The activities of the organization are congruent with its mission. • The board exercises its responsibility to the public to ensure that the organization operates legally, responsibly, and with fiscal honesty. • The organization understands and abides by local, state, and federal laws and regulations applicable to it (or bylaws and regulations established by federally recognized sovereign entities). • The organization consistently implements clear and fair policies regarding the rights and responsibilities of each of its internal constituencies. • The organization's structures and processes allow it to ensure the integrity of its cocurricular and auxiliary activities. • The organization deals fairly with its external constituents. • The organization presents itself accurately and honestly to the public. • The organization documents timely response to complaints and grievances, particularly those of students.

Criterion Two

Criterion Statement

Preparing for the Future

The organization's allocation of resources and its processes for evaluation and planning demonstrate its capacity to fulfill its mission, improve the quality of its education, and respond to future challenges and opportunities.

Core Component - 2a

The organization realistically prepares for a future shaped by multiple societal and economic trends.

Examples of Evidence

- The organization's planning documents reflect a sound understanding of the organization's current capacity.
- The organization's planning documents demonstrate that attention is being paid to emerging factors such as technology, demographic shifts, and globalization.
- The organization's planning documents show careful attention to the organization's function in a multicultural society.
- The organization's planning processes include effective environmental scanning.
- The organizational environment is supportive of innovation and change.
- The organization incorporates in its planning those aspects of its history and heritage that it wishes to preserve and continue.
- The organization clearly identifies authority for decision making about organizational goals.

Core Component - 2b

The organization's resource base supports its educational programs and its plans for maintaining and strengthening their quality in the future.

Examples of Evidence

- The organization's resources are adequate for achievement of the educational quality it claims to provide.
- Plans for resource development and allocation document an organizational commitment to supporting and strengthening the quality of the education it provides.
- The organization uses its human resources effectively.
- The organization intentionally develops its human resources to meet future changes.
- The organization's history of financial resource development and investment documents a forward-looking concern for ensuring educational quality (e.g., investments in faculty development, technology, learning support services, new or renovated facilities).
- The organization's planning processes are flexible enough to respond to unanticipated needs for program reallocation, downsizing, or growth.
- The organization has a history of achieving its planning goals.

Core Component - 2c

The organization's ongoing evaluation and assessment processes provide reliable evidence of institutional effectiveness that clearly informs strategies for continuous improvement.

Examples of Evidence

- The organization demonstrates that its evaluation processes provide evidence that its performance meets its stated expectations for institutional effectiveness.
- The organization maintains effective systems for collecting, analyzing, and using organizational information.
- Appropriate data and feedback loops are available and used throughout the organization to support continuous improvement.
- Periodic reviews of academic and administrative subunits contribute to improvement of the organization.
- The organization provides adequate support for its evaluation and assessment processes.

Core Component - 2d

All levels of planning align with the organization's mission, thereby enhancing its capacity to fulfill that mission.

Examples of Evidence

- Coordinated planning processes center on the mission documents that define vision, values, goals, and strategic priorities for the organization.
- Planning processes link with budgeting processes.
- Implementation of the organization's planning is evident in its operations.
- Long-range strategic planning processes allow for reprioritization of goals when necessary because of changing environments.
- Planning documents give evidence of the organization's awareness of the relationships among educational quality, student learning, and the diverse, complex, global, and technological world in which the organization and its students exist.
- Planning processes involve internal constituents and, where appropriate, external constituents.

Criterion Three

Criterion Statement

Student Learning and Effective Teaching

The organization provides evidence of student learning and teaching effectiveness that demonstrates it is fulfilling its educational mission.

Core Component - 3a

The organization's goals for student learning outcomes are clearly stated for each educational program and make effective assessment possible.

Examples of Evidence

- The organization clearly differentiates its learning goals for undergraduate, graduate, and post-baccalaureate programs by identifying the expected learning outcomes for each.
- Assessment of student learning provides evidence at multiple levels: course, program, and institutional.
- Assessment of student learning includes multiple direct and indirect measures of student learning.
- Results obtained through assessment of student learning are available to appropriate constituencies, including students themselves.
- The organization integrates into its assessment of student learning the data reported for purposes of external accountability (e.g., graduation rates, passage rates on licensing exams, placement rates, transfer rates).
- The organization's assessment of student learning extends to all educational offerings, including credit and noncredit certificate programs.
- Faculty are involved in defining expected student learning outcomes and creating the strategies to determine whether those outcomes are achieved.
- Faculty and administrators routinely review the effectiveness and uses of the organization's program to assess student learning.

Core Component - 3b

The organization values and supports effective teaching.

Examples of Evidence

- Qualified faculty determine curricular content and strategies for instruction.
- The organization supports professional development designed to facilitate teaching suited to varied learning environments.
- The organization evaluates teaching and recognizes effective teaching.
- The organization provides services to support improved pedagogies.
- The organization demonstrates openness to innovative practices that enhance learning.
- The organization supports faculty in keeping abreast of the research on teaching and learning, and of technological advances that can positively affect student learning and the delivery of instruction.
- Faculty members actively participate in professional organizations relevant to the disciplines they teach.

Core Component - 3c

The organization creates effective learning environments.

Examples of Evidence

- Assessment results inform improvements in curriculum, pedagogy, instructional resources, and student services.
- The organization provides an environment that supports all learners and respects the diversity they bring.
- Advising systems focus on student learning, including the mastery of skills required for academic success.
- Student development programs support learning throughout the student's experience regardless of the location of the student.
- The organization employs, when appropriate, new technologies that enhance effective learning environments for students.
- The organization's systems of quality assurance include regular review of whether its educational strategies, activities, processes, and technologies enhance student learning.

Core Component - 3d

The organization's learning resources support student learning and effective teaching.

Examples of Evidence

- The organization ensures access to the resources (e.g., research laboratories, libraries, performance spaces, clinical practice sites) necessary to support learning and teaching.
- The organization evaluates the use of its learning resources to enhance student learning and effective teaching.
- The organization regularly assesses the effectiveness of its learning resources to support learning and teaching.
- The organization supports students, staff, and faculty in using technology effectively.
- The organization provides effective staffing and support for its learning resources.
- The organization's systems and structures enable partnerships and innovations that enhance student learning and strengthen teaching effectiveness.
- Budgeting priorities reflect that improvement in teaching and learning is a core value of the organization.

Criterion Four

Criterion Statement

Acquisition, Discovery, and Application of Knowledge

The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.

Core Component - 4a

The organization demonstrates, through the actions of its board, administrators, students, faculty, and staff, that it values a life of learning.

Examples of Evidence

- The board has approved and disseminated statements supporting freedom of inquiry for the organization's students, faculty, and staff, and honors those statements in its practices.
- The organization's planning and pattern of financial allocation demonstrate that it values and promotes a life of learning for its students, faculty, and staff.
- The organization supports professional development opportunities and makes them available to all of its administrators, faculty, and staff.
- The organization publicly acknowledges the achievements of students and faculty in acquiring, discovering, and applying knowledge.
- The faculty and students, in keeping with the organization's mission, produce scholarship and create knowledge through basic and applied research.
- The organization and its units use scholarship and research to stimulate organizational and educational improvements.

Core Component - 4b

The organization demonstrates that acquisition of a breadth of knowledge and skills and the exercise of intellectual inquiry are integral to its educational programs.

Examples of Evidence

- The organization integrates general education into all of its undergraduate degree programs through curricular and experiential offerings intentionally created to develop the attitudes and skills requisite for a life of learning in a diverse society.
- The organization regularly reviews the relationship between its mission and values and the effectiveness of its general education.
- The organization assesses how effectively its graduate programs establish a knowledge base on which students develop depth of expertise.
- The organization demonstrates the linkages between curricular and cocurricular activities that support inquiry, practice, creativity, and social responsibility.
- Learning outcomes demonstrate that graduates have achieved breadth of knowledge and skills and the capacity to exercise intellectual inquiry.
- Learning outcomes demonstrate effective preparation for continued learning.

Core Component - 4c

The organization assesses the usefulness of its curricula to students who will live and work in a global, diverse, and technological society.

Examples of Evidence

- Regular academic program reviews include attention to currency and relevance of courses and programs.
- In keeping with its mission, learning goals and outcomes include skills and professional competence essential to a diverse workforce.
- Learning outcomes document that graduates have gained the skills and knowledge they need to function in diverse local, national, and global societies.
- Curricular evaluation involves alumni, employers, and other external constituents who understand the relationships among the courses of study, the currency of the curriculum, and the utility of the knowledge and skills gained.
- The organization supports creation and use of scholarship by students in keeping with its mission.
- Faculty expect students to master the knowledge and skills necessary for independent learning in programs of applied practice.
- The organization provides curricular and cocurricular opportunities that promote social responsibility.

Core Component - 4d

The organization provides support to ensure that faculty, students, and staff acquire, discover, and apply knowledge responsibly.

Examples of Evidence

- The organization's academic and student support programs contribute to the development of student skills and attitudes fundamental to responsible use of knowledge.
- The organization follows explicit policies and procedures to ensure ethical conduct in its research and instructional activities.

Criterion Five

Criterion Statement

Core Component - 5a

Examples of Evidence

- The organization encourages curricular and cocurricular activities that relate responsible use of knowledge to practicing social responsibility.
- The organization provides effective oversight and support services to ensure the integrity of research and practice conducted by its faculty and students.
- The organization creates, disseminates, and enforces clear policies on practices involving intellectual property rights.

Engagement and Service

As called for by its mission, the organization identifies its constituencies and serves them in ways both value.

The organization learns from the constituencies it serves and analyzes its capacity to serve their needs and expectations.

- The organization's commitments are shaped by its mission and its capacity to support those commitments.
- The organization practices periodic environmental scanning to understand the changing needs of its constituencies and their communities.
- The organization demonstrates attention to the diversity of the constituencies it serves.
- The organization's outreach programs respond to identified community needs.
- In responding to external constituencies, the organization is well-served by programs such as continuing education, outreach, customized training, and extension services.

Core Component - 5b

Examples of Evidence

The organization has the capacity and the commitment to engage with its identified constituencies and communities.

- The organization's structures and processes enable effective connections with its communities.
- The organization's cocurricular activities engage students, staff, administrators, and faculty with external communities.
- The organization's educational programs connect students with external communities.
- The organization's resources—physical, financial, and human—support effective programs of engagement and service.
- Planning processes project ongoing engagement and service.

Core Component - 5c

Examples of Evidence

The organization demonstrates its responsiveness to those constituencies that depend on it for service.

- Collaborative ventures exist with other higher learning organizations and education sectors (e.g., K-12 partnerships, articulation arrangements, 2+2 programs).
- The organization's transfer policies and practices create an environment supportive of the mobility of learners.
- Community leaders testify to the usefulness of the organization's programs of engagement.
- The organization's programs of engagement give evidence of building effective bridges among diverse communities.
- The organization participates in partnerships focused on shared educational, economic, and social goals.
- The organization's partnerships and contractual arrangements uphold the organization's integrity.

Core Component - 5d

Examples of Evidence

Internal and external constituencies value the services the organization provides.

- The organization's evaluation of services involves the constituencies served.
- Service programs and student, faculty, and staff volunteer activities are well-received by the communities served.
- The organization's economic and workforce development activities are sought after and valued by civic and business leaders.
- External constituents participate in the organization's activities and cocurricular programs open to the public.
- The organization's facilities are available to and used by the community.
- The organization provides programs to meet the continuing education needs of licensed professionals in its community.





Exploring the Criteria and the Core Components

► **See Section 3.1**
for definitions of
Core Components and
Examples of Evidence

The 1997 edition of the Commission's *Handbook of Accreditation* provided considerable explanatory text for the Criteria for Accreditation, together with a variety of examples about how each might be interpreted in different organizational contexts. Although that *Handbook* addressed five Criteria, as does this one, the Criteria themselves were considerably broader, and the patterns of evidence were relatively limited in number. To help organizations explore the rich potential of each Criterion and its suggested patterns of evidence, therefore, the Commission created interpretive text and examples.

In this new edition of the *Handbook*, the Core Components make possible a fuller understanding of each Criterion, and the Examples of Evidence help define the breadth and depth of each Core Component. The text that follows, therefore, provides a basic conceptual frame for each Core Component. It includes, when appropriate, definitions of words or phrases in the Criterion, Core Component, or Examples of Evidence requested by those who reviewed the penultimate version of the Criteria.

Criterion One: Mission and Integrity

The organization operates with integrity to ensure the fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff, and students.

It is axiomatic to claim that the strength and vitality of higher education in the United States is directly related to the extraordinary diversity of organizations providing that education. Since the early 1930s, accreditation of colleges and universities within the North Central region has respected the importance of institutional diversity by applying broadly stated standards that can be interpreted and applied to fit specific contexts. Fundamental to the Commission's capacity to make organization-specific judgments is the clarity of the organization's stated mission.

Only a few years ago, the Commission called for an accredited organization to have a public mission statement adopted by the governing board. The Commission expected the mission statement to include stated purposes—specific goals and objectives the organization intended to achieve to fulfill its mission. Increasingly, organizations of all types, including colleges and universities, have created and used a variety of documents that summarize their core commitments for both internal and external constituents. Mission statements, once several paragraphs in length, now often contain no more than ten or fifteen words. Stated purposes are frequently captured in documents that define an organization's vision, values, and strategic goals. Although the methods by which organizations explain their core commitments might be changing, these core commitments must be readily understood by people within and outside of the organization and must be appropriate to an organization providing higher learning for students in the twenty-first century.

The Commission's first Criterion of Accreditation focuses the attention of the organization and of the Commission's peer review process on the role of these mission documents in defining and shaping operations and priorities. All other Criteria in one way or another relate to Criterion One.

Criterion One: Core Component 1a

The organization's mission documents are clear and articulate publicly the organization's commitments.

What is clear in this age of marketing is that a tagline or slogan cannot by itself define an organization's multifaceted mission. It might be valuable for every student, faculty member, and administrator to be able to repeat a concise, pithy mission statement, but the best of those statements usually open a variety of operational possibilities. Only through other statements of vision, values, and goals can an organization provide some structure and priority to decision making.

The governing board formally adopts the mission documents of the organization. Those documents contain the goals for which the organization is willing to be held accountable.

Effective organizations revisit their mission documents frequently, assuring that they are dynamic and current as well as clear and understood. As external environments shift, so also might some definitions of core commitments, or the vision for the organization may shift with new leadership.

The organization's Web site, catalog, student and faculty handbooks, and recruitment and marketing materials might be the most useful places to make these documents readily available to the public. They may also exist in a variety of other formats. What is important is the ease with which internal and external constituencies have access to the documents and can understand them. The proposed types of evidence for this Core Component not only illustrate the challenge of clarity and availability, but also identify some other expectations of their contents, particularly organizational commitment to high academic standards and to assessment of achieved learning.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The board has adopted statements of mission, vision, values, goals, and organizational priorities that together clearly and broadly define the organization's mission.*
- *The mission, vision, values, and goals documents define the varied internal and external constituencies the organization intends to serve.*
- *The mission documents include a strong commitment to high academic standards that sustain and advance excellence in higher learning.*
- *The mission documents state goals for the learning to be achieved by its students.*
- *The organization regularly evaluates and, when appropriate, revises the mission documents.*
- *The organization makes the mission documents available to the public, particularly to prospective and enrolled students.*

Criterion One: Core Component 1b

In its mission documents, the organization recognizes the diversity of its learners, other constituencies, and the greater society it serves.

The Commission pledged that the new accrediting standards would engage organizations in conversations fundamental to their future. What is known for certain about the future of higher education in the United States is that it will have to be responsive to increasing numbers of students of diverse cultures and ethnic backgrounds, and that it will have to prepare its students to live productively in a national and global society marked by extraordinary diversity.

Because attention to diversity is fundamental to quality higher learning in the twenty-first century, the Commission expects every organization to address diversity in its mission documents. The premises undergirding this position are found in the Commission's **Statement on Diversity**.

Diversity is a complex concept. For some organizations, ethnic and racial representation on campus, in educational programs, or in faculty and administration might be very important, particularly if their mission is to serve

► See Section 3.4
for the
Statement on Diversity

communities marked by ethnic and cultural diversity. For many organizations serving educational needs of rural or homogeneous communities, recognition and understanding of the impact of diversity may be more important than representation. For other organizations, particularly those that are faith-based, diversity might mistakenly be understood to mean acceptance and tolerance. The Commission acknowledges the importance of distinct cultural contexts and, therefore, recognizes the importance that organizations attach to being able to define themselves in ways that are unique to their existence and respective missions. With its expectation that even these organizations acknowledge the importance of diversity, the Commission asks that all organizations be transparently clear in their statements of expectations of college constituencies, fair in their enforcement of those expectations, and protective of the dignity of individuals whose behavior or beliefs may not always fit those expectations.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *In its mission documents, the organization addresses diversity within the community values and common purposes it considers fundamental to its mission.*
- *The mission documents present the organization's function in a multicultural society.*
- *The mission documents affirm the organization's commitment to honor the dignity and worth of individuals.*
- *The organization's required codes of belief or expected behavior are congruent with its mission.*
- *The mission documents provide a basis for the organization's basic strategies to address diversity.*

Criterion One: Core Component 1c

Understanding of and support for the mission pervade the organization.

Unless all its internal constituencies understand and support the fundamental mission, even the most beautifully crafted mission documents will fail to count for much. This is especially true in this era of significant change and restructuring within higher education. Confusion about mission inevitably leads to disagreements on priorities, to not meeting students' expectations, and to decision making shaped more by the opportunities of the day than by a clear vision of the organization and its future.

Most successful organizations engage their constituents in the creation, review, and revision of basic mission documents. Most provide programs, materials, and orientations to ensure the creation of a common interpretation of mission documents. Most can also point to the key role the mission documents have played in stimulating new initiatives, creating priorities, and informing seminal decisions about allocations of time, energy, and resources.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The board, administration, faculty, staff, and students understand and support the organization's mission.*
- *The organization's strategic decisions are mission-driven.*
- *The organization's planning and budgeting priorities flow from and support the mission.*
- *The goals of the administrative and academic subunits of the organization are congruent with the organization's mission.*
- *The organization's internal constituencies articulate the mission in a consistent manner.*

Criterion One: Core Component 1d

The organization's governance and administrative structures promote effective leadership and support collaborative processes that enable the organization to fulfill its mission.

Beyond a common understanding of and support for the mission, the organization must have structures through which decisions are made, responsibilities assigned, and accountability for end results established. Shared governance has been a long-standing attribute of most colleges and universities in the United States. Whatever the governance and administrative structures, they need to enhance the organization's capacity to fulfill its mission.

While each college and university needs people with many different skills and talents, each also needs leadership capable of creating an environment in which the use of those skills and talents furthers the organization's mission. Capable board leadership understands the boundaries of board responsibility; effective executive leadership appreciates the need for teamwork; strong faculty leadership helps create a faculty culture supportive of the organization's goals; and good student leadership understands that the organization exists for future as well for current students. Effective leadership inevitably involves as much vision as technique, as much appreciation for the contributions of others as defined power, and as much capacity for creative compromise as ultimate authority.

There is a difference between an organization that is offering higher education and a business that is selling a consumer product. Higher education is not indoctrination; nor is it training. It is an enterprise in which qualified professionals first determine what students should know and be able to do as a result of their education and then create processes to determine that students actually know and can do these things. It also seeks to equip people to be self-motivated and self-sustaining learners throughout their lives. It is to fulfill this very critical set of goals that colleges and universities create structures to enable their achievement.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *Board policies and practices document that the board's focus is on the organization's mission.*
- *The board enables the organization's chief administrative personnel to exercise effective leadership.*
- *The distribution of responsibilities as defined in governance structures, processes, and activities is understood and is implemented through delegated authority.*
- *People within the governance and administrative structures are committed to the mission and appropriately qualified to carry out their defined responsibilities.*
- *Faculty and other academic leaders share responsibility for the coherence of the curriculum and the integrity of academic processes.*
- *Effective communication facilitates governance processes and activities.*
- *The organization evaluates its structures and processes regularly and strengthens them as needed.*

Criterion One: Core Component 1e

The organization upholds and protects its integrity.

Integrity is a concept with multiple interpretations. When applied to an organization, it can be understood to refer to

- The honesty of the organization in its operations
- The congruence between what an organization's mission documents say the organization is about and what it actually does
- The reputation of the organization
- The fairness with which it interacts with internal and external constituencies
- The practice of knowing and abiding by relevant laws and regulations

The Commission proposes that all these interpretations of integrity should inform an organization's self-evaluation and a team's review.

The tremendous diversity in organizations providing higher education degrees is a given in the United States. As we move farther into the twenty-first century, the structures of those organizations will become increasingly complex and increasingly flexible; increasingly reliant on partnerships, consortia, and collaborations to provide quality higher learning in an age transformed by technology; increasingly driven to respond to unanticipated and different opportunities to provide education to new and changing populations of students; and increasingly required to provide education relevant to a global society.

What were understood to be hallmarks of institutional integrity just a couple of decades ago are no longer sufficient. Then, integrity frequently was connected with accurate representation of programs and policies, with concepts of institutional autonomy, and with the capacity to make decisions with little undue influence from society. Now organizational integrity is vastly more complicated, with as many issues related to relationships among internal constituencies as to relationships with broader communities of interest. Maintenance of integrity is more than just following the advice of legal counsel, although increasingly that voice must be heard. Essentially, an organization's definition of integrity must be shaped by the values it affirms for itself as it defines its roles with its multiple constituencies.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The activities of the organization are congruent with its mission.*
- *The board exercises its responsibility to the public to ensure that the organization operates legally, responsibly, and with fiscal honesty.*
- *The organization understands and abides by local, state, and federal laws and regulations applicable to it (or by laws and regulations established by federally recognized sovereign entities).*
- *The organization consistently implements clear and fair policies regarding the rights and responsibilities of each of its internal constituencies.*
- *The organization's structures and processes allow it to ensure the integrity of its cocurricular and auxiliary activities.*
- *The organization deals fairly with its external constituents.*
- *The organization presents itself accurately and honestly to the public.*
- *The organization documents timely response to complaints and grievances, particularly those of students.*

Criterion Two: Preparing for the Future

The organization's allocation of resources and its processes for evaluation and planning demonstrate its capacity to fulfill its mission, improve the quality of its education, and respond to future challenges and opportunities.

The last decade of the twentieth century demonstrated that no college or university can prepare for the future by simply trying to continue the actions of the past. Technology, particularly through massive and powerful networks created by the Internet, has fundamentally transformed the processing of information and, therefore, the creation and transmission of knowledge. Globalization has affected not just multinational corporations, but also—through new trade agreements—fundamental economic realities in every nation. At least in the United States, global economic competitiveness rapidly moved from manufacturing to knowledge and “knowledge workers.” Major demographic shifts are occurring in the United States that may very well change the makeup of every student body.

The accreditation process has always been understood to say something about the future of the accredited organization. In the past, the affirmation of an organization's future rested heavily on judgments about how the

organization had handled change in the past and on the health of planning processes. Criterion Two continues to weigh those variables but adds significantly to what is understood to be the challenge of confronting the future in this new century.

Criterion Two: Core Component 2a

The organization realistically prepares for a future shaped by multiple societal and economic trends.

Fundamental to preparing for the future is an inventory of the trends that will create multiple new contexts for the organization. Some of the trends will inevitably shape aspects of the organization; others may not. Change often opens new opportunities and closes old ones. In creating its preferred future, an organization must also attend to its history and heritage and to its resource capacity as it determines which new opportunities to grasp. In identifying the trends and understanding which trends will require organizational attention, an organization displays its ability to prepare realistically for its future.

While many organizations providing quality higher learning are finding ways to be more nimble and responsive, the predominant culture of colleges and universities has involved careful study and limited risk-taking. In fact, the expectation has been that shared governance, for example, will serve as a check and balance to ensure academic integrity. The effect of shared governance can change if the total organization values innovation, experimentation, and risk-taking. However, even the most entrepreneurial college knows that there are boundaries to what it can and should attempt. The organization defines clearly how its goals are set by recognizing and honoring those boundaries.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization's planning documents reflect a sound understanding of the organization's current capacity.*
- *The organization's planning documents demonstrate that attention is being paid to emerging factors such as technology, demographic shifts, and globalization.*
- *The organization's planning documents show careful attention to the organization's function in a multicultural society.*
- *The organization's planning processes include effective environmental scanning.*
- *The organizational environment is supportive of innovation and change.*
- *The organization incorporates in its planning those aspects of its history and heritage that it wishes to preserve and continue.*
- *The organization clearly identifies authority for decision making about organizational goals.*

Criterion Two: Core Component 2b

The organization's resource base supports its educational programs and its plans for maintaining and strengthening their quality in the future.

An organization's resource base includes human resources as well as financial and physical assets. One test of the realism of an organization's preparation for the future is its capacity to make a valid assessment of the strength of its existing resources. Particularly in this time of straitened finances, most colleges and universities are discovering that they cannot maintain the quality of all educational offerings, but must instead make very difficult decisions about how to delete or merge programs or find partners to share costs. Realistic plans, therefore, will inevitably include a variety of shifts in the organization's educational programming, but all plans must evidence concern with ensuring the quality of those programs, whether continuing or new, and their consistency with the mission.

It is a fundamental premise that every affiliated organization wants to provide the best education it can. To be able to do this, the organization must know what it does well and create strategies to continue that excellence even as it focuses on improving programs that do not meet the standard the organization has set for itself. Improvement might be as simple as experimenting with a different pedagogy, or it might require significant investment in personnel and learning support.

Some organizations may face a future of substantial change—creating new delivery systems, moving to higher degree levels, establishing new instructional sites, recruiting and admitting new student bodies, for example. Some changes will be made to enhance the organization’s financial health, some to be responsive to new educational markets, and others because a profession has changed expectations for the entry-level credential necessary for licensure. How well the organization understands the relationship between its resource base and those changes is also a test of commitment to educational quality.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization’s resources are adequate for achievement of the educational quality it claims to provide.*
- *Plans for resource development and allocation document an organizational commitment to supporting and strengthening the quality of the education it provides.*
- *The organization uses its human resources effectively.*
- *The organization intentionally develops its human resources to meet future changes.*
- *The organization’s history of financial resource development and investment documents a forward-looking concern for ensuring educational quality (e.g., investments in faculty development, technology, learning support services, new or renovated facilities).*
- *The organization’s planning processes are flexible enough to respond to unanticipated needs for program reallocation, downsizing, or growth.*
- *The organization has a history of achieving its planning goals.*

Criterion Two: Core Component 2c

The organization’s ongoing evaluation and assessment processes provide reliable evidence of institutional effectiveness that clearly informs strategies for continuous improvement.

Every organization of higher learning generates data and information. Participation in financial aid programs inevitably requires reporting a considerable amount of data. Evaluation, however, is the effort by the people within the organization to make sense of those data. Some organizations have institutional research offices that both gather and interpret data routinely; the test of their effectiveness is whether their work provides a reliable overview of performance and informs planning and budgeting processes. Other organizations may take a much less formal and consistent approach to evaluation and assessment, making more challenging the task of connecting the processes to one another and to overall planning initiatives. These organizations should determine whether their approaches should be more formal and regular or whether they actually provide sufficient evidence about performance to inform sound planning.

An organization affiliated with the Commission should desire to create a future in which it continuously performs better than it has in the past. Without stated goals for its own performance, an organization does not know what it is supposed to achieve. Without dependable and ongoing systems of self-evaluation, an organization is hard-pressed to know what it needs to improve. This basic need to create a culture of evidence has led some organizations to implement quality improvement principles. A Baldrige Award is now tailored to higher education. The Commission’s Academic Quality Improvement Program (AQIP) option recognizes the connection between accreditation and continuous quality improvement. But an organization need not pursue either in order to appreciate the importance of having dependable data to evaluate performance and create strategies for improvement.

Again, it is worth noting that evaluation and assessment processes create data, but it is the interpretation of those data that creates reliable evidence. Data can be interpreted in a variety of ways, depending on the conceptual framework (or at times, the political agenda) brought to the task. Therefore, effective processes make the interpretation of data and information explicit, accurate, and clear.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization demonstrates that its evaluation processes provide evidence that its performance meets its stated expectations for institutional effectiveness.*
- *The organization maintains effective systems for collecting, analyzing, and using organizational information.*
- *Appropriate data and feedback loops are available and used throughout the organization to support continuous improvement.*
- *Periodic reviews of academic and administrative subunits contribute to improvement of the organization.*
- *The organization provides adequate support for its evaluation and assessment processes.*

Criterion Two: Core Component 2d

All levels of planning align with the organization's mission, thereby enhancing its capacity to fulfill that mission.

In most organizations, various kinds of planning take place simultaneously. Perhaps the chief executive officer has an organization-wide planning effort that results in a document adopted by the board and published in the organization's annual report to constituencies. Within such an organization, academic departments or schools may also create plans. Administrative-function areas usually do their own planning as well. Operational planning and strategic planning are not designed to achieve the same goals, but unless they are informed by a common understanding of the organization's mission, they run the risk of allowing areas to function at cross-purposes. Therefore, successful organizations not only endeavor to create tangible links among these processes, but also insist on grounding all planning in the organization's mission documents.

The Commission understands that successful planning can result from many different processes. But planning processes disconnected from budgeting processes will doom even the most inclusive and engaging planning effort. Without access to the resources—physical, financial, and human—supported through budget allocations, even the best-laid plans developed to strengthen capacity to fulfill the organization's mission will come to naught.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *Coordinated planning processes center on the mission documents that define vision, values, goals, and strategic priorities for the organization.*
- *Planning processes link with budgeting processes.*
- *Implementation of the organization's planning is evident in its operations.*
- *Long-range strategic planning processes allow for reprioritization of goals when necessary because of changing environments.*
- *Planning documents give evidence of the organization's awareness of the relationships among educational quality, student learning, and the diverse, complex, global, and technological world in which the organization and its students exist.*
- *Planning processes involve internal constituents and, where appropriate, external constituents.*

Criterion Three: Student Learning and Effective Teaching

The organization provides evidence of student learning and teaching effectiveness that demonstrates it is fulfilling its educational mission.

Although the next three Criteria are presented separately, they are rooted in the historic understanding of the roles of universities in society—teaching, research, and service. That understanding has been recast to fit organizations of higher learning in the twenty-first century. The reconceptualization of this historic mission emerged from the

Kellogg Commission on the Future of State and Land-Grant Universities (March 2000). Several colleges and universities have come to appreciate the power of recasting an old mission to fit new and changing needs.

In new Criterion Three, the Commission does not replace teaching with learning because the two are powerfully intertwined. However, it makes clear that teaching that does not lead to student learning cannot be called effective. In short, the test of teaching is the learning achieved by students.

The wording of the Criterion makes an important shift from emphasizing process to emphasizing evaluation of evidence. Moreover, the evidence needs to show that results of the learning and teaching are directly related to the educational mission stated by the organization.

Criterion Three: Core Component 3a

The organization's goals for student learning outcomes are clearly stated for each educational program and make effective assessment possible.

► See Section 3.4
for the Statement on
Assessment of
Student Learning

In crafting this Core Component, the Commission unambiguously embedded into its accreditation program its decade-long program to challenge affiliated organizations to create a culture of assessment. An organization needs to be accountable to itself and to its constituencies, to be clear about what it intends students to know and to do, and to find ways of learning whether, as a result of the education provided, students actually know and can do. The culture of assessment ought to extend to all education and training provided by the organization, not simply to the degree programs it offers. The Commission's ongoing commitment to this work is explained in its **Statement on Assessment of Student Learning**.

Learning occurs in a variety of settings and at various stages of life. Significance should be placed on evidence that is provided to show what a student has learned and what he/she can do because of the learning. Such an understanding provides a framework in which a variety of learning experiences—such as compressed or accelerated degree programs, learning in asynchronous settings, and engaging in reflected learning—can be evaluated. In particular, the Commission expects institutions offering courses in accelerated, asynchronous, or other nontraditional formats to be especially diligent in documenting that students achieve the mastery of skills, competencies, and knowledge expected in established courses or traditional curricula or in keeping with predetermined learning outcomes.

Regardless of the circumstance, the credit hour remains an important means of quantifying study and learning and a mechanism by which institutions accept completed courses in transfer or assess and recognize prior learning. Higher education today requires new approaches to the way credit hours are assigned and awarded. The traditional Carnegie formula based heavily on the amount of seat time associated with a purported learning experience does not address current learning situations. How much students study inside or outside of formal classes, expectations associated with the course, student preparation, cogency of the learning experience, and pedagogical methods all contribute to the significance of a learning experience. Therefore, the Commission does not expect every institution to follow the traditional Carnegie formula, but it does require institutions that base their credit hour assignments on other factors to have policies that explain and justify how they consistently reach sound decisions about how to recognize college learning.

Assessment of student learning is a process, and the process must have results foundational to the education of students.

- The results should testify to achievement of stated goals for learning.
- The results should enable the organization to strengthen and improve the capacity for student learning.
- The results should have credibility with the faculty responsible for creating effective learning environments.
- The results should have such credibility that they shape budgeting and planning priorities.

While the Core Component identifies the outcomes of strong assessment, the proposed evidence includes tested best practices in assessment as a means to achieve those outcomes.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization clearly differentiates its learning goals for undergraduate, graduate, and post-baccalaureate programs by identifying the expected learning outcomes for each.*
- *Assessment of student learning provides evidence at multiple levels: course, program, and institutional.*
- *Assessment of student learning includes multiple direct and indirect measures of student learning.*
- *Results obtained through assessment of student learning are available to appropriate constituencies, including students themselves.*
- *The organization integrates into its processes for assessment of student learning and uses the data reported for purposes of external accountability (e.g., graduation rates, passage rates on licensing exams; placement rates; transfer rates).*
- *The organization's assessment of student learning extends to all educational offerings, including credit and noncredit certificate programs.*
- *Faculty are involved in defining expected student learning outcomes and creating the strategies to determine whether those outcomes are achieved.*
- *Faculty and administrators routinely review the effectiveness of the organization's program to assess student learning.*

Criterion Three: Core Component 3b

The organization values and supports effective teaching.

Some have argued that the Commission should focus only on learning in these new Criteria. Unless learning is achieved, according to this view, we should not care about teaching. Others argue that all colleges and universities must shift from the view that they exist for teaching to the view that they exist for learning. But the fact is that whether or not the emphasis of teaching shifts from delivering information to supporting students in creating knowledge from information gleaned from multiple sources, teaching must be done.

The narrow definition of teaching as essentially giving lectures and grading exams misrepresents the multifaceted work that goes into effective teaching. Organizations providing higher learning must have qualified faculties—people who by formal education or tested experience know what students must learn—who create the curricular pathways through which students gain the competencies and skills they need. Effective faculty members understand that students learn in very different ways. The organization encourages and supports their efforts to respond to diverse learning needs.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *Qualified faculty determine curricular content and strategies for instruction.*
- *The organization supports professional development designed to facilitate teaching suited to varied learning environments.*
- *The organization evaluates teaching and recognizes effective teaching.*
- *The organization provides services to support improved pedagogies.*
- *The organization demonstrates openness to innovative practices that enhance learning.*
- *The organization supports faculty in keeping abreast of the research on teaching and learning, and of technological advances that can positively affect student learning and the delivery of instruction.*
- *Faculty members actively participate in professional organizations relevant to the disciplines they teach.*

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for the Statement of Commitment by Regional Accrediting Associations for the Evaluation of Electronically Offered Degree and Certificate Programs and Best Practices for Electronically Offered Degree and Certificate Programs

Criterion Three: Core Component 3c

The organization creates effective learning environments.

Colleges have created multiple learning environments, perhaps without being conscious of the pedagogical rationales behind them. Many graduate and upper-division courses have long used seminar formats instead of lectures, but now students of the freshman-year experience propose that freshman seminars might help student success and retention. Faculty–student research, once the purview of graduate education, now marks much undergraduate education. Internships and applied courses basic to good vocational education are now seen to be excellent ways for students to learn in the humanities and social sciences. Study abroad is a very specific learning environment. So too are new computer-based learning labs.

Research about factors that contribute to effective student learning can no longer be ignored. How students interact with other students is often as important as how they interact with faculty, but effective interaction is essential. Mentoring and advising, once thought to be primarily a faculty task, may now be found throughout an organization, particularly in the student services area. All these variables contribute to learning environments, electronic as well as face-to-face. Faculty members are coming to appreciate how they contribute to these environments, fully understanding that the classroom experience is only one part of any learning environment.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- Assessment results inform improvements in curriculum, pedagogy, instructional resources, and student services.
- The organization provides an environment that supports all learners and respects the diversity they bring.
- Advising systems focus on student learning, including the mastery of skills required for academic success.
- Student development programs support learning throughout the student's experience regardless of the location of the student.
- The organization employs, when appropriate, new technologies that enhance effective learning environments for students.
- The organization's systems of quality assurance include regular review of whether its educational strategies, activities, processes, and technologies enhance student learning.

Criterion Three: Core Component 3d

The organization's learning resources support student learning and effective teaching.

It was not that long ago that accreditation was understood to focus rather heavily on resources in the library. Accrediting teams counted staff members and the square footage allocated to the library and to book inventories. Unless libraries are used and valued by students and faculty, their impact on learning is small. In short, a library—or a learning resource center—exists to support learning and teaching. To make learning resources an integral part of a student's education, an organization will have to invest in appropriate materials and equipment and provide the staff that can maintain these resources, train students in their use, and provide assistance when it is needed. Colleges and universities should enter into formal agreements with other organizations upon whose learning resources their students depend.

Libraries are just one of many resources needed to support learning. Science education requires laboratories; arts education requires studios and performance space; and many programs require sites at which students can practice their professions under supervision. Increasingly, organizations cannot own all of these resources. They find ways to share them, or they discover that technology provides access unimaginable barely ten years ago. The test for accreditation is no longer ownership. Instead, it evaluates the organization's understanding of what resources are needed for effective learning and teaching and its creative ways of linking faculty and students to the resources and making sure they are used. Consequently, it is critical for colleges and universities to assess actual student use of equipment, materials, and media, collecting evidence that something worthwhile is happening to students

because learning resources exist. Each organization must determine how, where, and in what form to collect this information, and the effective use of the information to improve learning resources depends on an organization's traditions, structure, orientation, and particular situation.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization ensures access to the resources (such as research laboratories, libraries, performance spaces, clinical practice sites) necessary to support learning and teaching.*
- *The organization evaluates the use of its learning resources to enhance student learning and effective teaching.*
- *The organization regularly assesses the effectiveness of its learning resources to support learning and teaching.*
- *The organization supports students, staff, and faculty in using technology effectively.*
- *The organization provides effective staffing and support for its learning resources.*
- *The organization's systems and structures enable partnerships and innovations that enhance student learning and strengthen teaching effectiveness.*
- *Budgeting priorities reflect that improvement in teaching and learning is a core value of the organization.*

Criterion Four: Acquisition, Discovery, and Application of Knowledge

The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.

What separates an organization of higher learning from a postsecondary training institute? Interestingly enough, it is not the range and types of educational programs offered, nor the duration of those programs. When one compares the educational pathways of students attending an excellent technical institute with those of students in community colleges and comprehensive universities, one finds remarkable similarities in the skills the programs are meant to develop.

An organization of higher learning, while sharing the same commitment to providing education that is relevant and practical, has a broader perspective on what it means to be an educated person. That is, although it sees a student as a potential skilled employee, it values even more helping that student become an independently creative person, an informed and dependable citizen, and a socially aware and responsible individual. An organization of higher learning sets goals for learning and behavior relevant to these multiple and vitally important needs.

Throughout its history, the Commission has acknowledged the unique nature of graduate education under the broader umbrella of higher education. The Commission recognizes the changing nature of graduate education and, therefore, the need for organizations offering graduate-level education to be clear about the abilities and learning they expect from students who complete their programs. Graduate-level learning activities are more focused in content and purpose and more intellectually demanding than undergraduate education; faculty and students engage in scholarship involving research and practice as appropriate to the discipline or field; and learning activities involve frequent interactions among faculty and graduate students. Students and the public should be able to understand an organization's graduate offerings and also understand the differences between free-standing courses, certificate programs, and degree programs.

Knowledge is a powerful word, for it speaks to comprehension, application, and synthesis, not just mastery of information. Computers may have introduced the Information Age, but in a short time our definitional language for this new era began to include the term *knowledge worker*. The shift is as important as it is misunderstood.

The knowledge worker will be technologically literate, to be sure, but what is valued is the knowledge worker's capacity to sift and winnow massive amounts of information in order to discover or create new or better understandings of ourselves and the world we live in.

Criterion Four: Core Component 4a

The organization demonstrates, through the actions of its board, administrators, students, faculty, and staff, that it values a life of learning.

In the first Criterion, the Commission sets the expectation that an organization's mission documents include commitments to excellence in higher learning. With this Core Component, the Commission seeks evidence to document that the organization is living up to those commitments.

Excellence in higher learning presupposes that colleges and universities are committed to helping students become educated people capable of a life of learning. Yet students are not the sole constituency of an accredited organization. Faculty and administrators not only nourish the intellectual growth of students; they also model for each other, for students, and for other constituencies of the organization the transformational power of a life of continuous learning.

At a time when colleges and universities are too often known more for their athletes than for their scholars, the organization seeking affiliation with the Commission makes clear that its educational priorities have to do with acquisition, discovery, and application of knowledge.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization's planning and pattern of financial allocation demonstrate that it values and promotes a life of learning for its students, faculty, and staff.*
- *The board has approved and disseminated statements supporting freedom of inquiry for the organization's students, faculty, and staff, and honors those statements in its practices.*
- *The organization supports professional development opportunities and makes them available to all of its administrators, faculty, and staff.*
- *The organization publicly acknowledges the achievements of students and faculty in acquiring, discovering, and applying knowledge.*
- *The faculty and students, in keeping with the organization's mission, produce scholarship and create knowledge through basic and applied research.*
- *The organization and its units use scholarship and research to stimulate organizational and educational improvements.*

Criterion Four: Core Component 4b

The organization demonstrates that acquisition of a breadth of knowledge and skills and the exercise of intellectual inquiry are integral to its educational programs.

U.S. higher education is known for its long-standing commitment to breadth of learning within its undergraduate degree programs. A baccalaureate degree, for example, represents more than the successful accumulation of a specific number of credits; it has always testified to an understood balance within those credits between studies related to a specific field and studies meant to provide a breadth of learning appropriate to the degree designation. *General education* and *liberal studies* are the terms usually applied to studies meant to provide breadth of learning. Over the years, an orthodoxy has developed about what general education should look like and who should provide it.

With this Core Component, the Commission honors these commitments even as it recasts somewhat the understanding about how organizations might implement them. The Commission has articulated its reasons for this in its **Statement on General Education**.

► **See Section 3.4**
for the Statement on
General Education

By its very title, this Criterion is about the skills and attitudes an educated person should possess, not about the specific curricular pathway assumed to contribute to that development. Moreover, it makes explicit a new premise for accreditation: the educated person understands that learning will continue throughout life. To learn throughout life, people need to master fundamental skills of intellectual inquiry, and they should master those skills through excellent undergraduate education.

Recently, some scholars have commented on the detrimental effect of increased specialization at the graduate level. Although not quite advocating general education for graduate students, their critiques illustrate the idea that college and university faculties committed to quality higher learning ought to ensure that students at all levels master the skills requisite to being creative and independent learners throughout their lives. Responsibility for quality graduate education is best exercised by faculty members who possess terminal degrees appropriate to the discipline their students are pursuing and who, through a graduate governance structure, provide effective review of the rigor, coherence, and currency of the organization's graduate offerings.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization integrates general education into all of its undergraduate degree programs through curricular and experiential offerings intentionally created to develop the attitudes and skills requisite for a life of learning in a diverse society.*
- *The organization regularly reviews the relationship between its mission and values and the effectiveness of its general education.*
- *The organization assesses how effectively its graduate programs establish a knowledge base on which students develop depth of expertise.*
- *The organization demonstrates the linkages between curricular and cocurricular activities that support inquiry, practice, creativity, and social responsibility.*
- *Learning outcomes demonstrate that graduates have achieved breadth of knowledge and skills and the capacity to exercise intellectual inquiry.*
- *Learning outcomes demonstrate effective preparation for continued learning.*

Criterion Four: Core Component 4c

The organization assesses the usefulness of its curricula to students who will live and work in a global, diverse, and technological society.

Once academics argued that higher learning focused on the life of the mind and professional training focused on the life of work. The dichotomy was never that simple in many professions, and it is misleading in the twenty-first century. It is perhaps that dichotomy that makes the phrase *knowledge worker* jarring to the ears of many academics. However, the juxtaposition of those two words says something important to the academy and to students.

Core Component 4c speaks most directly to those responsible for creating curricula—the faculty. Faculty members have long believed that excellent teaching requires being current with the scholarship in the discipline. Now the Commission proposes that faculties would be well-served to hear other voices as they create and revise courses and programs for students. It is easy to identify employers as one set of voices that needs to be heard. Alumni who are building careers might provide excellent advice about the fit between the curriculum and the work world. Leaders from business and industry provide important insights into the changing environments they experience and, consequently, that they think well-educated people should understand.

It is a given that the academy needs to retain control over the education it provides. Increasingly, however, it is obvious that the academy can learn from others, and that learning can influence how educational pathways are structured for the benefit of students.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *Regular academic program reviews include attention to currency and relevance of courses and programs.*
- *In keeping with its mission, learning goals and outcomes include skills and professional competence essential to a diverse workforce.*
- *Learning outcomes document that graduates have gained the skills and knowledge they need to function in diverse local, national, and global societies.*
- *Curricular evaluation involves alumni, employers, and other external constituents who understand the relationships among the course of study, the currency of the curriculum, and the utility of the knowledge and skills gained.*
- *The organization supports creation and use of scholarship by students in keeping with its mission.*
- *Faculty expects students to master the knowledge and skills necessary for independent learning in programs of applied practice.*
- *The organization provides curricular and cocurricular opportunities that promote social responsibility.*

Criterion Four: Core Component 4d

The organization provides support to ensure that faculty, students, and staff acquire, discover, and apply knowledge responsibly.

Support in this Core Component is partly about financial support. Because it refers to the supportive nature of the environment created by the whole organization, it identifies student services and academic support services as essential to that environment. Supporting these services so that they can be as vital as possible involves commitment of funds.

Support has broader meanings worth considering as well. A supportive environment is provided by an organization when it foresees the ethical and moral implications of various approaches to acquiring, discovering, and applying knowledge. For example, it can use an effectively administered honor code to help students understand the concept of responsible use of knowledge. It can pay closer attention to the integrity of research and writing done by faculty. It can require institution-wide discussions about good practices in research on animal and human subjects. It can engage students and faculty in seminal discussions about the social responsibility of the academy itself.

The organization should model responsible use of knowledge. Two clichés come to mind: “walk the talk” and “practice what you preach.” That is, if the organization expects students, faculty, and staff to be responsible with knowledge, then the organization needs to be responsible in how it treats creation and application of knowledge. What message is sent about responsible ways to discover knowledge when research assistants receive no credit for the final outcome of a major research project? When published research fails to identify its sponsorship by organizations with a vested interest in the results, what does this teach about applying knowledge responsibly? These are two of many questions with no easy answers, but an organization’s policies and procedures indicate whether they have been asked and answered. An organization that compromises on its own integrity, whether it intends to or not, teaches all its constituencies a bad lesson.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization’s academic and student support programs contribute to the development of student skills and attitudes fundamental to responsible use of knowledge.*
- *The organization follows explicit policies and procedures to ensure ethical conduct in its research and instructional activities.*
- *The organization encourages curricular and cocurricular activities that relate responsible use of knowledge to practicing social responsibility.*
- *The organization provides effective oversight and support services to ensure the integrity of research and practice conducted by its faculty and students.*
- *The organization creates, disseminates, and enforces clear policies on practices involving intellectual property rights.*

Criterion Five: Engagement and Service

As called for by its mission, the organization identifies its constituencies and serves them in ways both value.

This Criterion can too readily be understood in the functional context of many organizations of higher learning: It must be about the extension program or the continuing education wing or the customized training department. It is, to be sure, about these components, but the Commission's interest in engagement is much broader. Attention to engagement is woven throughout these Criteria, for it constitutes a basic understanding that an organization affiliated with the Commission cares deeply about how its work intersects with the lives of individuals on and off campus and with local, national, and global organizations. The Commission's interest is directly related to its mission: "serving the common good by assuring and advancing the quality of higher learning."

Although some contemporary political thinking might hold that higher education is a private rather than a public good, the Commission continues to believe that higher education is an asset of incalculable worth to society as well as to individuals. Whether students attend public, private, or proprietary colleges and universities, they move into a society that expects to benefit from the learning achieved, from the knowledge created, and from the values of social responsibility inculcated. If colleges and universities have erred in the past half century, it has been in marginalizing the importance of their engagement in serving the common good.

The academy is being buffeted by social and economic changes beyond its control. It is asked to understand and respond to those changes. This Criterion posits that effective engagement with society is a dialogue that involves the organization at multiple points and levels. Moreover, it posits that services considered by all to be valuable and beneficial constitute evidence of effective engagement.

In the first Criterion, the Commission calls for an organization to make explicit how it defines its constituencies and the service it intends to provide them. This fifth Criterion repeats that call but asks for evidence that the organization lives up to its mission.

Criterion Five: Core Component 5a

The organization learns from the constituencies it serves and analyzes its capacity to serve their needs and expectations.

There is an expectation in this Core Component that an organization affiliated with the Commission will be proactive in relations with its constituencies. Assuming that the organization has a clear sense of who constitutes its constituencies, this proposes that an engaged institution tries to listen to them to discern their educational needs. This Core Component deliberately did not use the words "the organization identifies the needs of its constituents." Engagement involves an interaction that leads to results of mutual benefit.

Effective engagement also requires careful consideration of whether and how the organization can—or should—meet all the expectations. The hard fact is that many organizations lack the capacity to respond to every educational need around them. Not every need, therefore, is automatically an opportunity to be grasped. There are times that organizational mission alone precludes a positive response. More often, the organization needs to be clear about whether it can fulfill the need or should offer to find other organizations better equipped to respond. Usually it is not hard for an organization that is eager to serve to identify unmet educational needs. But the organization should be clear about whether those needs come from its clearly identified constituency and, if so, whether the organization can reasonably meet them.

Many colleges and universities have created distinct administrative or educational units to respond to external constituency needs. At the very least, such organizations need to evaluate the effectiveness of those units both in identifying the appropriate needs and in creating and delivering training and education to meet them.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization's commitments are shaped by its mission and its capacity to support those commitments.*
- *The organization practices periodic environmental scanning to understand the changing needs of its constituencies and their communities.*
- *The organization demonstrates attention to the diversity of the constituencies it serves.*
- *The organization's outreach programs respond to identified community needs.*
- *In responding to external constituencies, the organization is well-served by programs such as continuing education, outreach, customized training, and extension services.*

Criterion Five: Core Component 5b

The organization has the capacity and the commitment to engage with its identified constituencies and communities.

It is worth noting that capacity appears in two of the Core Components for this Criterion. Over the last thirty years, many organizations accredited by the Commission have moved their educational offerings off campus into high schools, learning centers, shopping malls, branch campuses, and other locations. In so doing, they have dramatically increased access to higher education. Capacity can be a real challenge to being responsive, no matter how strong the commitment. Some colleges clearly have capacity but have no strong overarching organizational commitment that enables them to make use of it.

An effective college or university is able to define its primary constituents and communities. For many, geography essentially defines both. For others, both are defined more by shared beliefs. Some more specialized colleges serve both a professional community and a specific business or industry. In an era of intense competition for students and finances, constituencies and communities of service can become extraordinarily fluid. Community colleges, once clear about who their constituents were, now use the Internet to identify constituents in a global rather than local community. Several liberal arts colleges continue to have small residential campuses but have hundreds or thousands of students enrolled in their programs in foreign countries. Regional public universities use technology to expand their constituencies to include many outside the region and the state. The risk of such fluid definitions of constituencies is that none might be served adequately.

A connected organization strives to serve constituencies by creating connections among them as well. Service learning programs, for example, now appear on many campuses. Faculty, students, and external constituencies of the college collaborate in creating activities directly connecting student learning with serving community needs.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization's structures and processes enable effective connections with its communities.*
- *The organization's cocurricular activities engage students, staff, administrators, and faculty with external communities.*
- *The organization's educational programs connect students with external communities.*
- *The organization's resources—physical, financial, and human—support effective programs of engagement and service.*
- *Planning processes project ongoing engagement and service.*

Criterion Five: Core Component 5c

The organization demonstrates its responsiveness to those constituencies that depend on it for service.

For the most part, it is the college or university, not the Commission, that determines its constituencies. But organizations of higher learning must accept some constituencies as theirs, and recognize that they have a responsibility

toward these constituencies. Perhaps the constituencies most talked about are elementary and secondary education systems. From those systems come students for our colleges and universities; from our colleges and universities come the teachers for those systems. More and more high school graduates believe that college is necessary for their future success, and increasing numbers of them matriculate. The lack of fit is evident as developmental courses balloon in numbers and enrollments and as course and degree completion rates stagnate. Responsibility for this must be shared, and many colleges are helping high schools in their region bring their students to mutually accepted standards of performance.

In many rural sections of the North Central region, communities have come to depend on a single college, or two or three reasonably closely located institutions, for educational services. The willingness of those institutions to collaborate to create seamless pathways for many kinds of learners is strong evidence of engagement and service. Sometimes the collaboration must involve local business or industry as the best partner, while at other times the most effective partner could be a college hundreds of miles away that is willing to collaborate in creating programs needed by the community. Participating in the creation of multiorganizational higher learning centers is a good example of responding to educational needs by drawing on the strengths of several different colleges and universities.

In our urban areas, many colleges find their constituencies shifting simply because the demographics of the local population shifts. Suddenly there might be a major demand for educational services that, by mission and commitment, they want to provide, but that they are ill-equipped to handle. It is a testimony to engagement when such colleges show creativity in effectively compensating for their lack of preparedness.

The Commission does not dictate organizational policies and procedures for accepting transfer credits, but it holds that good practice requires the consideration of more than the source of the accreditation of a sending program or institution. The team will review the organization's transfer of credit policies as a part of its visit. The Commission encourages organizations to review transfer policies and procedures periodically to ensure clarity for those who administer them, for the students who follow them, and for employers and other stakeholders who refer to them, as well as the consistency of their interpretation and application throughout the institution. The organization should also consider whether its policies and procedures are responsive to new types of learning opportunities outside institutions of higher education.

▶ Visit our Web site

for a statement of
Good Practice on Transfer

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- Collaborative ventures exist with other higher learning organizations and education sectors (e.g., K-12 partnerships, articulation arrangements, 2+2 programs).
- The organization's transfer policies and practices create an environment supportive of the mobility of learners.
- Community leaders testify to the usefulness of the organization's programs of engagement.
- The organization's programs of engagement give evidence of building effective bridges among diverse communities.
- The organization participates in partnerships focused on shared educational, economic, and social goals.
- The organization's partnerships and contractual arrangements uphold the organization's integrity.

Criterion Five: Core Component 5d

Internal and external constituencies value the services the organization provides.

This Core Component calls for evaluation, but it sets the measure of usefulness and effectiveness of service as the value external and internal constituencies find in it. Perhaps being able to attend an organization's theater productions or to participate in forums and workshops on health care, child care, gerontology, tax filing, drug dependency, and welfare benefits are of value to members of the community. Moreover, the organization or members in it should also find value in extending these opportunities. While the numbers of partners might testify to the value the external community places in an organization's service learning programs, it is important to know whether students and faculty value the learning achieved through those programs. Sometimes the measures of values differ.

For example, professionals will value a program to gain license-mandated CEUs; the organization may value the income derived from providing the program.

At the center of this Criterion and this Core Component is the expectation that organizations affiliated with the Commission take seriously their unique role in providing services to their communities of interest. As important and common as they may be, blood drives, participation in the United Way, and voter registration programs are evidence of service, but may lack the sense of engagement. Because the Commission accredits such a breadth of organizations and because those organizations have exceptionally different constituencies to serve, there cannot be an expectation that all will provide similar services. A comprehensive community college, for example, may offer many customized training programs; a selective liberal arts college may provide a strong alumni educational program; and a specialized school of applied health may connect with public clinics.

Examples of Evidence

As it defines and interprets evidence related to this Core Component, an organization may wish to consider the following Examples of Evidence.

- *The organization's evaluation of services involves the constituencies served.*
- *Service programs and student, faculty, and staff volunteer activities are well-received by the communities served.*
- *The organization's economic and workforce development activities are sought after and valued by civic and business leaders.*
- *External constituents participate in the organization's activities and cocurricular programs open to the public.*
- *The organization's facilities are available to and used by the community.*
- *The organization provides programs to meet the continuing education needs of licensed professionals in its community.*





Exploring the Usefulness of Cross-Cutting Themes as Context for Evaluation

Criterion One

Mission and Integrity

The organization operates with integrity to ensure the fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff, and students.

Criterion Two

Preparing for the Future

The organization's allocation of resources and its processes for evaluation and planning demonstrate its capacity to fulfill its mission, improve the quality of its education, and respond to future challenges and opportunities.

Criterion Three

Student Learning and Effective Teaching

The organization provides evidence of student learning and teaching effectiveness that demonstrates it is fulfilling its educational mission.

Criterion Four

Acquisition, Discovery, and Application of Knowledge

The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.

Criterion Five

Engagement and Service

As called for by its mission, the organization identifies its constituencies and serves them in ways both value.

► **See Section 3.1**
for the Criteria,
the Core Components,
and the Examples of Evidence

In June 2001, the Board of Trustees initiated a process through which the Commission could create new accrediting standards for the twenty-first century. The standards were to apply only to organizations of higher learning legally authorized to grant higher education degrees. They were to engage those organizations in significant conversations about their commitment and capacity to maintain integrity and quality in an uncertain future. One focal point of the dialogue had to be about the learning their students achieved. Beyond these stipulations, the Board asked only that the process engage large numbers of constituents, that it be iterative, and that the integrity of the process make credible the new standards formed through it.

An invited group framed the architecture of the new Criteria for Accreditation. The content of the new standards was shaped and reshaped at four regional meetings early in the process and four regional meetings near the end of the process. Six electronic work groups contributed seminal ideas on how to address organizational governance, finance, technology and learning, general education in contemporary undergraduate education, diversity, and institutional mission in relationship to the common good. The Board and staff responded to and contributed to the formation of the standards at each new iteration. The existing five Criteria, each with a relatively short list of patterns of evidence, evolved into five new Criteria, each with at least four Core Components that serve as major organizational tools for the lengthy list of Examples of Evidence appropriate to each new Criterion.

At first glance, it seems clear that the Commission has moved away from Criteria and General Institutional Requirements (GIRs) that emphasized institutional inputs to standards that direct the attention of evaluation to organizational effectiveness and performance. It would not be misleading to argue that this shift of emphasis is the single most important difference between the accreditation program created by the 1992 Criteria and GIRs and the program promised by the 2003 Criteria.

The observation, while true, is too simple. After all, one of the 1992 Criteria almost solely focused on an organization's accomplishment of its stated purposes, and another largely addressed planning for the future. The 2003 Criteria demand attention to resources and planning. The 2003 Criteria focus accreditation on organizational effectiveness and performance by emphasizing the actions and documentation to support an organization's case that it is effective and high performing and deserves to be accredited.

The New Criteria

The Core Components for each of these Criteria and the numerous Examples of Evidence appropriate to each highlight the breadth of the Criteria. Moreover, the dense texture of the new Criteria is in no small part a result of the overlapping evidence proposed for each Core Component. In short, each Criterion engages an organization in an evaluation of multiple but closely related matters that inevitably also touch on other Criteria.

In fact, the whole is more than the sum of the parts. Were the Criteria and Core Components viewed and implemented as independent and only loosely related standards, their real potential might be muted. During the process of forming the new Criteria, participants tended to want clear distinctions between and among them. Some groups devoted as much time to the "title" of a Criterion as to its content, confident that a specific title would make the Criterion clearly distinct from the others. Differentiation was important to everyone. Yet despite those efforts, the new Criteria are holistic and integrated.

Several overarching and fundamental themes are evident in the new Criteria. By identifying them, the Commission

- Highlights primary attributes of effective and high-performing organizations valued by the Commission
- Establishes broad benchmarks for evaluating the interpretation and application of the new Criteria
- Indicates the interrelatedness of the Criteria
- Suggests an organizational schema that could inform self-study processes and give structure to self-study reports

There may be other overarching themes, but the four are unmistakable, are directly related to goals of the project, and are in keeping with the Commission's stated mission, vision, and core values.

The Four Themes

In promulgating the new Criteria, the Commission demonstrates that it values the four themes of orientation to the future, focus on learning, connectedness (internally and externally), and distinctiveness.

The Future-Oriented Organization

- **Engages in planning.** In proving that it is future-oriented, an organization will, at a minimum, document its engagement in effective strategic planning initiatives. The new Criterion Two, Preparing for the Future, speaks most directly to the need for an organization to know itself well enough that its multiple planning efforts will result in realistic and achievable plans. The Core Components speak to planning based on effective evaluation so the organization can maintain and strengthen its quality and its educational programs, thereby enhancing its capacity to fulfill its mission in the years ahead. Such efforts are essential to the future health of the organization.
- **Is driven by the mission.** More than ever, organizations that are most successful in maneuvering through an uncertain future are committed to a vision and capable of identifying their core values. Otherwise, the availability of too many options might cause confusion or lack of direction. Competitors' success might lure an organization to wander away from its mission. Unanticipated financial downturns may threaten even the best strategic plans. The new Criterion One, Mission and Integrity, speaks to the fundamental importance of an organization's mission documents. A mission that is largely a statement or an advertising tagline and is not rooted in rich soil of vision and values can so readily be changed or broadly interpreted as to be of little use in times of rapid change. A future-oriented organization does not treat its mission so lightly.
- **Understands social and economic change.** A future-oriented organization works diligently to understand the social and economic trends that will shape society and culture in the future. Major demographic shifts are inevitably bringing about important changes in our society. Some of the most salient are immigration, the aging of the baby boomers, migration to urban centers, and increasing income disparity. Today, 70 percent of high school graduates enroll in postsecondary education. Many students will extend college over many years and will go to two or more institutions before completing their education. As more and more jobs require degrees or higher education certifications, the demand for access to higher learning will continue to grow. A future-oriented organization may see opportunities in these changes and will plan new programs or sites or collaborative relationships to respond to them. At a minimum, a future-oriented organization will carefully study the potential impact of the changes. The new Criterion Five, Engagement and Service, also calls attention to the need for a future-oriented organization to analyze its capacity to serve the needs and expectations of its constituencies experiencing change.
- **Focuses on the futures of constituents.** A future-oriented organization also attends to the futures of its constituents. The new Criterion Four, Acquisition, Discovery, and Application of Knowledge, with its emphasis on promoting a life of learning, is fundamentally about the future of the organization's constituents. It asks an organization to include in its educational priorities developing the future capacity of students to live and work in a global, diverse, and technological society, for example. A future-oriented organization also cares about the capacity of its faculty, staff, and administrators to be productive contributors to the future of the organization and its students.

- **Integrates new technology.** A future-oriented organization understands that the information revolution spawned by new technologies will continue and will move at an even faster rate. Therefore, it seeks to understand and integrate technologies into its learning environments as well as into its support systems. New Criterion Three, Student Learning and Effective Teaching, draws attention to new learning environments now possible through the use of technology. The word *technology* appears in Core Components of other Criteria as well, for it is transforming much more than just the delivery of quality education.

The Learning-Focused Organization

- **Assesses student learning.** With its new third Criterion, the Commission continues its efforts to engage the membership in effective and useful assessment of student learning. A learning-focused organization must know what it intends its students to learn and whether that learning has actually been achieved. The first Core Component embeds assessment in the Commission's accreditation standards. The Criterion also clearly signals the Commission's understanding that learners succeed in no small measure because of the quality of those who create their curricula and who teach and mentor them.
- **Supports learning.** All learning-focused organizations strive to create learning environments supportive of the multiple learning styles of their students, frequently turning to new technologies to assist in these efforts. Criterion Three draws particular attention not only to the need to attend to learning environments, but also the need to attend to services and facilities that support student learning. The learning-focused organization also supports the learning of other key constituents. As the Core Components of Criterion Four make clear, the capacity of faculty, staff, and administrators to continue learning is of great concern to a learning-focused organization.
- **Supports scholarship.** Criteria Three and Four draw attention to the fact that scholarship, in the multiple forms defined by Ernest L. Boyer (*Scholarship Reconsidered: Priorities of the Professoriate*, 1990), is the lifeblood of higher learning. Students need to understand the role and purpose of scholarship as a means of organizing and transmitting knowledge. Scholarship may involve pure or applied research engaged in by all types of students and faculties at all types of organizations. Faculties concerned about effective teaching ought to be supported in their understanding of the scholarship of teaching. Organizations that value discovery and creation of knowledge by faculty and students create environments to support research. They also integrate recognition of the accomplishments of students and faculties into the organizational culture.
- **Creates the capacity for lifelong learning.** A learning-focused organization is concerned with connections between the curricula it provides and the lives its students will pursue after they complete their courses, certificates, or degrees. For example, Criterion Four addresses the currency and relevance of the curriculum. The fit between learning and living is of central interest to any learning-focused organization. The organization may provide a rich variety of learning options, including internships, mentored research, honors programs, and service-learning, to enhance students' learning and to demonstrate the connection between the life of the mind and the life of work.
- **Strengthens organizational learning.** A learning-focused organization strengthens its own capacity to learn. An organization that lacks or fails to use multiple evaluation programs to get information essential to maintaining and strengthening quality is at risk. Criterion Two signals this vital need, particularly in its call for ongoing evaluation and assessment processes that provide reliable evidence of institutional effectiveness and inform strategies for continuous improvement. Organizational learning also requires carefully listening to multiple constituencies. Criteria One and Five draw attention to this critically important aspect of effective organizational learning. In this regard, being learning-focused is foundational to being effectively future-oriented.

The Connected Organization

- **Serves the common good.** The connected organization sees its role as serving society. Throughout these new Criteria, the Commission signals the importance of linkages between member organizations and the broader society. Criteria call on member organizations to state—in mission, vision, and values documents—the ways they mean to serve their constituents. Criterion One is clear that even the most distinctive organization still must understand that it serves the greater society.
- **Serves constituents.** The test of every good statement of intent is actual performance. While Criteria Three and Four focus primarily on internal constituencies, Criterion Five requires an accredited orga-

nization to address the multiple connections between it and the broader society. *Engagement* is not a synonym for *service*; *engagement* suggests a two-way relationship through which the organization is open to learning from those it wishes to serve. Strong mutual understanding is necessary for the many services that an accredited organization may choose to provide to be effective.

- **Creates a culture of service.** A connected organization creates and supports a culture of service. A variety of programs and volunteer and community service activities may be available for engaging students, faculty, staff, and administrators. Increasingly, organizations have sought to integrate community service into the learning opportunities they provide, expecting students and faculty to define the learning that occurred through participation in mentored activities in the community. In the very way it interacts with local, regional, state, and national organizations and issues, the organization models service for its constituencies.
- **Collaborates.** A connected organization deals effectively with seemingly competing imperatives: protecting the integrity of the organization while engaging in partnerships and collaborations that challenge some concepts of autonomy. An accredited organization must be responsible for everything that uses its name, but it also must build dependable bridges to other institutions and organizations that provide education. A connected organization understands its role in helping students create seamless learning pathways through and among these institutions and organizations. This is as true for pathways between high schools and colleges as for pathways between colleges and graduate programs. It is true for pathways from nationally accredited organizations as well as from organizations accredited by other regional associations. Increasingly, connected organizations work to diminish unnecessary educational barriers to people from other countries.
- **Engages in healthy internal communication.** Other kinds of connections are also vital to the well-being of an accredited organization. The connected organization shows that it understands that the health of connections within its community is key to its success. Effective governance and administrative structures, for example, connect multiple internal constituents in shared efforts to fulfill the organization's mission. Criterion One calls for an institution to evaluate the health and effectiveness of these connections. Criterion Two identifies a major challenge to healthy internal connections, the alignment of all levels of planning with the organization's mission.

The Distinctive Organization

- **Has an unambiguous mission.** In these new Criteria, the Commission expands its understanding of organizational mission to also include statements of vision, values, and goals. The Commission maintains its long history of evaluating an organization against its own distinctive identity and goals. A distinctive organization, therefore, knows what it is about. It can provide the public with documents that state its mission clearly. The knowledge of the mission pervades everything the organization does. Moreover, the organization understands the essential connection between operating with integrity and keeping faith with the mission. The new Criterion One most clearly lays out the absolute importance of this foundation.
- **Appreciates diversity.** The distinctive organization understands the complexity of the diverse society in which it is located, and it can identify how it responsibly responds to that society while honoring its unique mission. Whether diversity marks the classroom or the curriculum, whether learning about diversity is shaped by the students and faculty who fill the classrooms or by students' off-campus experiences, the distinctive organization serves the common good by honoring the worth of all individuals. While Criterion One identifies the importance of organizational recognition of diversity, Criterion Four identifies the direct relationship between what students learn and the diverse society in which they will live and work.
- **Is accountable.** Evaluation of actual performance is essential for an organization's case that it is, indeed, distinctive. Therefore, a distinctive organization finds ways to document how it achieves the goals embedded in its mission that are understandable and credible to internal and external constituents. Criterion One proposes that accountability and integrity are closely interwoven. Criterion Three holds that an accredited organization's goals for student learning are clearly stated and amenable to effective assessment. Criterion Five calls on organizations to document that constituencies value their services. The expectation is that a distinctive organization is willing to be accountable for fulfilling its unique mission.

- **Is self-reflective.** A distinctive organization is determinedly self-reflective. That is, the organization regularly takes time to engage its constituencies in credible self-evaluation processes. While this may be accomplished through ongoing planning processes at multiple levels, evaluation processes built into shared governance, or periodic open community meetings, a distinctive organization studies itself much more frequently than only before a comprehensive visit. Criterion One links adherence to mission and protection of integrity to conscious self-reflection. Criterion Two ties the capacity to meet the future to ongoing evaluation and assessment processes. Criterion Five proposes that quality of service is directly related to an organization's ability to learn, analyze, and evaluate capacity.
- **Is committed to improvement.** Any organization desirous of maintaining its own distinctiveness must be committed to improvement. Criterion Two explicitly links sound evaluation to continuous improvement. In establishing the importance of effective assessment and of valuing and supporting effective teaching, Criterion Three connects both to improvement of educational programs. Improvement is also embedded in many of the Examples of Evidence for these and other Criteria.

Conclusion

As stated earlier, the Commission has several purposes in mind in identifying these themes. The themes

- Highlight primary attributes of effective and high-performing organizations valued by the Commission
- Establish broad benchmarks for evaluating the interpretation and application of the new Criteria
- Indicate the interrelatedness of the Criteria
- Suggest an organizational schema that could inform self-study processes and give structure to self-study reports

The Commission also acknowledges that these may not be the only themes identifiable in the Criteria. As organizations and peer reviewers apply the new Criteria, the Commission staff would greatly value comments on the usefulness of the themes as a tool or strategy. Staff members would also like to know of any other themes that emerge and can be shared with others.





Commission Statements

Commission Statement on Diversity

By adopting a formal position statement for the Commission, the Board of Trustees explains the premises on which it creates certain policies.

Position statements, therefore, amplify the intent of policies and are not policies in and of themselves.

Within the position statement, the Board points to relevant policies. Implementation of those policies, therefore, should honor the fundamental intent established by the Board in its formal position statement.

► **For further information** contact Steven Crow, Executive Director scrow@hlcommission.org

The Commission recognizes that much of the vitality that characterizes the higher education system in the United States is derived from the diversity found within the universe of organizations that comprise it. The Commission further recognizes that the diversity inherent among the people of the United States enriches American higher education and contributes to the capacity that students develop for living in a culturally pluralistic and interdependent world.

Diversity is represented in many forms, ranging from differences in organizational mission and educational levels to differences in the ideas, viewpoints, perspectives, values, religious beliefs, backgrounds, race, gender, age, sexual orientation, human capacity, and ethnicity of those who attend and work in the organizations. Individual and group differences add richness to teaching and learning, and also challenge them. People become more aware of their differences and similarities in a variety of ways, including through the processes of discovery and exploration, interaction, collaboration, and partnering. In this context, the Commission champions diversity as a value to be upheld, and it looks to its member organizations to promote diversity in both concept and practice as they realize their respective missions.

Recognizing diversity is one of the values embraced by the Commission in its overall statement of mission and its new Criteria for Accreditation. Therefore, member organizations are encouraged to evaluate their respective missions, visions, values, and character to determine how well they address issues of diversity when providing enriching educational experiences and services for their constituencies. Organizations teach by example; they model approaches to diversity by conducting their operations in an equitable and just manner.

An organization that provides diverse experiences for its constituencies establishes an environment in which greater intellectual development can occur, and from which its constituencies can learn that focusing on commonalities, while understanding differences, binds peoples and cultures. Valuing diversity relates to experiencing it; thus, people in an environment that encourages inclusiveness and discourages acts of insensitivity and disrespect can become more enlightened. The Commission urges its member organizations to create and maintain teaching and learning environments that provide educational opportunities for diverse individuals and groups. In addition, the Commission urges its member organizations to provide learning environments, larger than its classroom settings, in which students can contribute to and learn from the diversity that broad life exposure offers.

The Commission recognizes the value that member organizations place on their histories, traditions, and missions and the effect of such factors on their policies and practices. Therefore, the Commission does not prescribe a set of actions to address issues of diversity. However, through its Criteria, the Commission does expect its member organizations to evidence positive responses to issues of diversity and to show the relationship of those responses to the integrity of their operations.

Adopted: February 21, 2003

Commission Statement on Assessment of Student Learning

By adopting a formal position statement for the Commission, the Board of Trustees explains the premises on which it creates certain policies.

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Within the position statement, the Board points to relevant policies. Implementation of those policies, therefore, should honor the fundamental intent established by the Board in its formal position statement.

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The Commission posited in October 1989 that assessment of student academic achievement is an essential component of every organization's effort to evaluate overall effectiveness. The experience of the past fourteen years has demonstrated that it is key to improving student learning. Assessment of student academic achievement is fundamental for all organizations that place student learning at the center of their educational endeavors.

Among the public's many expectations of higher education, the most basic is that students will learn, and in particular that they will learn what they need to know to attain personal success and fulfill their public responsibilities in the twenty-first century. The focus has moved from considering resources as primary evidence of the quality of education to expecting documentation of student learning. An organization's focus on achieved student learning is critical not only to promoting and improving effective curricular and cocurricular learning experiences and to providing evidence of the quality of educational experiences and programs, but also to enhancing the public's perception of the value of higher education.

The Commission appreciates that effective assessment can take a variety of forms and involve a variety of processes. However, faculty members, with meaningful input from students and strong support from the administration and governing board, should have the fundamental role in developing and sustaining systematic assessment of student learning. Their assessment strategy should be informed by the organization's mission and include explicit public statements regarding the knowledge, skills, and competencies students should possess as a result of completing course and program requirements; it also should document the values, attitudes, and behaviors faculty expect students to have developed. Moreover, while strong assessment should provide data that satisfy any externally mandated accountability requirements, its effectiveness in improving student learning relies on its integration into the organization's processes for program review, departmental and organization planning, and unit and organizational budgeting.

An organization's commitment to and capacity for effective assessment of student learning will figure more prominently than ever in the accreditation relationship established between the Commission and that organization. The Criteria for Accreditation, the Core Components, and the Examples of Evidence adopted by the Commission in 2003 forge important new links between assessment of student learning and accreditation. More than just an effective strategy for accountability or an effective management process for curriculum improvement, assessment of student achievement is essential for each higher learning organization that values its effect on the learning of its students. Therefore, an organization committed to understanding and improving the learning opportunities and environments it provides students will be able to document the relationship between assessment of and improvement in student learning.

Adopted: February 21, 2003

Commission Statement on General Education

By adopting a formal position statement for the Commission, the Board of Trustees explains the premises on which it creates certain policies.

Position statements, therefore, amplify the intent of policies and are not policies in and of themselves.

Within the position statement, the Board points to relevant policies. Implementation of those policies, therefore, should honor the fundamental intent established by the Board in its formal position statement.

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Understanding and appreciating diverse cultures, mastering multiple modes of inquiry, effectively analyzing and communicating information, and recognizing the importance of creativity and values to the human spirit not only allow people to live richer lives but also are a foundation for most careers and for the informed exercise of local, national, and international citizenship. The Commission expects organizations of higher learning to address these important ends, and has embedded this expectation in its Criteria for Accreditation.

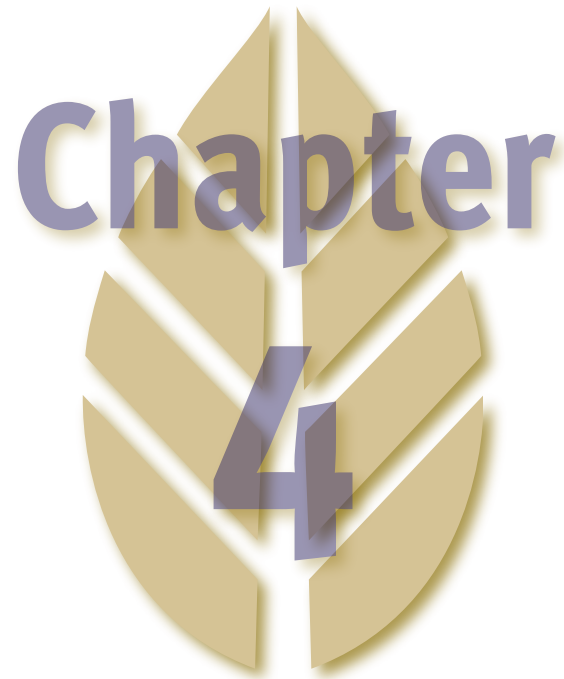
Throughout its history, the Commission has believed that quality undergraduate higher education involves breadth as well as depth of study. As understood by the Commission, general education is intended to impart common knowledge and intellectual concepts to students and to develop in them the skills and attitudes that an organization's faculty believe every educated person should possess. From an organization's general education, a student acquires a breadth of knowledge in the areas and proficiency in the skills that the organization identifies as hallmarks of being college educated. Moreover, effective general education helps students gain competence in the exercise of independent intellectual inquiry and also stimulates their examination and understanding of personal, social, and civic values.

Effective general education can be shaped to fit unique organizational contexts. As higher education changes, so too do the ways in which organizations create and provide general education. General education must be valued and owned by the organization whether its courses are created, purchased, or shared; whether faculty are full-time, part-time, or employed by a partner organization; and whether the organization creates general education opportunities primarily through curriculum or relies heavily on experiential and off-campus opportunities to achieve its learning goals for general education.

Regardless of how a higher learning organization frames the general education necessary to fulfill its mission and goals, it clearly and publicly articulates the purposes, content, and intended learning outcomes of the general education it provides for its students. It also shows its commitment to the centrality of general education by including an appropriate component of general education in all undergraduate programs of substantial length, whether they lead to certificates, diplomas, or degrees. Moreover, the organization's faculty exercises oversight for general education and, working with the administration, regularly assesses its effectiveness against the organization's stated goals for student learning.

Adopted: February 21, 2003





Chapter 4

Program for Seeking Initial Status





The Eligibility Process for Nonaffiliated Organizations

Through its Eligibility Process, the Commission determines whether an educational organization considering affiliating with The Higher Learning Commission is ready for a comprehensive visit by an evaluation team. The process does not determine that an applying organization will receive either candidate or accredited status; instead, it enables the Commission and the organization to determine the appropriate time for moving toward the processes through which decisions on candidate or accredited status will be made.

Before initiating the Eligibility Process, the organization should make sure it can provide documentation that

- It falls within the Commission’s scope of service, by documenting at least one of these conditions:
 - It has a main campus or headquarters within the nineteen-state North Central region.
 - It holds a certification of incorporation from a secretary of state in one of the nineteen states.
 - It holds a similar legal document provided by a federally recognized sovereign nation existing within the borders of the region.
 - It is a federal institution operating under the authority of a U.S. government agency, but located in the region.
- Its governing board approves seeking affiliation with The Higher Learning Commission.
- It has a chief executive officer appointed by its governing board.
- It has a catalog available to current and prospective students.
- It has a financial base to support its mission. Appropriate documentation may include an audit, a letter of reference from a bank, or other financial documents that vouch for its solvency and capacity.

The Preliminary Information Form (PIF) is a document that lists each of the Eligibility Requirements and outlines the narrative and materials that an organization will need to provide in order to establish its ability to meet these requirements. The PIF packet is available from the Commission office for a small fee. Organizations should contact the Commission office for more information.

The Four Steps in the Eligibility Process

The Eligibility Process involves four steps. At the conclusion of each step, the organization is free to stop the process. The first three steps involve payment of a nonrefundable fee.

1. Initiating the process
 - a. The organization submits a letter to the executive director requesting a formal eligibility interview.
 - b. The organization participates in a formal interview in the Commission’s offices. At this interview, organizational representatives—usually including the chief executive officer and the chief academic officer—and Commission staff explore the organization’s readiness to begin the Eligibility Process. The organization is not required to complete the PIF prior to the interview, but the most effective interviews often involve the organization’s first efforts to create the document.

➔ [Visit our Web site](#)

for further information about
the Eligibility Process and fees

► **See Section 4.2**
for information on the
Candidacy Program

2. Moving forward with intent
 - a. If and when the organization decides to continue the Eligibility Process, it files a letter of intent with the executive director. The letter must be filed within two years following the formal interview to continue the process.
 - b. The organization works with the assigned staff liaison to complete the PIF. Usually the liaison interacts through e-mail or telephone, but he/she may, at the expense of the organization, make a campus visit. Staff consultation provides useful advice on how the Eligibility Requirements are usually interpreted and applied. Staff members, however, do not review or approve the PIF.
3. Submitting the PIF
 - a. Within a year of filing the letter of intent, the organization submits three copies of the completed PIF (the form and all supporting documents).
 - b. Two Eligibility reviewers examine the documentation to determine whether the evidence appears to be strong enough to warrant scheduling a comprehensive visit. Eligibility reviewers are experienced consultant-evaluators who have served in the Commission's decision-making processes and who have received training to prepare them for their role in the Eligibility Process. In making the judgment, the reviewers look to both the sufficiency and the weight of evidence presented to demonstrate that an Eligibility Requirement is met. Reviewers can determine that the organization should prepare a self-study report for a visit, that the organization should submit limited additional information to address portions of the PIF, or that the organization is not ready to pursue affiliation.
 - c. The findings are reviewed by Commission staff and submitted to the organization by the executive director. They are also shared with the first evaluation team to visit the organization.
4. Seeking affiliation
 - a. When an organization is informed that it should prepare a self-study for a visit or when it is asked to submit limited additional information, it should begin to follow the directions provided for the Commission's Candidacy Program in preparation for seeking initial status.
 - b. When an organization is informed that it is has been judged not ready to pursue affiliation, it must wait a year before reapplying for the Eligibility Process.

An organization that does not successfully complete its Eligibility Process can petition the Board of Trustees for a review if it can provide evidence that the Commission staff or Eligibility reviewers departed from established procedures or inconsistently applied the screening measures.

Involvement in the Eligibility Process does not constitute holding status with the Commission. Therefore, an organization should refrain from making public statements that imply such a relationship. Only formal Commission action taken at the conclusion of a comprehensive visit and review process establishes a formal status.

The Eligibility Requirements

An organization seeking initial affiliation with the Commission by either accredited status or candidate status will

1. Hold an appropriate legal status to operate as an organization offering higher learning in one of the states or sovereign nations within the North Central region, and have the legal authority to award higher education degrees and any other educational offerings wherever and however delivered
2. Publish and make available to students and the broader public a statement of mission approved by its governing board defining clearly the nature and purpose of the higher learning provided by the organization and the students for whom it is intended
3. Have students enrolled in its degree programs before achieving candidacy or have graduated students from its degree programs before achieving accreditation
4. Document governance and administrative structures that legally enable the organization to protect its institutional and educational integrity

5. Document that it has core values and strategic priorities that assure that its graduates will be capable of contributing to the communities in which they live and work
6. Demonstrate that it has engaged qualified academic personnel essential to assure effective curriculum, instruction, and academic programs
7. Demonstrate the ownership of or responsibility for assuring access to the learning resources and support services necessary to facilitate the learning expected of its enrolled students
8. Provide documentation of existing and future financial capacity
9. Provide students with electronic or print documents that outline educational program requirements appropriate in terms of length, content, and required learning outcomes for the credential awarded
10. Document that it presents itself to the public and prospective and enrolled students fairly and accurately, with up-to-date information published electronically or in print about credit transfer, costs and refunds, financial aid, and the accreditation status of the organization and its programs
11. Document that it provides its students, administrators, faculty, and staff with the policies and procedures informing them of their rights and responsibilities within the organization
12. Present evidence of ongoing planning that includes a realistic action plan for achieving accreditation with the Commission within the period of time set by Commission policy

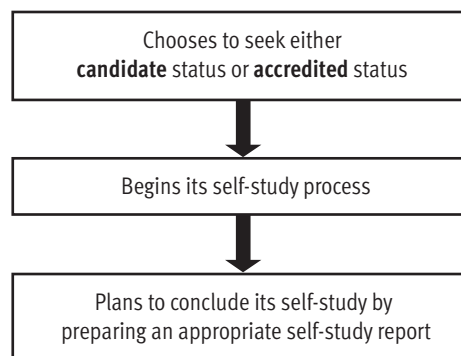




The Candidacy Program

Deciding Between Initial Candidacy and Initial Accreditation

The executive director advises the organization of the results of the PIF process. An organization may be asked to send more information or to clarify the information already submitted. The executive director informs an organization when the Eligibility reviewers have concluded that a comprehensive visit by an evaluation team is warranted. The organization then tells its staff liaison when it would like the visit to take place. At this point the organization



Although an applicant organization can choose to seek either candidate status or accredited status, most request initial candidacy. Organizations that are just getting started and have yet to graduate a class have no choice but to seek initial candidate status. Older organizations that have already graduated students face the choice. Through experience, the Commission has learned that many organizations, even those that have been operating for years, are best served through the Candidacy Program, even if their candidacy requires fewer than four years. The decision should be made in consultation with the Commission staff liaison. If, during the self-study process, an organization determines that it should seek accredited status instead of candidate status, it may change its request. Organizations approach this decision in different ways.

If the organization graduated its first class not more than one year before the Commission's evaluation, the effective date of accreditation will be the date of the graduation of the first class.

Organizations that choose to seek accredited status should refer to information on self-study elsewhere in this *Handbook*. Those choosing to participate in the Candidacy Program will find appropriate assistance in the following pages.

► See Section 5.2
for information on self-study

Rationale for Candidacy

Candidacy is a preaccreditation status. It affiliates the organization with the Commission, but does not give it membership in the Commission. Candidacy provides time and support to a new and changing college or university as it develops into an accreditable organization. For most organizations, candidacy enables students to qualify for federal financial aid programs, and it often aids in the transferability of the candidate organization's credits to another college or university. Candidacy is an important status with the Commission and has proven to be useful to many colleges and universities. However, organizations are encouraged to contact the USDE directly to determine how candidacy will affect their particular situation.

Period of Candidacy

Candidacy requires a comprehensive visit every two years until accreditation is achieved. The frequency of the visits enables the Commission to be an effective partner in the organization's growth and development. Federal law restricts candidacy to five years. Commission policy sets four years as the expected length of candidacy, thereby giving to the Board the option in rare cases of extending candidacy for a fifth year.

Hallmarks of Effective Candidacy

Because the fundamental purpose of the candidacy program is developmental, an effective candidacy relationship is marked by the organization's

- **Understanding of what it needs to attend to before it can achieve accredited status.** Candidacy is difficult when a candidate organization signals that it wants to change as little as possible and when it relies primarily on Commission teams and staff to define the changes it must make. In other words, an effective candidacy relationship occurs when the organization knows and accepts the growth or changes that will need to occur to achieve accredited status. The Commission's decision on candidacy often rests heavily on the judgments of the evaluation team and Review Committee that the organization understands what it needs to do.
- **Realistic sense of its capacity to achieve accredited status.** While the Eligibility Requirements define many of the fundamental indicators of capacity, the Criteria for Accreditation set and define expectations beyond the Eligibility Requirements. The Commission weighs basic institutional structure and strength as it determines whether candidacy should be granted and/or continued. Even though an organization might have a very clear and appropriate vision of what it must become, the Commission has to determine whether there is sufficient reason to believe that goal can be achieved. The last Eligibility Requirement calls for an organization to "present evidence of ongoing planning that includes a realistic action plan for achieving accreditation with the Commission within the period of time set by Commission policy." A self-study report for candidacy will always include this action plan.
- **Forthrightness and integrity in conducting and reporting its self-study process.** It is usually through the self-study process and report that the candidate organization builds the case that it understands and has the capacity to make necessary changes. Almost by definition, candidacy self-study processes are intimately integrated into the organization's planning processes, thereby providing a self-study report that is both a presentation for Commission status and a working agenda for the period of candidacy. Evaluation teams want to provide the best direction possible to a developing organization with several competing options for focused attention. The team's capacity to do so relies heavily on the openness and honesty with which a candidate organization presents itself. Organizations seeking candidacy status, continued candidacy status, or accredited status should also study the *Handbook's* section on self-study.
- **Flexibility in the face of unanticipated changes.** Even the best-laid plans run into unanticipated challenges. Inevitably, organizations need to modify or adjust their plans to accommodate those challenges. Sometimes, an organization that expects candidacy to run only two years will choose to hold a biennial visit for continued candidacy instead of applying for accredited status. Unanticipated changes in financing and leadership can call for careful reconsideration of the schedule for accreditation, as may broader social and economic trends that have a direct impact on the organization.

► See Section 5.2
for information on self-study

► **See Section 5.2**
for general advice
on the self-study report

The Candidacy Self-Study Report

A candidacy self-study report has the following unique components.

- **It provides explicit evidence that the organization meets the Eligibility Requirements.** The evaluation team, not the Eligibility reviewers, ultimately determines whether the Eligibility Requirements are met. While the extensive documentation that accompanied the PIF does not need to be repeated, it should be available to the team during the visit. To limit duplication, the self-study report may include significant cross-referencing to the PIF, but one chapter should list each Eligibility Requirement and the organization's case for how it meets that requirement.
- **It demonstrates the degree to which the organization meets each of the five Criteria for Accreditation.** Since candidacy assumes that some Criteria might not be met, what is important is the organization's efforts to identify Core Components it believes it meets and Core Components yet to be met.
- **It includes the plan for the organization's candidacy period.** Although each candidate organization has four years in which to achieve accredited status, each college will develop its own timelines within the limits defined by policy. The evaluation team uses the plan for the candidacy period to judge the organization's understanding of and capacity to achieve accredited status. A team cannot determine the length of candidacy an organization must accept, but it can provide excellent counsel to an organization that appears to underestimate what it must accomplish or that undervalues its strength and achievements. As noted above, realistic plans must change with circumstances, but the four-year candidacy period provides flexibility when change is needed.

While the Commission does not grant candidate status to an organization unless it has strong evidence that the organization can achieve accredited status within the candidacy period, the Commission cannot guarantee that the organization will, in fact, achieve accredited status. Because of this, the biennial visit for continued candidacy is important. Assuming that the organization is making good progress, the evaluation team can provide invaluable advice on important priorities. If the organization has not met its anticipated goals, the team must determine whether candidate status should be continued.

Candidacy Processes

The Candidacy Program involves three processes for determining initial and continued candidate status. In rare situations, a fourth may be required.

1. **Preparing for and hosting a comprehensive visit.** A college preparing for an evaluation should study the counsel provided in this *Handbook*. An organization seeking candidacy, like every other organization preparing for a comprehensive visit, should
 - a. Make use of the various Commission services
 - b. Undertake a comprehensive self-examination that involves members from all internal constituencies
 - c. Work with the Commission staff liaison to create a credible team of consultant-evaluators
 - d. Prepare the campus for the visit
2. **Responding to the team evaluation and recommendation.** In the Candidacy Program, the Commission follows the timelines typical for all comprehensive evaluations. The team typically shares its recommendations at an Exit Session at the conclusion of the visit. The organization receives and responds to the draft and final team reports. At any point, the college is free to seek advice from its Commission staff liaison.
3. **Appearing before a Review Committee.** Every team recommendation for initial status must be examined by a Review Committee. A college representative and the team chair meet face-to-face with the committee. The Commission provides detailed instructions several weeks before the hearing. At the conclusion of the hearing, the Review Committee announces its findings. When the college and the team chair concur with those findings, the action is forwarded to the Board of Trustees for validation, and status with the Commission is established.

► **See Section 9.3**
for a sample timeline
and Section 9.4
for lists of materials
for the visit

4. **Seeking Board review.** In rare situations, the organization, the team, and the Review Committee fail to agree, and the Board of Trustees makes the ultimate decision about the organization's status. This review does not involve attendance at a meeting; the college and the team chair are invited to submit new documents.

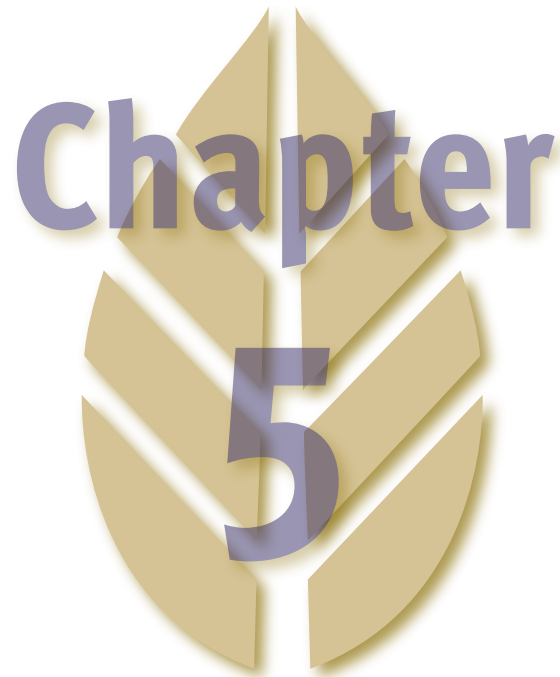
Moving to Accreditation

► **See Section 5.2**
for information on the
self-study report

When the organization seeks initial accredited status, it begins to prepare a self-study report. There is one important exception: a self-study report for initial accreditation must contain a chapter in which the organization provides evidence that it continues to meet the Eligibility Requirements.

The Commission cannot decide to grant accredited status to an organization that has sought initial or continued candidacy. It can, however, decide to grant candidacy or continued candidacy to an organization evaluated for initial accredited status whose case for receiving accredited status is deemed to be inadequate.





Chapter 5

Maintaining Accredited Status through the Program to Evaluate and Advance Quality (PEAQ)





An Introduction to the Program to Evaluate and Advance Quality

► See Chapter 6 for information on AQIP

As the history of the Commission indicates, accreditation standards and processes have changed over the past ninety years. Remarkable shifts occurred in the Commission's standards and processes in the 1930s and again in the 1950s. Less substantive, but nonetheless important, changes occurred in the 1970s. But, until the creation of the Academic Quality Improvement Program (AQIP), the Commission approached accreditation as a standard process that might be conducted with minor variations. The underlying objectives of accreditation, long stated by the Commission and reemphasized through the major review of its mission in 2000, sometimes became hidden when the emphasis was placed on the *process* of accreditation.

“Serving the common good by assuring and advancing the quality of higher learning” is now the Commission’s mission statement. “Assuring...the quality of higher learning” is more than a simple restatement of the mission statement adopted in 1992: “to establish requirements and criteria for the accreditation of institutions of higher education and accredit institutions found to meet those requirements and criteria.” The 1992 statement was concerned with process; the 2000 statement is concerned with ends. Similarly, “advancing the quality of higher learning” is something more than what the Commission meant in when it claimed 1992 “to strengthen educational and institutional quality through its assistance to affiliated institutions, its evaluation processes and its programs, publications, and research.”

The Commission now understands that no single accreditation process represents the only—or best—way to assure and advance quality. The creation of AQIP made that lesson clear, and it helped the Commission look afresh at the assumptions and goals of the “traditional” process for accreditation.

The Program to Evaluate and Advance Quality (PEAQ), therefore, on the surface may appear simply to be traditional accreditation renamed. But the name itself, like AQIP, sets goals and objectives of the program. Moreover, by looking at traditional accreditation processes through the lens of a program, the Commission is better able to raise important questions about the fit of process to broader goals. In fact, shortly after PEAQ was named, the Board of Trustees adopted as a major goal for the next four years the study of ways to make PEAQ more effective.

This section of the *Handbook* can be read as a summary of all of the processes that mark the traditional pathway to seek and retain accreditation: institutional self-study, evaluation by a team of trained peer reviewers, and final decision-making by the Commission. It is also about the beginnings of a fresh look at how the traditional accreditation process can be reshaped or restructured to enhance its value to affiliated organizations.





The Self-Study Process in Accreditation

Hallmarks of an Effective Self-Study Process

The Higher Learning Commission builds its comprehensive evaluations for initial and continued candidacy and for initial and continued accreditation on two major processes: institutional self-study and peer evaluation. An organization scheduled for accreditation review has the prerogative to plan and conduct the self-study process in a way that leads to its preferred continuous improvement yet still provides evidence to the Commission that it fulfills the Criteria for Accreditation. The organization summarizes its findings in a self-study report, which constitutes formal application for the Commission action desired and serves as the frame of reference for the review that the evaluation team conducts.

While acknowledging the organization's freedom to create its own self-study design, the Commission believes that certain attributes are essential to a successful self-study process. An effective self-study process

- **Fits the distinctive nature of the organization.** An organization's mission makes it distinctive, as might its breadth of educational offerings or specific foci within them. The distinctions among colleges and universities are too numerous to mention, and they inevitably lead to self-study processes that cannot and should not be exactly replicated in other settings. It is important for an organization's self-evaluation and assessment to fit its unique context.
- **Achieves stated goals that guide the design and the conduct of the process.** Knowing what is to be accomplished through the self-study process helps an organization remain focused. This means that goals shape the design and the process, rather than emerge from them. Moreover, to create successful strategies, participants need to understand the goals. Effective self-studies typically have a limited number of recognizably significant goals.
- **Ensures effective evaluation of the whole organization.** Many organizations providing higher learning are quite complex. The evaluation for accreditation looks at the total organization. Besides focusing on core educational endeavors, the evaluation includes substantial subsidiary enterprises, noncredit training programs or other significant continuing education endeavors, and development and alumni relations programs, to name just a few. Attention, too, is given to the influence of intercollegiate athletics and social fraternities and sororities on the lives of students as well as to important educational opportunities used by some students, such as study abroad, service learning, and co-op programs.
- **Promises to have an impact on the organization beyond the Commission visit.** A self-study process ultimately connects to an organization's ongoing visioning, budgeting, and planning processes. Highly effective self-study processes produce findings and recommendations that the organization should address. When the leadership of the organization affirms that the self-study report will be a living document rather than gathering dust on a shelf, the organization's constituencies respond to an organizational agenda, not simply to an agenda set by the Commission and its Criteria.
- **Engages multiple constituencies of the organization.** An organization is best seen through multiple lenses. A successful organization involves the work of many, and the contributions of the various constituencies make the whole greater than the sum of its parts. Therefore, the value of inclusiveness in review ensures that a holistic perspective can be achieved.

- **Builds naturally on existing and ongoing self-evaluation processes.** Current practice is well past seeing self-study for accreditation as an activity separate from and added onto an organization's existing and ongoing evaluation processes. Organizations have too little time and energy and too few resources to build a process parallel to effective existing ones. A well-designed self-study builds on what is already in place, adding to it or, sometimes, transforming it into a more effective means of evaluation. Moreover, it makes use of data that already exist somewhere in the organization, whether in the institutional research office or another area that routinely or periodically gathers information for reporting or institutional use.
- **Has strong presidential and board support.** The president and board are expected to have high expectations for organizational learning from the self-study process. Without these expectations, self-study can become a compliance activity. Clear evidence of support inspires stakeholder engagement.
- **Draws on the expertise and credibility of recognized leaders throughout the organization.** As does any task important to the organization, effective self-study taps the talents and commitments of leaders who make the effort credible. They cannot conduct the self-study alone, so they are people known for their ability to generate and support the involvement of others. They know and call on people with expertise who can make the process both efficient and effective.
- **Maintains regular and effective communication links with organizational constituencies.** Constituencies are informed and involved; they provide frequent input and feedback. When the evaluation team reaches the campus and holds informal interviews in faculty and administrative offices, discusses the organization with staff, and chats with students in the dining areas or classroom hallways, it discovers that all of them know about the process and its results.
- **Produces evidence to show that the Commission's Criteria for Accreditation are met.** As the Commission initiates the new Criteria, it is time to rethink and redesign the self-study process the organization last used. The accuracy and quality of an organization's response to the Criteria and Core Components are contingent upon its production of substantive evidence that is cogent and evaluative. An evaluative self-study connects and interprets data and makes judgments about fulfillment of the Core Components accordingly.
- **Produces a self-study report that meets the Commission's needs.** A well-designed self-study report may have many audiences, but the Commission is obviously one of the more important. The report bears the weight of providing evidence that the organization warrants an affiliated status with the Commission. It allows the evaluation team to conduct an efficient visit; it informs the people who participate in the Commission's subsequent review and decision-making processes. The self-study report links solidly with the findings produced by the self-study process.
- **Testifies to the organization's commitment to peer review.** In evaluating both the comprehensiveness of the self-study process and the integrity of the self-study report, team members discover how seriously the organization approaches peer review. A team also takes into account the documentation an organization provides of the quality of attention it gave to previous evaluation teams. Through its team report, each team evaluates and consults. The team report once concluded with short lists of strengths and challenges, and subsequent evaluation teams measured a college's commitment to peer review in part by how the organization had maintained those strengths and remedied the challenges. These simple lists are not part of the current team report. Instead, in the Assurance section of its report, the team may note a variety of discrete Examples of Evidence that deserve attention. Often, in the Advancement section, the team also gives advice directly related to those examples or to other issues. In the self-study report, the organization summarizes its understanding of the most salient issues raised by the last comprehensive and subsequent team(s) and evaluates how it responded to them.

Practical Advice for Creating and Conducting an Effective Self-Study Process

At each Annual Meeting over the past decade, experienced self-study coordinators have served as mentors to those just beginning the self-study process. They have provided excellent practical advice in their meeting presentations and in the papers they wrote for the *Collection of Papers on Self-Study and Institutional Improvement*.

➔ [Visit our Web site](#)

for information on ordering
the Collection of Papers

➤ [See Section 7.2](#)
for information on
change requests

➤ [See Section 8.2](#)
for the federal
compliance program

➤ [See Section 5.3](#)
for information on the
customized accreditation
review process

➤ [See Section 9.3](#)
for a sample timeline

Commission staff had only to study the *Collection of Papers* for the last four years to glean the practical advice that follows. This summary can be supplemented by reviewing the essays in the *Collection of Papers*, available from the Commission office.

Make Good Preparations

An effective self-study process builds on the context of the organization and its ongoing planning. While the steering committee and its coordinators have fundamental roles in making the process effective, the organization's leadership needs to attend to some critically important tasks before turning the self-study process over to the steering committee.

- Create the stated organizational goals or outcomes for the process; if there are expected priorities for organizational issues, make them clear.
- Identify anticipated changes or improvements that need to be integrated into the self-study process or the self-study report (for example, review of a change requiring Commission approval).
- Make explicit the organization's values and culture that the self-study process must honor.
- Propose the appropriate linkages between the self-study process and ongoing planning endeavors.
- Understand the U.S. Department of Education compliance components of the Commission's accrediting activities.
- Consult with Commission staff as needed to determine how the self-study process can be used to meet the objectives of the organization's leadership.

The leadership should also be thoughtful in positioning the steering committee. Some colleges create sizable steering committees because they give every administrative and academic unit a place. Sage advice from experienced self-study coordinators holds that the leadership may wish to

- Determine the size of the committee in relation to tasks that only the members of the committee can achieve
- Use a smaller, more efficient committee charged with creating and working with multiple subcommittees or working groups

After creating a steering committee, the leadership will want to collaborate with it in crafting the self-study design. Together they will consider which self-study model to use. The following models, all of which have been used by organizations, are not the only ones possible.

- Craft the self-study process around the Criteria for Accreditation.
- Craft the self-study process around the themes identified by the Commission.
- Craft the self-study process around functional areas of the organization.
- Organize the self-study process to fit continuous quality improvement structures and processes (including benchmarking as appropriate).
- Structure the self-study process around strategic planning processes.
- Build the self-study process around a major mission revision process.
- Build the self-study process around selected topical headings.
- Create the self-study process to support a learning organization.
- Develop a customized self-study process in consultation with the staff liaison.

Of course, every process needs to ensure that the organization can provide evidence that it fulfills the Criteria for Accreditation.

Very early, the organization's leadership and the steering committee must agree on

- **Established timelines that fit the time available before the team visit.** If the leadership has already set the date for the visit, make sure the steering committee believes it can meet that date. If there are concerns, contact the Commission to discuss rescheduling.

- **The tasks to be done.** It is good practice for the chief executive officer to provide a formal written charge to the steering committee and its coordinators and to make the charge known to the broader communities within their organization.
- **The expected outcomes of the process.** Other than preparing for a visit, the total community should know of any outcomes of the process that have been set by the leadership and the steering committee, including outcomes anticipated after the visit is concluded.
- **The budget for the process.** The budgeting process should be realistic, accounting for anticipated direct costs, and taking into account a variety of indirect costs. Successful self-study processes usually include funds to cover such things as attendance at the Commission Annual Meeting and programs to reward and recognize those who oversee the process.

Involve the Right People in the Process

The leadership of the organization makes a very critical strategic decision in naming the steering committee and the self-study coordinator(s). Choose the right people. Experienced self-study coordinators advise that the steering committee should include people who are

- Experienced with accreditation, including, if possible, a few veterans who did it a decade earlier
- Able to focus on the organization, mitigating against silo-thinking
- Recognized for their credibility within the organization
- Highly visible and influential within the organization

Because they are part of the self-study steering committee, the self-study coordinators should possess similar qualities. In light of their special task, they should be chosen because they also have demonstrated flexibility, leadership, process management, and strong team skills.

The organization's leadership and the self-study coordinators need to attend to the care and support of the talented and resourceful people called upon to oversee the self-study process. They should

- Be very conscious of the risk of task overloading
- Recognize the work being accomplished
- Provide training, guides, and consultant help if necessary
- Support networking activities

Establish and Use Effective Structures, Processes, and Techniques

As the steering committee and coordinators plan for the process ahead of them, they would be well-served by

- **Creating structures or processes that involve a broad range of constituencies.** These are often sub-committees or small working groups with specific tasks or projects.
- **Using technology for data collection, communication, and networking.**
- **Establishing effective coordination of all processes within the larger self-study process.** Some propose that the steering committee and coordinators see themselves as “filters” through which multiple smaller, focused working groups are coordinated. They serve as the point of centralized communication about the process and should identify appropriate formats for submissions from individual units. Such formats may allow for reasonable differences among units, while preserving the capacity for collective and comparative analysis.
- **Providing effective data management.** A steering committee must coordinate data-gathering activities. By creating an inventory of existing collections of data in the organization, the committee can be of great assistance. It should guard against allowing the use of multiple surveys that quickly overburden students, faculty, and staff, and result in diminishing returns. It should support the gathering of new data, when necessary, that speak to institutional trend lines, provide additional needed detail, and inform evidence-building within the process.
- **Overseeing effective use of the budget for the self-study process.**

- **Creating a process check system.** Such a system will allow the committee and coordinators to know the status of the multiple parts of the process.
- **Including ways to have fun.** This advice is repeated frequently by experienced coordinators and should not be ignored. Self-study of an organization can be a lot of work; it certainly is important work. Stress occurs because of timelines, of discovering that even the best plans hit snags, of plain old interpersonal squabbles, and of being sideswiped by the unanticipated (for example, massive budget cuts or an unanticipated leadership transition). Knowing how to have fun in spite of the distractions enables the steering committee members and coordinators to keep the self-study process on target.

Plan for Writing the Report

In collaboration with the organization's leadership, the steering committee should define the multiple audiences for the report. While it is obvious that one audience is The Higher Learning Commission (the evaluation team and the participants in subsequent review processes), the organization may also have internal and external uses for the report. Those uses with multiple different audiences need to be considered in designing the format of the report and the ways in which it arrays evidence.

Early in the planning process, the steering committee needs to determine how it will create the self-study report. Not long ago, many self-study reports were simply a compilation of smaller reports done by subcommittees. They often lacked a strong organizational voice. It is increasingly important for an effective self-study process to culminate in a document that speaks on behalf of the total organization. As the steering committee plans its strategy for creating the report, it should

- **Choose one or more writers/editors and clearly define their responsibilities.**
- **Weigh how direct the linkages must be between working papers generated through the process and the self-study report.** When all the working papers are available for the team to study, many self-study processes allow the writer/editor to create a document based on, but not built directly around, those papers.
- **Create a time frame for writing, and create strategies for review and revision.** The time frame should allow for multiple drafts, and the review and revision should involve the steering committee, the leadership, and others identified by the steering committee.
- **Develop the strategy for providing data in the report.** The steering committee, not the writer/editor, should determine what evidence must appear in the report. Much evidence and data can be provided to the team via the Web, and much can be placed in the team resource room. This decision should be based on the role of the data in supporting the evidence provided in the report. Many organizations choose to include charts, tables, and statistical analyses, as well as normative and longitudinal comparisons.

Self-study coordinators have found it helpful to review reports created by other organizations. Each Annual Meeting includes a large number of self-study reports for review, and each organization represented by a self-study report has indicated a willingness to make a copy available at cost. The self-studies are also available for review at the Commission office.

➔ [Visit our Web site](#)

*for the list of
sample self-study reports*

The Self-Study Design

No self-study design can anticipate every variable, perhaps not even all major ones. Nonetheless, self-study coordinators have testified to the importance of writing a self-study design very early in the process. This document, sometimes also called the prospectus or plan, should be relatively straightforward and should address

- The self-study calendar and timetable
- The organization's goals for the self-study process
- The fit between the self-study process and the self-study report, and how they will meet both the Commission's and the organization's needs
- The proposed structure of committees or work groups and who will serve on them
- A working outline that may become the table of contents of the self-study report

Although the Commission does not require the submission of every self-study design for review and approval, most self-study coordinators share the document with their Commission staff liaison, who reviews the design and provides comment and advice. Filing the documents early in the process is the best way to take advantage of this staff service.

Use Commission Support

All experienced self-study coordinators commented on the importance of

- Attending the self-study workshops at the Annual Meeting (in fact, attending the whole Annual Meeting)
- Working with the Commission's staff liaison, including, when appropriate, scheduling a campus visit by the liaison
- Seeking help in networking with similar organizations or other coordinators, both at the Annual Meeting and through direct inquiry with the Commission office
- Using materials generated by the Commission such as the *Handbook for Accreditation* and the *Collection of Papers* of each Annual Meeting

▶ Visit our Web site

for current programs and services to support self-study

Hallmarks of an Effective Self-Study Report

Every organization stamps its unique character on its self-study report. While teams appreciate attention to effective presentation, they value substance over graphic design. They need a self-study report that provides

- A brief evaluative profile of the organization, including special qualities and distinctive programs
- A summary of significant changes that have occurred since the last comprehensive evaluation
- A brief summary of the organization's accreditation history
- A brief evaluation of the thoroughness of the self-study process
- A summary of the organization's understanding of and response to the major issues identified by the last team(s)
- An explicit evaluation of how the organization fulfills each of the Criteria for Accreditation through meeting the Core Components

Teams also find the following very helpful

- A clear explanation of the purposes of and audiences for the report
- A clear explanation of how the report is organized
- Identification early in the report of any requests for change that are included
- A useful table of contents
- Effective cross-referencing within the report
- Indexed citations in the report corresponding to appendices to the report and exhibits in the resource room

Teams expect

- Use of information and data to create evidence to support the organization's self-evaluation
- Thoughtful analysis of evidence
- Easily identified and succinctly stated institutional priorities for improvement
- Honest evaluation, not public relations, characterizes the tone and content of the report





The Customized Accreditation Review Process

The customized accreditation review process is an opportunity for an organization to move beyond the basic mode of self-reflection. The process allows the organization to pursue planning and evaluation that further enhance the self-study process and contribute to the attainment of its organizational priorities. Working with Commission staff, the organization consciously proposes a customized accreditation review process when it wishes to generate additional value within the self-study activity.

Through participation in the customized accreditation review process, an organization demonstrates a high level of inspired and creative leadership, establishes goals and priorities, and invests energy, time, and resources in strategies designed to improve organizational effectiveness. The customized accreditation review process can be far-reaching. It requires a level of commitment that challenges and affects the institutional community.

Benefits of the Customized Review Process

The customized accreditation review process adds value to the accreditation review requirements of engaging in self-study and participating in peer review. A customized accreditation review

- Takes on unique features based on the flexibility that can be added to the traditional accreditation review model
- Allows the organization to tailor creative, evaluative, and developmental experiences that are compatible with its mission, goals, and priorities
- Allows the organization to focus on issues, mutually agreed upon with the Commission, it deems essential to future progress
- Invites more committed involvement from institutional constituencies
- Imbues a true sense of organizational ownership since invested efforts, energy, time, and resources represent genuine organizational commitments to achieve specific ends
- Enables the organization's mission and character to shape the framework of the creative experience
- Provides outcomes that can be shared with other organizations that are seeking benchmarks as they consider changes in their operations

The Accreditation Core in the Customized Review Process

Assuring and advancing the quality of higher learning is the central mission of the Commission, and the Criteria for Accreditation are the foundation of its evaluative and consultative activities. The customized accreditation review process does not remove an organization's obligation to prove that it meets the Criteria. Instead, it allows the organization succinctly to demonstrate evidence of fulfilling the Criteria while focusing more time and attention on other salient matters.

Overview of the Process

An organization, in consultation with Commission staff, may select a customized self-study model. Options include the following.

► **See Section 7.2**
for further information
about the Commission's
change policies and processes

- **Change request.** The organization conducts a traditional self-study in seeking continued accreditation but asks that a change request be evaluated as a part of the process.
- **Special emphasis.** In conjunction with its focus on self-study, an organization obtains Commission authorization to focus in-depth attention on a select group of issues critical to its pursuit of continuous improvement and educational excellence. The organization provides evidence that it fulfills the Criteria for Accreditation and reports on agreed-upon strategies and efforts it will use in pursuing ongoing organizational improvement. The Commission sends an evaluation team to the organization not only to address assurance issues associated with accreditation review but also to spend considerable time in a consultative role related to the previously agreed-upon special emphasis foci.
- **Visits that include a specialized accrediting agency.** The organization, through collaborative planning, conducts a self-study that responds to the respective criteria, standards, and processes established by the Commission and another accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) or the Department of Education. The organization hosts either a joint team composed of representatives from both agencies or separate teams that collaborate to some degree while on campus simultaneously.
- **Visits with another regional accrediting agency reviewing interregional sites.** If degree programs are being delivered across interregional agency boundaries, the organization conducts its self-study and, in conjunction with Commission staff, arranges for the inclusion of representatives from other regional agencies in the peer review process.
- **Sequential visits.** The organization conducts its self-study and, in consultation with staff, arranges for the evaluation to be conducted in a set of sequential visits. Sequential visits are used to accommodate multiple dispersed sites or address special purposes associated with the character and nature of program offerings.

► **See Section 5.6**
for further information on
optional and alternative visits

The Organization's Role

The organization's mission, vision, values, goals, and priorities should help it choose the self-study and evaluation processes that afford the greatest value. Regardless of the option chosen, basic factors undergird a customized accreditation review process.

- The organization is clear in identifying intended goals and priorities and expected outcomes of its customized accreditation review efforts.
- Constituents demonstrate ownership and commitment to the review focus, and vibrant and aggressive leadership is evident at all levels of administration, faculty, and staff.
- The organization shows commitment to pursuing its intended goals, priorities, and expected outcomes following the completion of the accreditation review process.
- The organization demonstrates progress in achieving its expected outcomes and displays the capacity to sustain positive change.
- The organization commits itself to following up on the special features associated with its accreditation review process, and to keeping the Commission informed about its progress.
- The organization, the Commission's staff, and the evaluation team members work collaboratively to maximize both the evaluative and consultative dimensions of the accreditation review process.

The Commission's Role

The Commission encourages organizations to consider using a customized accreditation review process when it is to their advantage. The Commission assists with implementation by

- Providing consultation and assistance as the organization determines its accreditation review goals, priorities, and expected outcomes
- Providing assistance in arranging for activities prior to the visit, as needed
- Selecting consultant-evaluators who have expertise in the areas of focus the organization has chosen for its review goals
- Preparing and training team members to work effectively throughout the visit and any sequential visit(s) that may be involved
- Supporting involvement in follow-up activities once the visit is completed

More detailed information about the customized accreditation review processes may be obtained by contacting the organization's Commission staff liaison.





Preparation for and Participation in the Comprehensive Visit

► **See Chapter 7** for information on institutional change and other Commission monitoring

► **See Section 9.3** for a sample timeline for comprehensive visits

► **See Section 5.2** for information on the self-study process

► **Visit our Web site**

for additional guidance on selecting visit dates

Every accredited organization must have its status reaffirmed not later than five years after it has been initially granted, and not later than ten years following each subsequent reaffirmation. Candidate status is continued by evaluations scheduled at least every two years during the candidacy period. The time for the next comprehensive evaluation for continued candidate or accredited status is explicitly stated in the Commission's accreditation action. However, that evaluation may occur sooner if the organization introduces or plans changes that substantially alter its mission, functions, or character.

This section provides information on effective preparation for and participation in the comprehensive visit for continued accredited status.

Initiating the Comprehensive Evaluation Process

Approximately two years before a scheduled comprehensive evaluation, the Commission sends a reminder letter to the organization's chief executive officer. In response the CEO

- Confirms that the organization will seek continued accreditation without changing any aspects of its status, or indicates that the comprehensive evaluation will include a request for change in that status
- Proposes dates for the visit
- Identifies the organization's self-study coordinator(s)
- Launches the development of the self-study design

One year before the visit, the Commission sends the CEO a second reminder letter. In the letter, the Commission affirms the previously agreed-upon dates. In response the CEO

- Confirms the time, purpose, and special arrangements, if any, of the visit (at this point, the CEO may also request a change in the dates)
- Indicates the competencies the organization would like to see represented in the members of the evaluation team

Choosing the Dates for the Visit

Establishing the dates for the team's visit early in the process enables the organization to develop a well-conceived design, strategy, and timeline for the self-study process, and enables the Commission to coordinate approximately two hundred evaluations that typically are conducted annually. The materials sent by the Commission with each reminder letter include instructions on date selection. Typically, the organization provides a preferred date and an alternative. The Commission makes every effort to give preference to the organization's first choice of dates. The second reminder letter reconfirms the dates of the visit.

Rescheduling the Visit

Sometimes visits are cancelled or postponed at the organization's initiative and with the Commission's approval. On rare occasions, last-minute rescheduling is necessary. When significant events occur that lead the organization to seek the rescheduling of a visit, Commission staff should be notified immediately and should be given the opportunity to discuss with organizational representatives why a change in dates is deemed necessary. If an agreement is reached that the scheduled visit should be cancelled or postponed, the Commission notifies the organization's CEO and refunds all fees paid for the evaluation, less expenses incurred (for example, penalties for cancelled plane tickets or unused hotel reservations).

Scheduling Chair Visits

In special cases, an organization may request a visit by the team chair if it believes that its organizational structure, geographical locations, or some other factor unique to its operations requires extensive advance planning to ensure the comprehensiveness of the visit. If the organization, Commission staff, and designated team chair all agree, the organization and team chair will work out the logistics of the visit. The organization pays a separate fee to the Commission for the chair visit.

Budgeting for the Evaluation Process

In budgeting for the self-study and evaluation processes, an organization should include

- The cost of overhead, such as released time for the self-study coordinator, administrative support, data gathering, postage, and special equipment
- Registration fees and expenses for attendance at Commission Annual Meetings and/or special workshops to support organizational self-study
- The fee for a visit to the campus by the Commission staff liaison
- The cost of producing and printing the self-study report and other documents
- The fee for a chair visit, if appropriate
- The fee for the team visit
- The cost of limited entertainment activities for the team

If the team consists of nine or fewer members visiting a single campus, the Commission charges the organization a fixed fee for the evaluation. When the organization pays this flat fee, it has no additional financial responsibilities to the Commission unless special conditions occur—for example, visits that turn out to be longer than three days, unexpectedly require excessive transportation charges, or include visits to multiple sites at the request of the team or organization. Organizations paying the fixed fee will be invoiced, and the Commission expects payment at least one month before the visit.

If the team consists of more than nine members or if it must visit multiple sites, the evaluation may be billed on the basis of actual costs plus a flat fee for administrative expenses. In those cases, the Commission may require a deposit before the visit. The Commission bills the organization for the balance of the fee after the visit. The organization has no other financial responsibilities for the team's transportation, housing, and meals, except for the limited social event it might choose to host.

Team members are expected to pay for their own expenses associated with visits, including travel, lodging, and food, and to seek reimbursement from the Commission. Unless special arrangements are made with the staff (particularly for "cost-plus" visits), organizations should not attempt to establish a master bill for the team or to pay bills that clearly belong to the team; such attempts simply lead to misunderstandings that interfere with the visit. An organization is not obligated to transport the team during the visit, but if it does provide a car or livery service, it absorbs those costs.

Sometimes the recommendations made by an evaluation team may require the team chair or another team representative to join organizational representatives in an appearance before a Review Committee. When this is the case, the organization should budget for travel and lodging for two or more organizational representatives to travel to Chicago for the hearing.

► **See Section 5.6**
for additional information
on Chair Visits

► **Visit our Web site**

for the current fee schedule
and Annual Meeting
information

About Team Gifts

Team members do not expect gifts, and organizations should not offer them. A souvenir, such as a mug, might be an appropriate memento. However, the Commission expects that its teams will not be offered gifts that could in any way be perceived as influencing their objectivity.

Preparing for the Visit

Organizations that derive the greatest benefit from team visits

- Have a clear and accurate sense of their accomplishments, opportunities for improvement, and challenges
- Have written an evaluative self-study report that clearly documents and communicates these accomplishments, opportunities for improvement, and challenges, and documents evidence that demonstrates fulfillment of the Commission's Criteria for Accreditation
- Have communicated effectively with the team and the Commission staff liaison in confirming expectations, unique aspects, and other special arrangements for the visit
- Have prepared the total organizational community for the visit
- Encourage candid communication, realistic expectations, and open cooperation before and during the visit

The organization best prepared for a useful team visit is the one that conducted an effective self-study process. That is described elsewhere in this *Handbook*. This section identifies in more detail some of the important ways to prepare for the team visit.

► **See Section 5.2**
for information on the
self-study process
and report

Appointing the Evaluation Team

Assist in Establishing the Appropriate Size of the Team

The specific number of persons comprising the evaluation team is initially determined by the Commission's staff liaison following Commission policy. Typically, no fewer than four members serve on a team for a comprehensive visit. The team must be large enough to make a thorough and professional evaluation of the organization. In determining the appropriate number, the staff liaison weighs variables such as the number of students served, the number of degree levels offered, the number of programs offered, the breadth of services provided to students and other constituencies, and the number and type of off-campus offerings supported by the organization. Matters unique to a visit (such as unusual new institutional dynamics, pending implementation of significant changes, or response to alternative evaluation agreements) may add to the size of the team. The staff liaison may also consider organizational requests for a team large enough to ensure that specific issues are addressed.

Provide Timely Assistance in Selecting the Team

Several months before the visit is to take place, the Commission staff liaison proposes to the CEO a roster of consultant-evaluators to serve on the evaluation team. Professional Data Forms that provide information about each person's current institutional affiliation and position, areas of professional expertise, and experience with the Commission accompany the roster. The team is carefully selected by the Commission staff liaison, mindful of the organization being visited as well as the Commission's commitment to equity and diversity in the composition of teams. The organization may express concerns or reservations about proposed team members and definitely should indicate any potential conflicts of interest. The Commission makes every effort to alleviate serious organizational concerns about a proposed team member, but the Commission reserves the right to make the final choice of all team members. The organization is consulted on subsequent changes to an approved team caused by scheduling conflicts and emergencies.

Review Carefully the Evaluation Visit Summary Sheet (EVSS)

Once the organization has approved the team and all team members have accepted the assignment, the Commission formally notifies the organization and the team and distributes an Evaluation Visit Summary Sheet (EVSS).

This document provides a brief description of both the organization and the visit, including contact information for the CEO, the team members, and the organization's Commission staff liaison. The institution should notify the Commission immediately if it finds errors in the EVSS.

Establish and Maintain Good Communication with the Team

In most situations, the team chair will establish contact with the organization's CEO once the team is complete. The organization should not contact individual team members until it has established communication with the chair. Communication primarily flows through the CEO, the team chair, and the Commission staff liaison. Neither the organization's employees nor team members should contact one another individually.

Together, the CEO and the team chair

- Confirm the purpose, approach, nature, and any unique aspects of the visit
- Identify the key people and groups to be interviewed during the visit
- Make arrangements for the team's hotel accommodations
- Agree on the materials, facilities, and technology that will be at the team's disposal before and during the visit
- Discuss any other aspects of the visit that need to be worked out beforehand (such as virtual aspects of the visit and predetermined areas of consultation)

The team chair keeps the CEO and the self-study coordinator(s) informed as plans for the visit move forward.

Clarify the Coordinating Role of the Self-Study Coordinator

The CEO and the self-study coordinators need to maintain open and effective communication channels. The Commission sends all official documents (proposed team roster, final team roster, and Commission materials for the visit) to the CEO. If the CEO chooses to have the self-study coordinators work directly with the Commission on some matters, those documents need to be routed to them. Moreover, the Commission staff liaison should be informed in writing that the self-study coordinators may, on behalf of the organization, agree to such things as team replacements or team arrangements. Whatever the relationship, it is important for the organization to establish early links with the team chair. At that point, the chair should know whom to contact to receive assistance in arranging team accommodations and travel, determining the schedule for some of the team's interviews and meetings, and ensuring that the team will have the on-site support it needs.

Attend to the Logistical Arrangements for the Visit

Hotel Accommodations

The organization assumes responsibility for making hotel arrangements and reservations for the team members. To the extent reasonable and possible, hotel arrangements should include reserving a meeting room for team meetings. A conversation with the team chair will highlight special lodging needs, and provide team approval for the preliminary arrangements made for them. The team chair will notify the organization of any special dietary needs of team members.

Meeting and Resource Room

The team will expect support through a well-designed physical resource room that might also include easy online access to virtual resources, with exhibits clearly identified and appropriately referenced in the self-study report. The organization provides the team with secure space on the campus that is adequate to serve as a meeting room, workroom, and resource room. The space reserved for the team should accommodate the organization's resource materials; work space with furniture; and technology support, including ready access to photocopier, telephone, Internet access, and fax machine.

Special Scheduling for the Visit

Some team chairs will request scheduled appointments with key people. They may include members of the governing board, representatives of the state coordinating board or other related agency, faculty representatives,

► See Section 9.4
for lists of materials
for the visit

student representatives, or alumni and community leaders. Most team chairs ask for a special meeting with the governing board and publicized open meetings with faculty and staff. The organization might host a meal or social hour (such as a luncheon or dinner meeting with trustees or department chairs) at its own expense during the visit; typically, such an event is small and allows the team to accomplish some of its work.

Staff Support

Once on campus, the team will need the assistance of a person who can help with the scheduling of interviews. Sometimes the team does not find all the materials it needs in the resource room; it will need assistance in identifying the location of the materials and how best it can have access to them. The team may need some technical support, particularly if resources are Web based.

Make Appropriate Announcements of the Visit

- **Campus notice.** It is important that the campus community knows about the visit. However, the organization should not share the names of team members prior to their arrival on campus, or their place of lodging during the visit. If special groups ask to meet with the team, the organization should share that request with the chair and abide by the chair's decision. Because teams need flexibility, it is important for the organization to
 - Announce the dates of the visit to all constituent groups
 - Announce the dates in the publications it traditionally uses to reach its various publics
 - Publicize the schedule of the team's open meetings
 - Contact students, employees, and other constituents who may be invited to participate in the visit, and arrange tentative time frames for access
 - Be receptive to times for team members to interact informally with members of the organization
- **Third party comment.** As part of its ongoing effort to make the accreditation process responsive to a broad range of constituents, the Commission has integrated the federally required third-party comment process into its regular accrediting processes. The Commission requires organizations undergoing a comprehensive evaluation to publish basic information about the visit in appropriate publications and invite the public to provide written comments to the Commission. The Commission will forward these comments to the evaluation team to include in its review of the organization. Third-party comment may be submitted in letters or via e-mail to the Commission.

➔ [Visit our Web site](#)

for more information and sample documents related to third party comment

Plan to Accommodate Special Circumstances

- **Contingency planning.** Good planning always involves thinking about how to handle the unexpected. Sometimes significant campus leaders are called away for personal or professional reasons. Consider who can serve as backup or whether teleconferencing might make an important interview possible with an unexpectedly absent representative of the organization.
- **Observers.** Occasionally, an organization asks whether observers (representatives from national church boards or state regents, for example) may be present during the visit. From time to time, the Commission may want to include an observer from a quality assurance agency in a foreign country. The U.S. Department of Education may want to observe a comprehensive visit. The Commission staff may want to observe a visit as part of their orientation and training.

The Commission staff liaison considers each request on a case-by-case basis. The team chair, the organization, and the Commission must agree that the observer may be present. The team chair must ensure that the observer does not participate in the team's final decision.

Submit Required Materials on Time

At least eight weeks before the visit, the organization sends a copy of its self-study report, the last two annual financial audits, and the most current organizational catalog(s) and faculty and student handbooks to the Commission staff liaison and to all team members. With appropriate notification, online resources may also be made available to the evaluation team. The Commission staff liaison sends team members relevant information regarding the organization's last comprehensive visit and any official actions that have transpired since then.

➤ [See Section 9.4](#)
for lists of materials for the visit

Hosting the Visit

A comprehensive visit for continued accreditation normally lasts three days. If circumstances warrant, the visit may be extended if such arrangements have been approved in advance, or if the Commission staff liaison, the team chair, and the organization's CEO agree at the time of the visit that an extension will serve a useful purpose.

Typically, team members arrive at the organization's main site the day before the visit officially begins, and the team chair convenes an initial team meeting. Through earlier communication, the team chair and the CEO have decided whether a get-acquainted gathering will be held on the day the team members arrive. If such an event is scheduled, it is held early in the evening and is relatively brief.

The visit includes both an opening session and an Exit Session. Typically, the opening session is the initial activity of the first visit day. The Exit Session concludes the visit and typically is scheduled during mid-morning of the third day. Visits generally are concluded by noon on the third day so as to accommodate team members' travel.

The Multiple Roles of the Team

The team evaluates the organization to ascertain the extent to which it fulfills the Criteria for Accreditation; it provides consultation relative to the ongoing improvement of the organization; and it recommends the affiliation status that the organization should have with the Commission. Each of these roles is reflected in the structure and content of the team report.

During the visit, team members consult on and evaluate many topics, not all of which have bearing on the decision about accredited status. Some are part of the team's general observations and consultation. A team does not visit an organization to solve its problems or resolve its internal disputes. However, a team, through professional interaction with members of the host organization, can learn about factors that may be causing tensions and offer ideas about ways to improve systems and processes. At the Exit Session, the team chair clarifies those topics that have direct bearing on accredited status and those that constitute consultative advice directed toward continued improvement of the organization.

The Role of the Chief Executive Officer

Although teams evaluate the organization as a whole, they have a special relationship with the chief executive officer. They usually launch the visit with an opening session hosted by the CEO and they conclude the visit with an Exit Session also hosted by the CEO.

Opening session

The evaluation team typically starts the first full day of the on-campus evaluation by meeting the CEO and anyone else he/she invites. This meeting is more than a social occasion; it establishes the tenor of the visit and clarifies for the team any unique contexts in which the visit might be conducted. The team is prepared to pose questions, and the CEO is expected to answer them. The team may also use this meeting to confirm appointments with members of the administration, faculty, staff, and governing board.

Interactions during the visit

The team chair usually meets with the CEO at least once daily to summarize the progress of the team and to learn if some constituencies of the organization still expect to talk to the team. The CEO should feel free to ask for time with the chair at any point in the visit, particularly if there are any concerns emerging about the conduct of the visit. A one-to-one meeting of the team chair and the CEO, during which the chair outlines the nature of recommendations the team will be making, typically precedes the Exit Session.

The Exit Session

The Exit Session, held on the third day of the visit, again engages the team with the CEO. However, the CEO usually invites others—such as administrative colleagues and the steering committee—to attend. During that session, the team chair summarizes the team's findings and shares the team's planned recommendation for affiliation status. The Exit Session is conducted orally, with the team chair speaking on behalf of the team. The team chair informs the organization of forthcoming opportunities to offer corrections to misstatement of facts and to choose the appropriate

review process for the next phase of the evaluation. If the CEO and/or other administrators believe that the team has been misinformed or has misunderstood something important, they say so; and the team should double-check the facts that have been questioned.

Normally, the team departs directly after the Exit Session. In extremely difficult cases, the team may extend its stay to gather and assess additional information. However, if the visit is to be extended beyond the third day, agreement must be obtained from all concerned parties—the CEO, the Commission staff liaison, and team members.

Preliminary Nature of the Team Recommendation

The team's recommendation at the Exit Session is preliminary and may be modified if errors are found or if Commission policy and procedure have not been followed. Therefore, the Exit Session is not the time for the team and organization to enter into a debate about the team's judgments. The organization has an opportunity to file a formal written response to the final team report, and that response is the proper place to challenge the team's interpretations or judgments. Based on the team's presentation in the Exit Session, the organization typically has enough information to begin preparing its written response before it receives the final report.

Moreover, although in most visits, the Commission staff liaison has been consulted or notified about what the team will recommend, if staff review of the draft team report raises questions about the appropriateness of the recommendation in relation to established practice and policy or the adequacy of the report's rationale for the recommendation, some modification may need to be made. The team chair will immediately notify the organization if questions result in a modification of the recommendation announced at the Exit Session.

It is important to understand that the team's recommendation regarding the organization's accredited status serves as the reference for the ongoing accreditation review; it does not constitute the action of the Commission.

The team visit is followed by a review process and Commission action.

Evaluating the Team

As part of its continuous improvement processes, the Commission invites every organization to evaluate the individual performance of the evaluation team members and the overall effectiveness of the team and the visit. The invitation for follow-up is extended to the organization's CEO and up to two additional organizational representatives of the CEO's choosing following the Commission's receipt of the team report. The evaluation materials returned by the organization's representatives are used in the term review of individual consultant-evaluators, in improving the Commission's education and training programs, and in evaluating the general effectiveness of the overall evaluation process.

► **See Section 2.2**
for the review and
decision-making processes
that follow the team visit





The Team Report and Recommendation

Following the visit, the evaluation team writes a report, which becomes the official document of record. The team report provides information suitable for the public, information related to the accreditation decision, and consultation for ongoing institutional improvement.

The team report is written for a variety of audiences. The most obvious are the organization's chief executive officer, governing board, and others; the Commission's Accreditation Review Council and the Institutional Actions Council, which participate in the review process; the Commission's Board of Trustees; and members of subsequent evaluation teams. Central to the report is its relevance to the decision on an organization's affiliation status with the Commission.

Team reports balance evaluation and consultation. As experienced educators, team members can offer valuable counsel to an institution. As outsiders they can be objective about a difficulty that the institution has not been able to clarify for itself. Teams offer this counsel and perspective whenever they can and keep this purpose of the report in mind during their meetings on campus.

Overview of the Team Report

The team report has two main sections: the Assurance section and the Advancement section.

- The **Assurance section** presents the team's evaluation, providing the record of the visit, the evidence, and the rationale for the accrediting relationship. In this section, the team documents its judgment about an organization's fulfillment of the Criteria for Accreditation, evaluating the extent to which the organization fulfills each of the Criteria, and indicating that the organization: meets the Criterion; meets the Criterion but would benefit by initiating improvements; or meets the Criterion but Commission follow-up is necessary. The team also provides its recommendation regarding the status of the organization. If the evaluation process reveals that the organization's fulfillment of a Criterion is in jeopardy or that the organization does not meet a Criterion, the team recommends a sanction or an adverse action. *In addition, the Assurance section introduces topics that might be more fully addressed in the Advancement section.*

The Assurance section is pivotal in the Commission's decision-making processes. In addition to the organization and Commission staff, the audiences for the Assurance section include Readers Panels, Review Committees, the Institutional Actions Council, future evaluation teams, and in some circumstances the Commission's Board of Trustees.

- The **Advancement section** emerges from the Assurance section and speaks directly to the organization. It provides the team's observations and consultation focused on the organization's future improvement, on issues that were raised in the Assurance section, on areas deserving or requiring organizational attention raised in the Assurance section, on areas of accomplishment, and on other areas as defined by either the team or the organization.

► **See Section 9.3**
for a sample timeline
for the visit

► **See Section 2.3**
for information on the SAS
and **Section 8.3**
for information on disclosure
of the team report
and recommendation

The Draft Team Report

Several weeks after the visit, the team chair sends the draft team report to the Commission staff liaison and team members. The team members and staff liaison review the report and discuss it with the team chair. Infrequently, the discussion between the staff liaison and the team chair may result in modification of the preliminary recommendation shared at the Exit Session. If that should occur, the chair immediately notifies the organization and the team. Following this review, the team chair sends the draft team report to the organization for review and correction of errors of fact.

In the letter that accompanies the draft report, the team chair sets firm deadlines for response. Unless notified by one of the parties, once the deadline arrives the chair assumes that the final report can be produced and submitted to the Commission.

The Final Team Report

When the final report is complete, the team chair sends it to the Commission staff liaison. The final team report, with the proposed new wording for the Statement of Affiliation Status (SAS) included, becomes the official document of reference. The Commission office duplicates the final report and mails it to the organization's chief executive officer. The CEO distributes copies of the report to its board chair and others. The Commission office also distributes copies of the report to each team member and, at the appropriate time, to those involved in the Commission's review process.

Response to the Team Report and Recommendation

After reviewing the team report and the evaluation team's recommendation, the organization's CEO sends a formal written response to the Commission, with copies to the team chair and each team member. This response is the organization's commentary on the team's findings. It becomes part of the official record of the evaluation and an integral part of subsequent review processes, including the next evaluation. It also identifies the organization's choice of review process for evaluations for continued candidacy, continued accreditation, and focused visits.

The organization must send its response to the Commission and team members within the time specified in the cover letter sent with the final report. The organization is asked to notify its staff liaison if it expects any delay in submitting the response. However, the Commission does not postpone its regularly scheduled processes and moves forward with the appropriate process if the organization fails to submit a response within a reasonable period.

Review Processes and Commission Action

The team visit is one phase of the evaluation process. The Commission process is multilayered to ensure the appropriateness of its actions. The review and decision-making processes are discussed in detail in other sections of the *Handbook*. Briefly summarized, they include

- Review of documents relating to the visit by a Readers Panel or a Review Committee. The review process is chosen in the organization's official response to the team report
- Action by the Institutional Actions Council or the Review Committee
- Validation of IAC or Review Committee actions by the Board of Trustees





Optional and Alternative Visits

► **See Section 7.1**
for information on
focused visits

► **Visit our Web site**
for the current fee schedule

In addition to traditional comprehensive and focused visits, the Commission sponsors visits that may complement the overall accreditation review process. These include chair visits, sequential visits, collaborative and cooperative visits, and interregional visits. The team chair, Commission staff, and organizational representatives work together to arrange these visits when they are necessary to ensure the comprehensiveness of an evaluation process.

Chair Visits

The team chair may arrange for a chair visit if the organization requests it and the Commission staff liaison concurs. Chair visits are scheduled only when an organization believes that its structure or geographic locations require substantial advance discussion. The team chair makes the final decision about conducting the visit after consulting with Commission staff. The Commission office bills the organization for the cost of the chair visit.

A chair visit normally lasts one day. It is devoted to establishing the details and logistics of the evaluation team's visit. The team chair examines the organization's logistical or programmatic particularities and develops an understanding of its context so that the team can approach the evaluation with a minimum of lost time and a maximum of effectiveness.

The team chair may review the organization's self-study report as part of the visit to determine whether additional information is needed. The team chair may also check on practical arrangements for the team's visit and confirm appointments with members of the organization's state or local governing board(s).

Following the chair visit, the team chair contacts the Commission staff liaison if the chair visit has indicated significant omissions or imbalances in the team or if preparations for the team's visit appear to be at variance with the information the Commission has provided.

Sequential Visits

In most cases, visits to organizations with off-campus programs or sites follow the patterns described for comprehensive visits. Establishing the logistics of the visit may require a preparatory visit by the team chair; conducting the evaluation may require team members to individually examine different sites; but the basic structure of the visit remains the same.

In some cases, however, an organization may have so many sites that are so widely dispersed within and outside its home state, the North Central region, and/or the United States that a sequential visit conducted over a longer period of time is needed. Sequential visits require the Commission and the organization to agree on an appropriate evaluation design and evaluation team members to commit to more time away from their home campuses. Team members who agree to serve on sequential visits receive additional information from the Commission staff. Fees for sequential visits are billed on a cost-plus basis.

➔ **Visit our Web site**
for the “Principles of
Good Practice”

Visits with International Components

Commission policies on institutional change mandate team visits for certain international education programs and sites. Because of the unique nature of international visits, the Commission has endorsed the “Principles of Good Practice in Overseas International Education Programs for Non-U.S. Nationals.” Fees for international visits are billed on a cost-plus basis.

Cooperative and Collaborative Evaluations

The Commission cooperates with accrediting agencies recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA). An organization accredited by the Commission and holding accredited status with another recognized accrediting agency may request a cooperative evaluation. The Commission also provides opportunities for cooperation with state agencies. Requests for cooperative visits are considered when it is in the best interest of the organization and the agencies to conduct such an evaluation, the Commission and the other agencies are able to work together for mutually effective results, and the product satisfies the needs of the agencies. Such requests should be discussed with the Commission staff liaison.

Joint Visits with Other Institutional Accrediting Bodies

The Commission conducts a joint visit with another institutional accrediting agency recognized by the USDE or CHEA only if there are no major areas of conflict relative to the mission and/or criteria and standards of the agencies involved. Joint visits are limited to two participating agencies. They typically involve shared decision making among evaluators representing the two agencies and culminate in a single team report that complies with the requirements of both agencies. Written agreements negotiated between the executive director of the Commission or the director’s designee and the executive director or designee of the other institutional accrediting agency govern cooperation and the mechanics and output of the evaluation. Such agreements are reviewed periodically.

Coordinated Visits with Specialized or Professional Accrediting Bodies

The Commission conducts a coordinated visit with a specialized or professional accrediting agency recognized by the USDE or CHEA. Coordinated visits are typically limited to no more than three participating agencies. While the teams of the participating agencies may coordinate some or many of their activities on campus, decision making and the production of the team report are done separately by each agency. A letter of agreement for each coordinated visit, signed by the executive directors of the participating agencies or their designees, lays out the level of coordination and interaction allowed among agency representatives involved in the visit.

Concurrent Visits with State Agencies

To allow organizations to coordinate activities and to lessen their burden of preparation, the Commission may establish a formal agreement with a state agency for concurrent visits to individual organizations or groups of organizations within its state. The agreement will define the understanding of the responsibilities of the two teams. However, the concurrent visits will follow these general parameters.

- Each agency will name its own team in keeping with its policies on conflict of interest and team size.
- Each agency will designate a chair for its team; the chairs will coordinate the teams’ interactions on campus.
- Teams will not participate together in interviews and group meetings to ensure that the college’s constituencies clearly understand the differences between the responsibilities of each team.
- Teams may meet and confer on campus to share information, but each team separately determines its recommendations and writes its report.

The agreement is sent to the chairs of both teams and is noted on the Commission’s Evaluation Visit Summary Sheet.

Concurrent visits occur only when the Commission is conducting a comprehensive evaluation. The organization must be the initiator of the request for a concurrent visit. The state agency or the Commission (the executive director and/or team chair) can decide in specific situations that a concurrent visit is not appropriate. If one of the three parties decides against a concurrent visit, both agencies will hold their respective visits at different times.

Interregional Visits with Other Regional Accrediting Bodies

The Commission is committed to supporting the reciprocal program of cooperation established through the Council of Regional Accrediting Commissions (C-RAC) for the evaluation of organizations operating across regions. This program outlines a protocol for evaluating organizations operating across regions.

Institutions Operating at Transregional Sites

To preserve the values and practices of peer review and regional accreditation, the Commission's evaluation of affiliated institutions that deliver education at a physical site(s) in another region(s) within the U.S. or its territories will be undertaken with the participation of the host regional accrediting commission(s). This will include the joint (home/host) evaluation of the off-campus sites in a host region against the accreditation standards of that region.

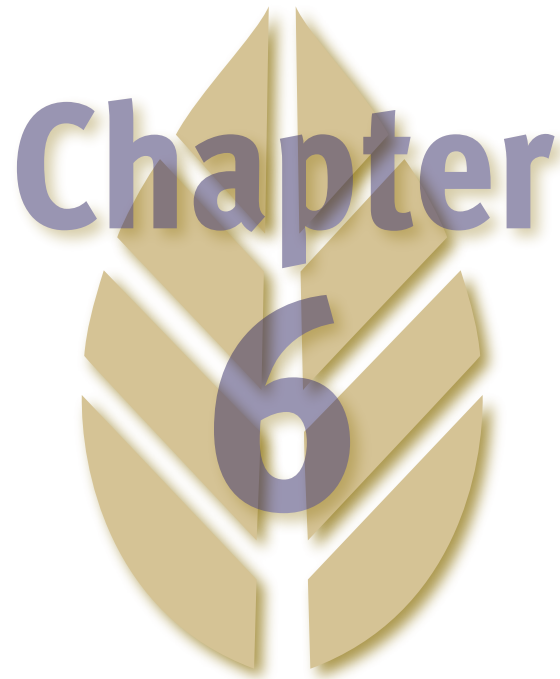
Procedures for the evaluation of colleges and universities operating interregionally will honor these basic principles:

- The mission of the institution will be respected throughout the evaluation process.
- The design and implementation of the strategy fashioned to evaluate its host region's instructional sites will be developed collaboratively by the participating regional commissions together with the affected institution.
- The home region's evaluation processes will serve as the basis for the joint evaluations, and the home region will take the leadership role in initiating and overseeing the process.
- The home region will be solely responsible for final accrediting actions, but will respond to issues brought to its attention by the host commission as identified through its involvement in the institutional review.
- Host commission participation in an interregional accrediting process shall not constitute accreditation of the institution by that commission.
- When an institution moves instructional activities into another region, the commission in the home region will consult with the host region and institution in determining whether the new activities are subject to review under the interregional accrediting process.
- The host region retains the discretion to determine its involvement in the evaluation of institutions operating interregionally.

► **See Section 7.2**
for information on
separately accreditable
organizations

► **Visit our Web site**
for the Procedures for
the Interregional
Accrediting Process





Chapter 6

Maintaining Accredited Status through the Academic Quality Improvement Program (AQIP)





An Introduction to the Academic Quality Improvement Program

Visit the AQIP Web site

at <http://www.AQIP.org>.
The *Frequently Asked Questions* are particularly helpful for those considering AQIP.

Launched in July 1999 with a generous grant from the Pew Charitable Trusts, the Academic Quality Improvement Program (AQIP) is an alternative process through which an organization can maintain its accredited status with The Higher Learning Commission. AQIP's goal is to infuse the principles and benefits of continuous improvement into the culture of colleges and universities in order to assure and advance the quality of higher education. AQIP allows an organization to demonstrate that it meets The Higher Learning Commission's Criteria for Accreditation and other expectations through sequences of events that align with the ongoing activities that characterize organizations striving continuously to improve their performance. By sharing both its advancement activities and the results of these actions with AQIP, an organization develops the evidence necessary to support and assist the organization in achieving the distinctive higher education mission it has set for itself *and* the evidence to enable the Commission to make a public quality assurance judgment.

To accomplish these goals, AQIP uses direct, cost-effective processes that it continuously improves. Full details about AQIP's Strategy Forums, Systems Appraisals, and various other services are available on the AQIP Web site. The Web site also provides links to information about involvement, quality and systematic improvement, and other initiatives that support AQIP's network of participants.

Exploring AQIP and Quality Improvement

Visit the AQIP Web site

to view the *Principles of High Performance Organizations*

The first step for an organization interested in continuous improvement is to learn as much as possible about AQIP and other quality programs and to kick off a campus-wide discussion of how such an initiative might serve its needs and fit its culture. AQIP's Principles of High Performance Organizations describe the characteristics participating colleges and universities strive to embed within their culture. Research and experience indicate that these principles—Focus, Involvement, Leadership, Learning, People, Collaboration, Agility, Foresight, Information, and Integrity—permeate organizations that have achieved a systematic approach to continuous quality improvement. These qualities underlie all of AQIP's criteria, activities, processes, and services, and they represent the values to which AQIP itself aspires organizationally.

An organization that currently has a flourishing quality program has finished this first step. But if words like *alignment*, *process*, *silo*, *team*, and *metric* are foreign to campus discourse, the organization needs to encourage conversation and learn more about quality principles before continuing. It is critical that a core of people, including senior leaders, appreciates the principles of continuous quality improvement and the level of commitment required. Leaders need to clearly understand how system-wide continuous improvement can be introduced, how improved processes can be encouraged, and how enhanced performance can affect overall organizational fitness. Although successful quality initiatives involve everyone, support from leaders is essential.

Every campus has faculty and staff members who are already familiar with quality improvement principles and tools, experts just waiting for a chance to share their enthusiasm with their colleagues. An organization that wants to talk directly with AQIP staff members or arrange an on-campus event that provides deeper understanding should consult *Exploration Options* on the AQIP Web site.

Two Options for AQIP Involvement

AQIP offers two different ways for organizations to become involved. One way allows institutions accredited by The Higher Learning Commission to maintain that status, formally reaffirming it periodically, while the other allows any organization to use AQIP processes to propel its continuous improvement efforts without accreditation benefits.

Continuing Improvement and Maintaining Accredited Status

When a college or university formally becomes a Participant in AQIP, the date of its next reaffirmation of accreditation is set seven years from the date of the official action admitting the organization to AQIP. Reaffirmation seven years later is based on the pattern of full participation in AQIP during that period, on evidence of progress and improvement in the organization, and on evidence that the organization continues to fulfill the Commission's Criteria for Accreditation.

An organization can elect to leave AQIP at any time to return to PEAQ, the Commission's traditional process for maintaining accredited status. If an organization chooses to withdraw from AQIP after participating for five or fewer years, the date for the next comprehensive evaluation reverts to the date on which that review was originally scheduled, or a year later if more time is needed to prepare. If an organization withdraws after more than five years, its next traditional comprehensive evaluation is typically scheduled five years from the year it formally withdrew. Should leaving AQIP create an extended period during which no comprehensive review has occurred, the Commission may require a different schedule.

Continuing Improvement Only

An organization or a major division of a large learning organization can participate in order to use AQIP's processes for improvement and for the opportunity to network with other organizations that are using quality principles and tools. This Associate participation is appropriate for organizations not located in the North Central Association region (and therefore not eligible for Higher Learning Commission accreditation) or for divisions (such as the School of Education, the College of Engineering, or the Student Affairs Division) of a large organization that is not yet ready or willing to base accreditation on an organization-wide quality initiative. Associate participation requires the same level of involvement as organizations using AQIP to maintain their accreditation, except that accreditation is not part of the relationship. Further details regarding the Associate relationship, as well as specific regulations regarding any published referral to this relationship, are available from the AQIP staff.

Formal Application

To join AQIP, an organization must first formally submit an application, and The Higher Learning Commission must approve it. Like all AQIP documents, the application is Web-based and is available on the AQIP Web site. The application should be submitted well before a traditional self-study would normally be initiated. The application should indicate that the organization has already completed some form of quality-based preliminary self-assessment that included an outside perspective, or that it has concrete plans to do so, with a target date for completion of the self-assessment. Facing challenges does not exclude an organization from AQIP, for systematic improvement is often the ideal strategy for solving a problem or enhancing performance.

An AQIP Review Panel of educational and quality experts evaluates the application and forwards a consensus recommendation to the Commission's Institutional Actions Council (IAC). The executive director sends the organization a letter announcing the Commission's action. When an organization is accepted into AQIP, the entire AQIP staff serves as its primary link with the Commission for all matters.

Organizational Self-Assessment

In applying to join AQIP, an organization must demonstrate that it has begun to think about itself in a quality framework. A preliminary self-assessment provides evidence that the organization has looked at itself as a set of systems and processes, rather than as a collection of offices, departments, and academic or administrative units.

► **See Section 6.3**
for details on
reaffirmation of
accreditation through AQIP

► **Visit the AQIP Web site**

at <http://www.AQIP.org>
to view documents and
the application

► **See Section 2.2**
for more information on
AQIP Review Panels

As noted above, the self-assessment also needs to provide some outside perspective. Often the people within an organization are too close to a process to perceive the organization's strengths and opportunities for improvement.

This preliminary self-assessment may take various forms. An organization that has completed an application to a state or national quality award program has a valuable self-assessment in the feedback report. A report that gives evidence of outside advice and guidance resulting from a quality-based self-assessment undertaken in partnership with a consultant also meets AQIP's expectations.

AQIP itself provides two optional tools, Vital Focus and AQIP Examiner, that may help applicants meet this preliminary self-assessment requirement.

- **Vital Focus.** AQIP has developed Vital Focus, a self-assessment package, to help organizations prepare themselves for implementing quality improvement by looking at their improvement opportunities from a systems and process perspective. Vital Focus swiftly provides an organization with an index of its strengths in relationship to the AQIP Criteria and Principles of High Performance Organizations. It makes visible the gaps between current performance and where the organization could or should be. By evaluating AQIP's fit with the organization's strategic context, mission, goals, and priorities, Vital Focus serves as a tool for strategic planning and organizational learning.

Vital Focus also enables the organization to tap into the diverse perspectives of staff, revealing the organization's cultural foundation. The package involves an online survey form to be completed by all faculty and staff members, which is followed by a visit to campus by an AQIP representative to kick off a discussion series exploring the survey results. Vital Focus is a valuable tool for involving an entire campus in the discussion of continuous systematic improvement, something quality award applications often fail to do.

- **AQIP Examiner.** For organizations that have recently hosted a PEAQ comprehensive visit and wish to join AQIP, AQIP Examiner may provide a useful self-assessment instrument. AQIP Examiner is an online survey hosted at a neutral Web site to assure participants of confidentiality. It is designed to help higher education organizations gauge their progress in creating a culture of continuous process improvement, and to discover how and where they can next profitably invest their efforts.

➔ **Visit the AQIP Web site**
for more information about
other uses of AQIP Examiner





The AQIP Criteria and the Commission's Criteria for Accreditation

Systems Thinking in the Process-Focused Organization

AQIP is characterized by its concentration on systems and processes both as the basis for quality assurance and as leverage for institutional improvement. To ensure that its participant organizations maintain this process focus, AQIP created nine criteria that pose challenging questions about groups of related processes. Although the AQIP Criteria examine an organization from a perspective different from the lens used in the Commission's Criteria for Accreditation, they ultimately permit an institution to create a body of evidence that will allow easy proof that it fulfills the Commission's Criteria. The figure below shows how the nine AQIP Criteria together describe the interrelationships among systems essential to any effective college or university, using *quality* to refer to the never-ending improvement of systems and processes in support of mission.



AQIP insists that every organization be lucid and direct about what it is trying to accomplish, and clear about identifying those for whom it is expending its energies and capital. To do this effectively, every organization needs a system that can precisely decipher the shifting needs of its target students and stakeholders. At the left of the figure, *Understanding Students' and Other Stakeholders' Needs* examines this system, which reestablishes the basis for accountability by determining the requirements, expectations, and preferences of stakeholders. Knowing the needs it chooses to serve delineates a higher education organization's mission and vision. In turn, this understanding drives the design and operation of the other systems and processes an organization establishes to carry out its mission.

On the figure's right end, *Helping Students Learn* highlights the core processes—such as instructional design and delivery—that contribute directly to student learning, an educational organization's primary purpose and achievement. *Accomplishing Other Distinctive Objectives* provides for diversity in the character of higher education organizations by encompassing the variety of processes that organizations administer to pursue additional critical goals, such as research, development of endowment funds, competitive athletics, and service to specific communities. Together, these two criteria examine the key processes that a college or university employs to create value directly for its students and other stakeholders. In the eyes of the people an organization serves, the processes included in these systems are the apparent reasons it exists. They are where an organization touches and affects the lives of its stakeholders.

The center of the diagram lists the AQIP Criteria that examine those key groups of internal processes that every organization uses to convert the needs of those it serves into the services it provides. *Valuing People* examines human resource policies and procedures, while *Leading and Communicating* scrutinizes the ways decisions are made and conveyed to an organization's external and internal constituents. *Supporting Institutional Operations* looks at the array of support services critical to every college or university—accounting, food service, maintenance, parking, and many others. *Planning Continuous Improvement* examines how an organization plans, strategically and operationally. *Building Collaborative Relationships* reviews an organization's ways of promoting internal cooperation across divisions and for forging collaborations with other institutions, businesses, and communities. Often these groups of crucial processes are invisible to outsiders. Helping an organization better link and align these “internal” processes allows it to better respond to those external students and stakeholders whom it exists to serve.

Underlying everything, *Measuring Effectiveness* sustains other systems by effectively collecting, storing, retrieving, and interpreting the information needed to improve the entire organization. While AQIP recognizes the importance of inputs and resources, this criterion stresses the necessity for an organization to accurately measure its current performance in key processes—to know whether it is delivering what students and stakeholders require and expect. By developing and using performance metrics, an organization ensures that it is using its resources effectively and demonstrating its accountability to those who fund and support it. When gaps exist between present performance and possible or desirable results, new strategies for improvement come primarily from understanding existing systems and processes and redesigning or improving them.

Together, these nine sets of questions analyze interrelationships among systems essential to all effective colleges and universities. To advance the core purpose of all higher education, the AQIP Criteria take a systemic view, defining and evaluating the key systems or processes within an organization as they relate to learning, and demanding concrete indicators that measure their effectiveness. The questions in each criterion provide a road map for examining systems by asking: Are we doing the right things to achieve our mission? Are we doing those things well? Mission-focused and holistic, the AQIP Criteria provide a framework that supports improvement within any organization whose mission targets learning.

Participation in AQIP and Meeting the Commission's Criteria for Accreditation

To maintain their accredited status, all Commission-accredited colleges and universities must meet identical requirements: file an Annual Report on Organizational Information and Operational Indicators, follow the Commission's institutional change processes, keep current on dues, and demonstrate they meet the Criteria for Accreditation. While the processes for maintaining accredited status differ in AQIP from those used in PEAQ, the fundamental requirements remain the same.

Because each of the nine AQIP Criteria examines a category of processes vital to every college or university, the nine categories together are comprehensive, covering all of the key processes and goals found in any higher education organization. The AQIP Criteria's comprehensive nature and specific questions about processes, results, and improvement allow each organization to fully describe its activities and accomplishments while analyzing itself in a way that promotes critical and productive thinking about improvement. When an organization using AQIP is required to provide evidence that it meets the Commission's Criteria for Accreditation, it can usually reference the same evidence it provides in answering the AQIP Criteria questions. The table on the following page illustrates the alignment between the Commission's five Criteria for Accreditation and the AQIP Criteria.

AQIP works regularly with institutions to make sure the records they present—through their Portfolios, selection of Action Projects, and other activities—provide the Commission with the documentation needed to justify continuation of accredited status. The AQIP Criteria are reviewed annually to ensure that the questions they pose stimulate institutions to examine and address all of the areas covered in the Commission's Criteria for Accreditation. Through these activities, AQIP guarantees that its requirements remain in alignment with the Commission's, and that participating organizations should readily be able to provide evidence that they meet the Commission's expectations for continuation of accredited status.

► **See Section 6.3**
for a more detailed
description of the steps in
AQIP's reaffirmation of
accreditation process

► **See Section 6.4**
for the complete
AQIP Criteria questions.

Here are the groups of
processes they focus on:

1. Helping Students Learn
2. Accomplishing Other Distinctive Objectives
3. Understanding Students' and Other Stakeholders' Needs
4. Valuing People
5. Leading and Communicating
6. Supporting Institutional Operations
7. Measuring Effectiveness
8. Planning Continuous Improvement
9. Building Collaborative Relationships

The Commission's Criteria for Accreditation	AQIP Criteria								
	1	2	3	4	5	6	7	8	9
Criterion One: Mission and Integrity. The organization operates with integrity to ensure the fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff, and students.	✓	✓	✓		✓			✓	
Criterion Two: Preparing for the Future. The organization's allocation of resources and its processes for evaluation and planning demonstrate its capacity to fulfill its mission, improve the quality of its education, and respond to future challenges and opportunities.				✓		✓	✓	✓	✓
Criterion Three: Student Learning and Effective Teaching. The organization provides evidence of student learning and teaching effectiveness that demonstrates it is fulfilling its educational mission.	✓		✓		✓	✓	✓		
Criterion Four: Acquisition, Discovery, and Application of Knowledge. The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.	✓	✓	✓	✓		✓			
Criterion Five: Engagement and Service. As called for by its mission, the organization identifies its constituencies and serves them in ways both value.		✓		✓	✓		✓		✓





AQIP's Core Processes

➔ **Visit the AQIP Web site**

*for detailed information
about AQIP processes*

The Strategy Forum, Action Projects, Annual Updates, Systems Portfolios, and Systems Appraisal are all integral AQIP processes. So, too, is reaffirmation of accreditation, which enables a college or university participating in AQIP to demonstrate its continued fulfillment of the Commission's Criteria for Accreditation. A brief description of each follows.

Strategy Forum

The Strategy Forum is a supportive, facilitated peer review process to help an organization select, critically examine, and commit to a set of Action Projects that will drive quality improvement. The Strategy Forum helps the organization address the AQIP Criteria that are most vital at the time. AQIP does not expect a college or university to address everything simultaneously, but instead to concentrate its energies on three or four Action Projects that will most significantly advance its goals.

At the Strategy Forum, peers from a variety of organizations work to improve each others' systems by probing, questioning, and testing strategies and Action Projects. This takes place in a constructive environment designed to help everyone invest improvement efforts wisely and productively. No one outside an organization, either peers or AQIP, will dictate what the organization must do to improve. That responsibility rests with the organization alone. The function of peers, AQIP facilitators, and Strategy Forum staff is to guarantee that each organization has examined important issues from all perspectives before it makes these critical decisions.

Participants

Each Strategy Forum is a three-day event attended by teams from up to eight institutions. The tone is serious, but casual and friendly. The Strategy Forum mixes small and large, public and private, two-year and graduate, and rural and urban institutions from different states. The diversity means that participants will be exposed to unfamiliar viewpoints and strategies and will have their assumptions challenged.

Also attending are a selected group of trained AQIP facilitators and staff members conversant with quality principles and tools. They help ensure that discussions stay on track and focus on helping each organization craft Action Projects that will advance its quality improvement agenda.

Action Projects

Within the larger sequence of activities and services that constitute AQIP, Action Projects strengthen an organization's commitment to continuous improvement; educate and motivate faculty, staff, and administrators; and improve systems and processes that will lead to success in achieving organizational goals. Ambitious Action Projects create a foundation for improvement initiatives and demonstrate the vitality of the organization's commitment to quality. Each organization shares three or four Action Projects that will swiftly and determinedly move it closer to being what it wants to be.

At least one of the Action Projects relates directly to Helping Students Learn. This project can deal with learning assessment, educational program design and delivery of instruction, evaluation, academic advising, or other academic processes that directly affect students' learning.

In designing its Action Projects, an organization can examine new opportunities or target systems and processes that have served it poorly in the past. To prepare for the Strategy Forum's intensive dialogue, each team needs to be confident that the Action Projects it has identified

- Make a serious and visible difference to institutional performance
- Embody challenging but attainable goals
- Stretch the organization to learn and to excel in new ways
- Focus on both efficiency and benefits to students and other stakeholders

Organizations choose their own Action Projects, for they know better than anyone else what needs to be improved to help them achieve their visions and missions. Neither AQIP nor peers formally approve Action Projects. But at the Strategy Forum, both AQIP representatives and peers from other organizations that are equally serious about quality improvement challenge and test choices, grilling participants on why they wish to select these particular projects as the most vitally important priorities for improvement. Valuable guidance for generating Action Project ideas and narrowing down a broader list of potential projects can be found on AQIP's Web site.

Annual Update

Organizations participating in AQIP file Annual Updates on the progress or completion of the Action Projects that they committed to after attending the Strategy Forum. Holding organizations accountable for the projects they began, these Updates provide feedback, recognition, and assistance if needed. If a project's sole goal was a successful outcome, organizations might be tempted to take on only easy, sure-to-succeed endeavors that would undermine their purposes. Therefore, AQIP does not directly draw conclusions from whether an Action Project succeeds or fails.

Action Project Directory

The Action Project Directory is a Web-based database of all current and successfully completed Action Projects undertaken by AQIP participants. It can be searched by organization, by the AQIP criteria related to a project, or by keywords, and it provides details and a contact person at the organization doing the project.

Action Projects invariably touch upon processes covered by more than one AQIP Criterion. For each project, an organization identifies the AQIP Criterion most directly related to the goal, and up to three other related criteria. For example, the goal of improving faculty ability to use technology in teaching might relate to Helping Students Learn (criterion 1), Valuing People (criterion 4), and Measuring Effectiveness (criterion 7), among others. Organizations also identify up to four Principles of High Performance Organizations that should or could be affected by the project. By searching for others' projects using the AQIP criteria and principles, organizations can generate ideas for their own projects and can network with others doing similar projects.

Nearly all organizations allow public access to their projects in the Action Project Directory. The directory is an invaluable networking tool as well as a publicly visible testament to the creativity and self-regulatory sense of responsibility of higher education organizations.

Systems Portfolio

During the first three years of participating, an organization assembles a Systems Portfolio with broad faculty and staff involvement. This document is essential for the Systems Appraisal that AQIP conducts three years after the organization's first Strategy Forum. Preparation can begin as soon as the organization is accepted to participate in AQIP. Crafting the Systems Portfolio is an opportunity to look at systems and processes in new and revealing ways.

The Systems Portfolio consists of an Organizational Overview and explicates each of the major systems employed to accomplish an organization's mission and objectives. The organization answers specific questions for each of the nine AQIP Criteria. For each system, the questions deal with context for analysis, processes, results, and improvement. The Organizational Overview presents a capsule picture that helps readers understand the organization's key strengths and ambitions, as well as the challenges and conflicts it faces. Information about systems, processes, and performance provides a context for appreciating the organization's choices and decisions.

➔ Visit the AQIP Web site

at <http://www.AQIP.org>

The Systems Portfolio serves as an always-up-to-date account of key systems and processes. It is a credible accountability report for all constituencies interested in organizational performance, including specialized accrediting agencies, state regulators, funding and grant agencies, voters, legislators, and various public groups.

Contents

In combination with other information shared with the Commission, the Systems Portfolio provides the basic information AQIP needs to review the organization and assure the public of its quality. The fact that an organization shares its Systems Portfolio with faculty, staff, administrators, and the public helps guarantee its accuracy and veracity. The process used by the Commission for reviewing the Systems Portfolio is explained below.

Keeping the Portfolio Current

Following the Systems Appraisal, the organization continues to update its Systems Portfolio whenever major changes occur or new performance data become available. For future Systems Appraisals, the organization does not need to create a new Systems Portfolio if it keeps the original up-to-date. Thus, if an organization mounts an Action Project that leads to a redesign of a key process, it will capture its success in the Systems Portfolio. Similarly, it will include changes in performance.

The Systems Appraisal

The Systems Appraisal complements the intensive work embodied in the Action Projects by asking the organization to take stock of its overall systems for maintaining quality. It is also the lead-in for the next round of Action Projects.

The Systems Appraisal Process

Appraisals consist of two stages, independent and consensus review. By including two distinct stages, AQIP ensures consistent Systems Appraisals, making sure judgments represent the shared consensus of all Systems Appraisers. AQIP designates a leader for each Systems Appraisal, who makes assignments based on each reviewer's expertise.

Appraisers may look at the organization's Web site, but organizations are not expected to prepare additional materials (e.g., appendices) beyond the Systems Portfolio. If the Appraisers have serious questions that require clarification or verification, they communicate these to the Systems Appraisal leader or to AQIP staff, who may contact the organization to obtain clarification.

The Appraisal Feedback Report

Following standardized evaluation procedures, the Systems Appraisal produces a consensus Appraisal Feedback Report for the institution. This report assesses the maturity of each of the nine systems to which the AQIP Criteria refer, identifying strengths and opportunities for improvement within each. Feedback reports range from thirty to forty pages: a two- or three-page introduction, two to four pages on each criterion (with twice that on Criterion One), and a four- to five-page Strategic Issues Analysis.

In addition, the Systems Appraisal provides an Appraisal Abstract that serves as an executive summary and is released publicly by The Higher Learning Commission. It serves as the Commission's public disclosure of the organization's progress in its quality journey.

The process concludes when AQIP sends the organization its Feedback Report. However, organizations may choose to have the Systems Appraisal leader deliver the Appraisal Feedback Report in person. AQIP believes that offering this option assists organizations that are using the process to focus attention on their quality efforts and drive higher levels of improvement.

Before the Appraisal Feedback Report is completed, a draft is provided to a fact checker identified by the organization. The fact checker, whose involvement is scheduled before the Systems Appraisal begins, certifies the accuracy of the facts included in the report.

Between the Systems Appraisal and the Next Strategy Forum

Following a Systems Appraisal, AQIP offers additional assistance to organizations that want to accelerate their improvement plans. They can choose

- A conferral report, in which an expert in a particular area reviews plans and offers written advice
- A one-day campus visit by an AQIP Coach
- A campus visit by a team of selected consultants for one or more days

Organizations absorb the costs of these services, which AQIP arranges. In all such cases, the organization establishes the topic(s) on which it seeks assistance and the criteria for determining the value of the advice.

During the seven year period prior to an institution's reaffirmation of accreditation, AQIP will physically visit every organization at least once. This visit can serve multiple purposes. At a minimum, it will establish that the organization complies with those USDE requirements the Commission is expected to check, as well as to confirm any expectations of the Commission's, such as review of third party comment. The visit will also provide an opportunity for the organization's faculty, staff, and students to share their perceptions and concerns directly with representatives of the Commission. AQIP visits may be combined with visits that result from an organizational request for consulting assistance or permission to institute a major organizational change. The scheduling, size, and agenda for an AQIP visit will be determined by the organization and AQIP in collaboration, as will the written reports and artifacts that result from such visits.

Reaffirmation of Accreditation through AQIP

Every seven years, AQIP reviews and reaffirms the accredited status of participating Commission-accredited organizations. A Commission-trained AQIP Review Panel examines each organization's current Systems Portfolio and its last six years of Action Projects, Systems Appraisals, and other interactions with AQIP and the Commission, including reports of organizationally-requested or Commission-sponsored visits. AQIP and each organization will collaborate to ensure that both the organization and AQIP know how the evidence in the System's Portfolio aligns with and supports the Commission's Criteria for Accreditation. The Panel documents where it finds satisfactory evidence of compliance with each of the Criteria for Accreditation. In exceptional cases in which the evidence is incomplete, the Panel seeks and obtains additional facts or verification before it makes a recommendation to the Institutional Actions Council (IAC). These steps are followed:

- Step 1.** An organization engages in all AQIP processes (Strategy Forums, Annual Updates, Systems Portfolio Appraisals, at least one visit) for a seven-year period. Throughout this period, the organization works collaboratively with AQIP to ensure that the overall body of evidence it presents demonstrates awareness of and compliance with the Commission's *Criteria for Accreditation*.
- Step 2.** The AQIP Review Panel examines the collective history of the organization's interaction with AQIP and the Commission (i.e., reports of the various processes and activities, organizational indicators, current Systems Portfolio, tables prepared by the organization showing the correspondence between AQIP documents and the Commission's *Criteria for Accreditation*) and other materials provided by the organization to determine whether and how this evidence demonstrates fulfillment of the Commission's *Criteria for Accreditation* and Core Components. If evidence relating to any of the Core Components is insufficient, the Panel seeks and obtains additional information from the organization before making its recommendation.
- Step 3.** The Panel forwards recommendations regarding reaffirmation of accreditation and continuing AQIP participation to the IAC for a decision and subsequent ratification by the Board of Trustees.

AQIP works to help accredited organizations proactively maintain that status. Colleges and universities are supported in using their own quality improvement initiatives to accomplish goals and reach levels of performance that meet the expectations of the Commission's Criteria for Accreditation. Should an organization begin to flounder in its ability to meet a Criterion or a Core Component, the checks and milestones built into AQIP's processes provide the college or university with the feedback and help needed to prevent little problems from growing into big gaps or failings. By keeping reaffirmation of accreditation separate from its other processes and services, AQIP takes care to maintain the independence of judgment that public quality assurance requires while still providing accredited organizations with the nurture, support, and encouragement that enables improvement and quality performance.





Using the AQIP Criteria

Each AQIP Criterion deals with a related group of processes and allows an organization to analyze, understand, and explore opportunities for improving these processes. Thus each asks

- How does your organization approach these processes? How do you design and stabilize key processes? What methods do you use consistently to achieve the goals you want?
- How broadly have you implemented your approach across different departments, operations, and locations?
- How do you measure your processes and evaluate your results? What trends do you perceive? How do your results compare with the results of other approaches designed to achieve similar goals?
- How do you use information about your processes' performance results to improve your own approach? How do you learn to improve continuously from your experience with these processes?
- How effectively do your processes and their results serve your students' and other stakeholders' needs?

The AQIP Criteria

AQIP Criterion One:

Helping Students Learn

Criterion One identifies the shared purpose of all higher education organizations and is accordingly the pivot of any institutional analysis. This criterion focuses on the teaching–learning processes within a formal instructional context, yet also addresses how the entire organization contributes to student learning and overall student development. It examines processes and systems related to

- Learning objectives
- Mission-driven student learning and development
- Intellectual climate
- Academic programs and courses
- Student preparation
- Key issues such as technology and diversity
- Program and course delivery
- Faculty and staff roles
- Teaching and learning effectiveness
- Course sequencing and scheduling
- Learning and cocurricular support
- Student assessment
- Measures
- Analysis of results
- Improvement efforts

Context for Analysis (C)**Answer the following questions about Criterion One.**

- 1C1** What common student learning objectives do you hold for all students (regardless of their status or program of study), and what pattern of knowledge and skills do you expect them to possess upon completion of their general and specialized studies?
As appropriate, address cocurricular objectives/goals. Criterion Six, Supporting Institutional Operations, asks how you determine, address, and improve your learning support systems to contribute to achieving student learning and development objectives.
- 1C2** By what means do you ensure that student learning expectations, practices, and development objectives align with your mission, vision, and philosophy?
- 1C3** What are your key instructional programs? What delivery methods are used within these key programs? To what degree is technology used within the formal instructional context?
- 1C4** What practices do you use to ensure that the design and delivery of student learning options prepare students to live in a diverse world and accommodate a variety of student learning styles?
- 1C5** By what means do you create and maintain a climate that celebrates intellectual freedom, inquiry, reflection, respect for intellectual property, and respect for differing and diverse opinions?

Processes (P)

- 1P1** How do you determine your common student learning objectives as well as specific program learning objectives? Who is involved in setting these objectives?
- 1P2** How do you design new programs and courses to facilitate student learning? How do you balance educational market issues with student needs in designing responsive academic programming?
- 1P3** How do you determine the preparation required of students for the specific curricula, programs, courses, and learning they will pursue?
- 1P4** How do you communicate expectations regarding student preparation and student learning objectives (for programs, courses, and the awarding of specific degrees or credentials) to prospective and current students? How do admissions, student support, and registration services aid in this process?
- 1P5** How do you help students select programs of study that match their needs, interests, and abilities? In providing this help, how are discrepancies between the necessary and actual preparation of students and their learning styles detected and addressed?
- 1P6** How do you determine and document effective teaching and learning? How are these expectations communicated across the institution?
Criterion Four, Valuing People, examines how you ensure that hiring practices take into account the needs for appropriate faculty talents and credentials and how you ensure that reward and recognition systems are aligned with teaching and learning objectives.
- 1P7** How do you build an effective and efficient course delivery system? How do delivery decisions balance student and institutional needs?
- 1P8** How do you monitor the currency and effectiveness of your curriculum? What process is in place for changing or discontinuing programs and courses?
- 1P9** How do you determine student and faculty needs relative to learning support? How are learning support areas involved in the student learning and development process?
Learning support areas may include library, advising, and tutoring, as appropriate.
- 1P10** How are cocurricular development goals aligned with curricular learning objectives?
From the point of view of the formal instructional process, Criterion Six, Supporting Institutional Operations, asks how support areas such as residence life, student activities, advising, and counseling address student development performance (learning, behaviors, values, activities, etc.) and determine processes and goals to aid in student development.
- 1P11** How do you determine the processes for student assessment?
- 1P12** How do you discover how well prepared the students who are completing programs, degrees, and certificates are for further education or employment?
- 1P13** What measures of student performance do you collect and analyze regularly?

Results (R)

- 1R1** What are your results for common student learning objectives as well as specific program learning objectives?
- 1R2** What is your evidence that students have acquired the knowledge and skills base required by the institution and its stakeholders (that is, other educational institutions and employers) for the awarding of specific degrees or credentials?
Results might address perspectives of other higher education institutions, employers, and so on.
- 1R3** What are your results for processes associated with helping students learn?
Results might include processes in designing and introducing new courses and programs, using technology and its impact, evidence of effective teaching, processes associated with scheduling, and so on.
- 1R4** Regarding 1R1 through 1R3, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside the education community?
For 1R1 through 1R4, address historical trends and patterns, as appropriate.

Improvement (I)

- 1I1** How do you improve your current processes and systems for helping students learn and develop?
- 1I2** With regard to your current results for student learning and development, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will they be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Criterion Two:**Accomplishing Other Distinctive Objectives**

Criterion Two addresses the processes that contribute to the achievement of the major objectives that complement student learning and fulfill other portions of the mission. Depending on the organization's character, the Criterion examines processes and systems related to

- Identification of other distinctive objectives
- Alignment of other distinctive objectives
- Faculty and staff roles
- Assessment and review of objectives
- Measures
- Analysis of results
- Improvement efforts

Answer the following questions about Criterion Two.**Context for Analysis (C)**

- 2C1** What are your explicit institutional objectives in addition to helping students learn (Criterion One)?
Other distinctive objectives may include pure and applied research and scholarship, professional and public service, institutional citizenship, service learning, service to a religious order or philosophy, economic stimulation and development of the community, growth in organizational capital, participation in college athletics and other auxiliary or secondary activities, or any other major activities to which the institution commits substantial resources, energy, and attention. These objectives are distinctive because they distinguish the institution's unique identity, while all higher education organizations share the objective of helping students learn.
- 2C2** By what means do you ensure that your other distinctive objectives align with your mission, vision, and philosophy?
- 2C3** How do your other distinctive objectives support or complement your processes and systems for helping students learn?

Processes (P)

- 2P1** How do you determine your other distinctive objectives? Who is involved in setting these objectives?
- 2P2** How do you communicate your expectations regarding these objectives?
Criterion Four, Valuing People, examines the ways you make certain that your reward and recognition systems are aligned with your other distinctive objectives.
- 2P3** How do you determine faculty and staff needs relative to these objectives?
- 2P4** How are these objectives assessed and reviewed? Who is involved, and how is their feedback incorporated in readjusting the objectives or the processes that support them?
- 2P5** What measures of accomplishing your other distinctive objectives do you collect and analyze regularly?

Results (R)

- 2R1** What are your results in accomplishing your other distinctive objectives?
- 2R2** How do the results in 2R1 compare with the results of peer institutions? How do they compare, if appropriate, with the results of other higher education institutions and of organizations outside the education community?
For 2R1 and 2R2, address historical trends and patterns, as appropriate.
- 2R3** How do your results in accomplishing other distinctive objectives strengthen your overall institution? How do they enhance your relationship with the community and region you serve?

Improvement (I)

- 2I1** How do you improve your systems and processes for accomplishing your other distinctive objectives?
- 2I2** With regard to your current results for accomplishing your other distinctive objectives, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will they be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Criterion Three:**Understanding Students' and Other Stakeholders' Needs**

Criterion Three examines how the organization works actively to understand student and other stakeholder needs. It examines processes and systems related to

- Student and stakeholder identification
- Student and stakeholder requirements
- Analysis of student and stakeholder needs
- Relationship building with students and stakeholders
- Complaint collection, analysis, and resolution
- Determining satisfaction of students and stakeholders
- Measures
- Analysis of results
- Improvement efforts

Answer the following questions about Criterion Three.**Context for Analysis (C)**

- 3C1** Into what key groups do you subcategorize your students and other stakeholders? How do you define and differentiate these student and other stakeholder groups?
Students are any educational organization's primary stakeholders, but your organization may see its mission as serving other groups as well. For purposes of Criterion Three, other stakeholders refers to groups that have a major stake in the organization's success, such as, for example, parents, alumni, board members, local and regional communities, employers, and legislators. Internal groups (faculty and staff) are addressed in Criterion Four, Valuing People.
- 3C2** What are the short-term and long-term requirements and expectations of your student and other stakeholder groups?

Processes (P)

- 3P1** How do you identify the changing needs of your student groups? How do you analyze and select a course of action regarding these needs?
Changing needs might address, for example, needs that will impact enrollment in programs and courses, services provided, and facilities required, as appropriate.
- 3P2** How do you build and maintain a relationship with your students?
Address current and prospective students, as appropriate.
- 3P3** How do you identify the changing needs of your key stakeholder groups? How do you analyze and select a course of action regarding these needs?
Changing needs might address, for example, needs of the communities and region that you serve and needs that will impact students upon entry into internship and service opportunities, the job market, and further educational opportunities, as appropriate.
- 3P4** How do you build and maintain a relationship with your key stakeholders?
Address both current and prospective stakeholders, as appropriate.

Results (R)

- 3P5** How do you determine whether new student and stakeholder groups should be addressed within your educational offerings and services?
How you anticipate the future needs of your student and other stakeholder groups and include them in your planning process should be addressed in Criterion Eight, Planning Continuous Improvement.
- 3P6** How do you collect complaint information from students and other stakeholders? How do you analyze this feedback both in a formative and summative manner and select a course of action? How do you communicate your actions to students and stakeholders?
- 3P7** How do you determine student and other stakeholder satisfaction? What measures of student and other stakeholder satisfaction do you collect and analyze regularly?

-
- 3R1** What are your results for student satisfaction with your performance?
Results might include satisfaction with instructional and supporting institutional operations, as driven by the requirements identified in 3C2. Results might include complaint information as well.
- 3R2** What are your results for the building of relationships with your students?
Results might address, for example, attrition and retention, transfer, loyalty, and overall value ratings.
- 3R3** What are your results for stakeholder satisfaction with your performance?
Results regarding serving the communities and region that you serve should be addressed in Criterion Two, Accomplishing Other Distinctive Objectives.
- 3R4** What are your results for the building of relationships with your key stakeholders?
Results might address, for example, retention, loyalty, and overall value ratings.
- 3R5** Regarding 3R1 through 3R4, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside the education community?
For 3R1 through 3R5, address historical trends and patterns, as appropriate.

Improvement (I)

-
- 3I1** How do you improve your current processes and systems for understanding the needs of your key student and other stakeholder groups?
- 3I2** With regard to your current results for understanding the needs of your key student and other stakeholder groups, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will they be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Criterion Four:**Valuing People**

Criterion Four explores commitment to the development of faculty, staff, and administrators, since the efforts of all are required for success. It examines processes and systems related to

- Work and job environment
- Workforce needs
- Training initiatives
- Job competencies and characteristics
- Recruitment, hiring, and retention practices
- Work processes and activities
- Training and development
- Personnel evaluation
- Recognition, reward, compensation, and benefits
- Motivation factors
- Satisfaction, health and safety, and well-being
- Measures
- Analysis of results
- Improvement efforts

Answer the following questions about Criterion Four.

Context for Analysis (C)

- 4C1** In what distinctive ways do you organize your work environment, work activities, and job classifications to strengthen your focus on student learning and development?
Criterion Four addresses your workforce, including faculty, staff, and administrators. As appropriate, address your student workforce throughout Criterion Four as well.
- 4C2** What key institutional and geographic factors determine how you address your work environment and job classification? In what ways do you use part-time employees?
- 4C3** What demographic trends do you analyze as you look at your workforce needs over the next decade?
Also discuss how the plans addressed in Criterion Eight, Planning Continuous Improvement, include these trends and needs.
- 4C4** What key faculty, staff, and administrative training initiatives are you currently undertaking or planning to implement in the near future?

Processes (P)

- 4P1** How do you identify the specific credentials, skills, and values required for faculty, staff, and administrators? How do your hiring processes make certain that you employ people who possess these characteristics?
- 4P2** How do you recruit, hire, and retain employees? How do you orient all employees to your organization? How do you plan for changes in personnel?
- 4P3** How do your work processes and activities contribute to communications, cooperation, high performance, innovation, empowerment, organizational learning, and skill sharing? How do you ensure the ethical practices of all employees?
- 4P4** How do you train and develop all faculty, staff, and administrators to contribute fully and effectively throughout their careers with your institution? How do you reinforce this training?
Training and development might include, for example, leadership training at all organizational levels, the use of technology, safety issues, the collection and use of tools associated with measuring effectiveness, and the key issues associated with educational changes.
- 4P5** How do you determine training needs? How is your training aligned with the plans addressed in Criterion Eight, Planning Continuous Improvement, and how does it augment your focus on helping students learn and accomplishing other distinctive objectives?
Include how you prepare all personnel to contribute to a culture of continuous improvement and an understanding of how their roles and responsibilities contribute to the success of your organization.
- 4P6** How do you design and use your personnel evaluation system? How does this system align with your objectives in Criterion One, Helping Students Learn, and in Criterion Two, Accomplishing Other Distinctive Objectives?
Include how you provide feedback to employees.
- 4P7** How do you design your recognition, reward, and compensation systems to align with your objectives in Criterion One, Helping Students Learn, and in Criterion Two, Accomplishing Other Distinctive Objectives? How do you support employees through benefits and services?
- 4P8** How do you determine key issues related to the motivation of faculty, staff, and administrators? How are these issues analyzed, and how is a course of action selected?
- 4P9** How do you provide for and evaluate employee satisfaction, health and safety, and well-being?
Specify varying methods, if appropriate, for faculty, staff, and administrators.
- 4P10** What measures of valuing people do you collect and analyze regularly?

Results (R)

- 4R1** What are your results in valuing people?
Include faculty, staff, and administrator satisfaction, health and safety, well-being, and your employees' impact on institutional development.
- 4R2** What are your results in processes associated with valuing people?
Results might include, for example, processes in designing, modifying, and delivering new recruitment and selection procedures, orientation and/or training sessions, retention of employees, and employee evaluation systems.
- 4R3** What evidence indicates the productivity and effectiveness of your faculty, staff, and administrators in helping you achieve your goals?

Improvement (I)

4R4 Regarding 4R1 and 4R3, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside the education community?
For 4R1 through 4R4, address historical trends and patterns, as appropriate.

4I1 How do you improve your current processes and systems for valuing people?

4I2 With regard to your current results for valuing people, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Criterion Five:

Leading and Communicating

Criterion Five addresses how the leadership and communication structures, networks, and processes guide the organization in setting directions, making decisions, seeking future opportunities, and building and sustaining a learning environment. It examines processes and systems related to

- Leading activities
- Communicating activities
- Alignment of leadership system practices
- Institutional values and expectations
- Direction setting
- Future opportunity seeking
- Decision making
- Use of data
- Leadership development and sharing
- Succession planning
- Measures
- Analysis of results
- Improvement efforts

Answer the following questions about Criterion Five.

Context for Analysis (C)

5C1 Describe your leadership and communication systems. (A brief chart or summary of groups, committees, or teams and their functions may be useful.)

Your leadership system includes not only individuals who have day-to-day supervisory or decision-making responsibility, but also leadership groups within the organization and oversight entities such as institutional or state boards or trustees.

5C2 In what ways do you ensure that the practices of your leadership system—at all institutional levels—align with the practices and views of your board, senior leaders, and (if applicable) oversight entities?

5C3 What are your institutional values and expectations regarding ethics and equity, social responsibilities, and community service and involvement?

Specific community service and involvement activities may be addressed in Criterion Two, Accomplishing Other Distinctive Objectives. For purposes of Criterion Five, address the overall values and expectations set forth by leaders.

Processes (P)

5P1 How do your leaders set directions in alignment with your mission, vision, and values that are conducive to high performance, individual development and initiative, organizational learning, and innovation? How do these directions take into account the needs and expectations of students and key stakeholder groups and create a strong focus on students and learning?

5P2 How do your leaders guide your institution in seeking future opportunities and building and sustaining a learning environment?

5P3 How are decisions made in your institution? How do you use teams, task forces, groups, or committees to recommend or make decisions and to carry them out?

Describe how decisions are actually made and implemented, even if this differs from your theoretical or procedural governance guidelines.

Results (R)

- 5P4** How do your leaders use information and results in their decision-making process?
By specific group, describe the key results reviewed and indicate the frequency. Key results are those results, from all organizational areas, that are critical to understanding whether the organization is succeeding—the kind of results described in the nine AQIP Criteria.
- 5P5** How does communication occur between and among institutional levels?
Address downward, upward, and two-way communication, as well as how leaders and leadership groups communicate with one another.
- 5P6** How do your leaders communicate a shared mission, vision, values, and high performance expectations regarding institutional directions and opportunities, learning, continuous improvement, ethics and equity, social responsibilities, and community service and involvement?
- 5P7** How are leadership abilities encouraged, developed, and strengthened among faculty, staff, and administrators? How are leadership best practices, knowledge, and skills communicated and shared throughout your institution?
- 5P8** How do your leaders and board members ensure that your mission, vision, and values are passed on during leadership succession? How is your leadership succession plan developed?
Describe your leadership succession plan.
- 5P9** What measures of leading and communicating do you collect and analyze regularly?

Improvement (I)

- 5R1** What are your results for leading and communicating processes and systems?
Results might include, for example, leadership effectiveness, satisfaction with leadership, leadership communication effectiveness, and value of decisions made.
- 5R2** Regarding 5R1, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside the education community?
For 5R1 and 5R2, address historical trends and patterns, as appropriate.
- 5I1** How do you improve your current processes and systems for leading and communicating?
Address how you use student, faculty, staff, administrator, and key stakeholder feedback, as appropriate.
- 5I2** With regard to your current results for leading and communicating, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Criterion Six:**Supporting Institutional Operations**

Criterion Six addresses the support processes that help provide an environment in which learning can thrive. It examines processes and systems related to

- Student support
- Administrative support
- Identification of needs
- Contribution to student learning and accomplishing other distinctive objectives
- Day-to-day operations
- Use of data
- Measures
- Analysis of results
- Improvement efforts

Answer the following questions about Criterion Six.**Context for Analysis (C)**

- 6C1** What are your key student and administrative support service processes? What are the support service process needs of students and other stakeholder groups?
Student support services could include, for example, admissions, advising, athletics, bookstore, campus activities, campus safety, career services, computing, disability services, financial aid, food services, health, library, registration, residential life, and tutoring. Administrative support services could include, for example, accounting, business office, cashiering, custodial services, facilities planning and management, financing, maintenance, purchasing, and risk management. Address which services, if any, are outsourced.

Processes (P)

6C2 How do your key student and administrative support services reinforce processes and systems described in Criterion One, Helping Students Learn, and Criterion Two, Accomplishing Other Distinctive Objectives?

6P1 How do you identify the support service needs of your students?

6P2 How do you identify the administrative support service needs of your faculty, staff, and administrators, as well as other key stakeholder groups (e.g., oversight board, alumni)?

6P3 How are your key student and administrative support service processes managed on a day-to-day basis to ensure that they are meeting the needs of students and key stakeholder groups? How do you document your processes and encourage knowledge sharing, innovation, and empowerment?
Address how feedback from students and key stakeholder groups (including faculty and staff) is used to change processes.

6P4 How do your key student and administrative support areas use information and results to improve their services?
Address how information and results are used on a day-to-day and summative basis.

6P5 What measures of student and administrative support service processes do you collect and analyze regularly?

Results (R)

6R1 What are your results for student support service processes?

6R2 What are your results for administrative support service processes?
Address patterns of financial capacity as well as other indicators of institutional health and viability.

6R3 Regarding 6R1 and 6R2, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside the education community?
For 6R1 through 6R3, address historical trends and patterns, as appropriate.

Improvement (I)

6I1 How do you improve your current processes and systems for supporting institutional operations?

6I2 With regard to your current results for student and administrative support processes, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Criterion Seven:**Measuring Effectiveness**

Criterion Seven examines how the organization collects, analyzes, and uses information to manage itself and to drive performance improvement. It examines processes and systems related to

- Collection, storage, management, and use of information and data at the institutional and departmental/unit levels
- Institutional measures of effectiveness
- Information and data alignment with institutional needs and directions
- Comparative information and data
- Analysis of information and data
- Effectiveness of information system and processes
- Measures
- Analysis of results
- Improvement efforts

Answer the following questions about Criterion Seven.**Context for Analysis (C)**

7C1 In what ways do you collect and store information and data, both in centralized and decentralized circumstances? In what ways is this information made accessible to those who need it?
Address your primary data collection mechanisms, as appropriate, your information system(s)—not only your central information system, but also those used at varying levels—and your accessibility options (what is available and to whom).

Processes (P)**7C2** What are your key institutional measures for tracking effectiveness?

These measures might include data on students; accomplishing other distinctive objectives; faculty, staff, and administrators; other key stakeholder groups; academic and other programs; and the performance of institutional operations and processes; and comparative information concerning students, stakeholder groups, programs, and performance in other organizations.

7P1 How do you select, manage, and use information and data (including current performance information) to support student learning (Criterion One), overall institutional objectives (Criterion Two), strategies (Criterion Eight), and improvement efforts (all Criteria)?

7P2 How do you determine the needs of your departments and units related to information and data collection, storage, and accessibility? How are these needs met?

7P3 How do you determine the needs and priorities for comparative information and data? What are your criteria and methods for selecting sources of comparative information and data within and outside the education community?

Address determination of needs at both the institutional and department or unit levels.

7P4 How, at the institutional level, do you analyze information and data regarding overall performance? How is this analysis shared throughout the organization?

Analysis of performance information should span measures you determine to be key from across the nine AQIP Criteria.

7P5 How do you ensure that department and unit analysis of information and data aligns with your institutional goals regarding student learning (Criterion One) and overall institutional objectives? How is this analysis shared?

7P6 How do you ensure the effectiveness of your information system(s) and related processes?

Address, for example, your hardware and software system upgrades, integrity and reliability of information and data, and confidentiality and security of information and data.

7P7 What measures of the effectiveness of your system for measuring effectiveness do you collect and analyze regularly?

Results (R)

7R1 What is the evidence that your system for measuring effectiveness meets your institution's needs in accomplishing its mission and goals?

Results should address processes associated with information and data collection, analysis, and use. These might include, for example, system accessibility; reliability and confidentiality of information and data; and internal satisfaction ratings of the timeliness, accessibility, and user-friendliness of information and data.

7R2 Regarding 7R1, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside the education community?

For 7R1 and 7R2, address historical trends and patterns, as appropriate.

Improvement (I)

7I1 How do you improve your current processes and systems for measuring effectiveness?

7I2 With regard to your current results for measuring effectiveness, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will these be addressed? How do you communicate your current results and improvement priorities to students, faculty, staff, administrators, and appropriate stakeholders?

AQIP Criterion Eight:**Planning Continuous Improvement**

Criterion Eight examines the planning processes and how strategies and action plans are helping achieve the mission and vision. It examines processes and systems related to

- Institutional vision
- Planning
- Strategies and action plans
- Coordination and alignment of strategies and action plans
- Measures and performance projections
- Resource needs
- Faculty, staff, and administrator capabilities
- Measures
- Analysis of performance projections and results
- Improvement efforts

Context for Analysis (C)**8C1** What is your institution's vision of what your institution will be like in the next five to ten years?**8C2** What are your institution's short-term and long-term strategies? How are these strategies aligned with your mission and vision?*Strategies should be interpreted broadly to reflect institutional nuances in language. Thus, strategies might refer to initiatives, directions, objectives, and the like.***Processes (P)****8P1** What is your planning process?*Describe, as appropriate, planning steps, who is involved, timelines, factors that are addressed, and methods for addressing the future. Also address how modifications to the mission and vision are addressed.***8P2** How do you select short-term and long-term strategies?*Address, as appropriate, the key influences, challenges, and requirements that most affect your strategy selection and how you address conflicting expectations of key stakeholder groups.***8P3** How do you develop key action plans to support your institutional strategies?*Address the plans you regularly produce, implement, and revise. Also address how progress reports are regularly tracked as well as communicated to students, faculty, staff, administrators, and key stakeholder groups.***8P4** How do you coordinate and align your planning processes and overall institutional strategies and action plans with your varying institutional levels?*Levels might include, for example, colleges, departments, units, and satellite campuses.***8P5** How do you select measures and set performance projections for your institutional strategies and action plans?**8P6** How do you account for appropriate resource needs within your strategy selection and action plan implementation processes?*Resource needs might include staff, financial, space, and equipment.***8P7** How do you ensure that faculty, staff, and administrator capabilities will be developed and nurtured to address requirements regarding changing institutional strategies and action plans?**8P8** What measures of the effectiveness of your system for planning continuous improvement do you collect and analyze regularly?**Results (R)****8R1** What are your results for accomplishing institutional strategies and action plans?**8R2** Regarding 8R1, what are your projections of performance for your strategies and action plans over the next one to three years?**8R3** Regarding 8R2, how do your projections for your strategies and action plans compare with those of other higher education institutions and, if appropriate, organizations outside the education community?**8R4** What is the evidence that your system for planning continuous improvement is effective?*Results might include, for example, number of participants involved in the planning process and employee and stakeholder satisfaction with the planning process. Address historical trends and patterns, as appropriate.***Improvement (I)****8I1** How do you improve your current processes and systems for planning continuous improvement?**8I2** With regard to your current results for planning continuous improvement, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will these be addressed? How do you communicate your current results and improvement priorities as well as performance projections to students, faculty, staff, administrators, and appropriate stakeholders?**AQIP Criterion Nine:****Building Collaborative Relationships**

Criterion Nine examines the organization's relationships—current and potential—to analyze how they contribute to accomplishing the mission. It examines processes and systems related to

- Identification of key internal and external collaborative relationships
- Alignment of key collaborative relationships
- Relationship creation, prioritization, and building
- Needs identification
- Internal relationships

Context for Analysis (C)

- Measures
- Analysis of results
- Improvement efforts

Answer the following questions about Criterion Nine.

- 9C1** What are your institution's key collaborative relationships?
Address specific relationships with educational organizations, businesses, and other organizations. Also address the nature of the relationship (existing or emerging, feeder or receiver, community support, outsource, etc.). Activity that promotes internal collaboration among employees is best addressed in Criterion Four, Valuing People.
- External collaborative partners might include organizations that are the sources of entering students (high schools, community colleges, places of work); organizations that are the destination of exiting students (four-year institutions, graduate schools, places of work); suppliers such as food services, book suppliers, and student recruiting services; external agencies such as state coordinating boards or state, local, or national governments; religious organizations; and other institutions or consortia of institutions.*
- 9C2** In what ways do these collaborative relationships reinforce your institutional mission? If applicable, how do the relationships support changes in your institutional directions as addressed in Criterion Eight, Planning Continuous Improvement?
Involvement of external collaborative partners in planning processes may also be addressed in Criterion Eight, Planning Continuous Improvement.

Processes (P)

- 9P1** How do you create, prioritize, and build relationships with the following?
- Educational institutions and other organizations from which you receive your students
 - Educational institutions and employers that depend on a supply of your students and graduates who meet their requirements
 - Organizations that provide services to your students
 - Education associations, external agencies, consortia partners, and the general community with which you interact
- 9P2** How do you ensure that the varying needs of those involved in these relationships are being met?
- 9P3** How do you create and build relationships within your institution? How do you assure integration and communication across these relationships?
- 9P4** What measures of building collaborative relationships do you collect and analyze regularly?

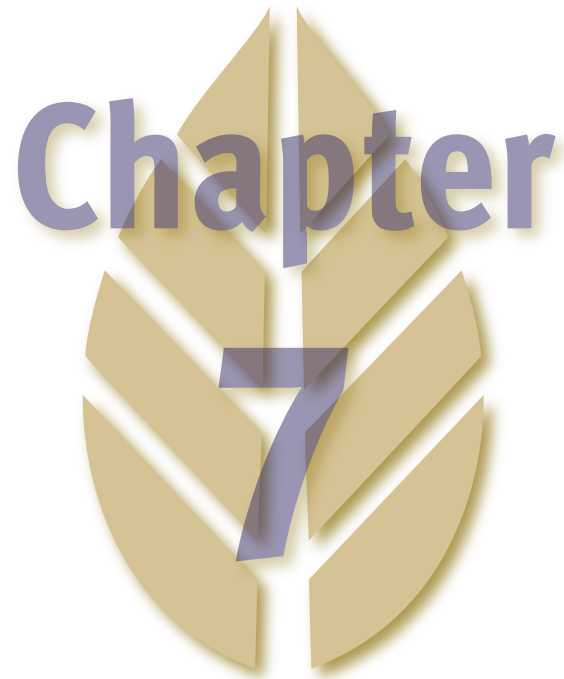
Results (R)

- 9R1** What are your results in building your key collaborative relationships?
- 9R2** Regarding 9R1, how do your results compare with the results of other higher education institutions and, if appropriate, organizations outside the education community?
For 9R1 and 9R2, address historical trends and patterns, as appropriate.

Improvement (I)

- 9I1** How do you improve your current processes and systems for building collaborative relationships?
- 9I2** With regard to your current results for student learning and development, how do you set targets for improvement? What specific improvement priorities are you targeting, and how will these be addressed? How do you communicate your current results and improvement priorities to relationship partners, faculty, staff, administrators, and appropriate students and stakeholders?





Chapter 7

The Ongoing Relationship





Fulfilling Commission Mandates

► **See Section 8.2**
for information on
site visits in the federal
compliance program

The Commission concludes each PEAQ comprehensive evaluation by making a decision about the affiliated status of the organization. Part of that decision is setting the date for the next comprehensive evaluation. Another part typically is defining specific components of the ongoing relationship between the organization and the Commission. The Commission may approve stipulations or provide permission for program and site expansion. It may ask that different kinds of reports be filed over the next years. It can also mandate a future focused visit on specific issues. An organization attends to its affiliation between comprehensive visits by honoring the stipulations, notifying the Commission of program and site expansion, filing required reports, and hosting any focused visits. The federal government requires recognized accrediting agencies to make visits in some situations; therefore, for both AQIP and PEAQ organizations, hosting such visits is also involved in attending to affiliation status.

The Commission's relationship with an organization is organic; that is, it may come under review in whole or in part as the organization's circumstances change. This holds true for all affiliated organizations, whether they are using PEAQ or AQIP. Typically, a potential shift in the relationship is triggered by the organization's initiation of changes that require Commission approval. The ways that the Commission reviews and acts on these changes are outlined in this section and the next. Sometimes substantive organizational changes are best understood and evaluated through a focused visit. The organization demonstrates its attention to affiliation by interacting with Commission staff as it plans for important changes, by initiating the Commission change process in a timely fashion, and by moving through the procedures for evaluating the change that are agreed upon with the Commission staff.

All affiliated organizations also attend to affiliation by filing an Annual Report on Organizational Information and Operational Indicators with the Commission office.

In recent years the executive director has occasionally responded to unusual and rapidly developing circumstances at an affiliated organization by having a small team visit the organization and advise the executive director on the best Commission response. In such situations, an organization attends to affiliation by cooperating in hosting an advisory visit.

Submitting Required Reports

The Commission differentiates among the following required reports.

- **Progress reports.** The Commission may require a progress report when its goal is to receive specific, important information from the organization, track how it is progressing in coping with certain changes or challenges, or receive evidence that plans came to fruition.
- **Monitoring reports.** The Commission may require a monitoring report in situations requiring careful ongoing attention. By requiring such a report, the Commission signals that the situation must change in a specific way and that, if it does not, Commission staff will require additional monitoring. Staff members may call for additional reports, require a focused visit, or, following guidance from the team, move forward the date of the next comprehensive evaluation.
- **Contingency reports.** The Commission may require a contingency report when it anticipates an event that could change conditions that would have a significant effect on the organization. Such a report

specifies why the anticipated change requires monitoring, exactly what conditions require the organization to file the report, and what issues the staff should consider when the report is received.

At least a year before the report is due, the Commission sends a reminder to the organization. In special circumstances, the staff can shift the due date of a report at the request of the organization.

The content of each report differs. Most frequently, the team report includes significant guidance about the content. Sometimes the official action letter from the Commission defines the content. If the organization is not clear about what is expected in the report, it should contact its staff liaison.

When the report is filed, the Commission staff reviewer prepares a written analysis of it. Sometimes the Commission staff reviewer shares the report with the chair of the team that initially recommended it. In those situations, the staff reviewer may include the chair's comments in the analysis.

On behalf of the Commission, the staff member may

- Accept the report
- Require one or more follow-up reports if additional information is needed or a longer time period seems appropriate
- Recommend that the Institutional Actions Council call for a focused visit, change a stipulation, or modify the date of the next comprehensive visit

The successful filing of a report is considered an official Commission action. The staff analysis together with the Commission letter of acceptance is part of the organization's official file and is shared with the next evaluation team.

Participating in Mandated or Requested Focused Visits

Focused visits occur between comprehensive evaluations and examine only specific aspects of an organization. Focused visits are used primarily with the PEAQ process. A focused visit reviews specific developments and changes or follows up on concerns identified by a previous evaluation process and is not primarily concerned with determining whether an organization fulfills the Criteria for Accreditation.

The Commission may call for a focused visit as part of its accrediting action. Such a **mandated** focused visit is recorded on the organization's Statement of Affiliation Status. In addition, the Commission may schedule a focused visit when policy mandates such review of certain **organizational changes**. All focused visits, whether mandated by the Commission or requested by an organization seeking approval of a change, follow the same processes.

The Organization's Report for a Focused Visit

Whether mandated by the Commission or requested by the organization, a focused visit requires the organization to prepare a report focused on the issues. It does not require a complete self-study process or report. The nature and scope of a college or university's preparation for a focused visit differs according to the specific areas to be examined. However, all institutional reports for focused visits include

- An introduction that clearly states the reasons for the evaluation, the process by which the report has been prepared, and the organization of the report.
- An examination of the area(s) of focus. The specific issues that prompted a Commission-mandated focused visit shape the examination of the areas of focus. This section should explain the actions that have been taken since the last evaluation. It should evaluate progress and indicate further actions that may be planned. Depending on the areas of focus, the report may be supplemented by audited financial statements, board minutes, curriculum information, or other appendices that document the progress summarized in the narrative of the report. It is important to include a summary assessment of the relationships between the specific areas of focus and the overall health and well-being of the organization. For example, if a focused visit is scheduled to review faculty-administration relations, the report should comment on their effect on such areas as educational programs and student morale.

► **See Section 7.2**
for information on
organizational change

► **Visit our Web site**
for further information
about focused visits

- In addition, the materials for the focused visit should include documents that the organization and the Commission staff believe the evaluation team should have before arriving on campus, including but not limited to catalogs and faculty and student handbooks.

Organizations preparing for a focused visit should maintain regular contact with their Commission staff liaison and discuss plans for and content of the report.

Team Visit and Decision-Making Processes for Focused Visits

In some respects, the policies and procedures governing focused evaluations are similar to those governing comprehensive evaluations. However, there are a number of significant differences. The first difference involves the role of the evaluation team. A focused visit team does not evaluate whether an organization fulfills the Criteria for Accreditation, nor does it recommend granting, continuing, or denying candidate or accredited status. However, it can recommend sanctions if circumstances warrant and, in very rare situations, withdrawal of status.

Focused visits typically involve two team members for two days. Some unique visits may require several days and several team members. The team's basic role is to evaluate the areas specified as the focus of the visit and to provide the Commission with a report on developments related to those areas. If matters outside the focus of the visit come to the attention of the team, it notes them, recommending appropriate changes in the organization's affiliation with the Commission.

As is the case with comprehensive visits, focused visit recommendations are reviewed, typically by a Readers Panel, before final action is taken by the Institutional Actions Council. If an organization chooses to challenge the recommendation of the evaluation team, it will ask for a hearing by a Review Committee. In this situation, the Review Committee determines the action, unless the organization continues to object, in which case the decision is made by the the Institutional Actions Council. The Board of Trustees validates the action. An organization seeking approval of a change is free to withdraw its request at any point in the process prior to the review by IAC. In withdrawing the request, the organization acknowledges that it cannot resubmit the same request for at least one year.

Filing the Annual Report

All affiliated organizations, whether participating in PEAQ or AQIP, are required to complete the Commission's Annual Report on Organizational Information and Operational Indicators each year. This report, which is completed online, provides the Commission with up-to-date information on the scope of activities of each affiliated organization and sufficient information to understand and respond to significant shifts in an organization's capacity and/or scope of educational activities.

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

Prior to any comprehensive or focused visit or AQIP Systems Appraisal, the Commission provides the team or AQIP reviewers with a record of the Operational Indicators that have been submitted by the organization over the years.

In reviewing the Annual Report on Organizational Information and Operational Indicators, the Commission looks at relationships among a variety of indicators in a given year or over several years. If those relationships suggest that the organization may be experiencing problems or very rapid change, the Commission invites the organization to submit an interpretation of the data. In some situations, an organization may invite the Commission to conduct a visit, or the Commission itself may require such a visit.

The Operational Indicators

The Operational Indicators are the centerpiece of the Annual Report.

- They provide regular snapshots of an organization's ongoing health.
- They mark dramatic or sudden changes in an organization's profile.
- They provide longitudinal data on individual organizations.

► See Section 7.3
for information on

sanctions and adverse actions

➔ Visit our Web site

for updates on the
Annual Report and the
Operational Indicators

- When appropriately aggregated, they provide trend and normative data for the various groups within organizations.
- They lessen the special reporting required of an organization before Commission visits.
- They provide a means for both the organization and the Commission to support accountability.

The major headings on the current version of the report are Demographics, Educational Programs, Financial Strength, and Scope of Activities. The Commission asks for demographic data because changes in the numbers and types of students served may have a strong relationship to financial strength, program diversity, and scope of educational operations. Changes over time in faculty and staff demographics may relate to these other variables as well. Data on educational programs should help the Commission understand possible shifts in organizational priorities as well as demographics and financial strength. Moreover, the Commission seeks assurance of basic financial support for those educational programs. Credit and noncredit certificate programs are included because they have come to constitute a growing component in many organizations. The ratios identified in the section on financial strength follow the recommendations of financial experts who hold that they serve monitoring purposes better than audits. Information on scope of activities allows the Commission to be certain that it knows the full scope of the organization's educational offerings, thereby assisting in the fulfillment of the gatekeeper function for federal funds.





Seeking Approval of Proposed Changes

The Commission recognizes that change within affiliated organizations is as constant and rapid as it is challenging and inevitable. Organizations offering higher learning must be dynamic, and from time to time they make changes in their educational offerings, operations, governance systems, and locations. The Commission is supportive of educational innovation and change to improve educational quality and to respond to new expectations.

Because change is a constant state of affairs at every college and university, the Commission seeks to find the right balance between identifying changes that warrant no Commission review and those that could have an impact on the accreditation relationship. An organization's mission distinguishes it, and its status of affiliation with the Commission is defined, affirmed, or redefined following a comprehensive evaluation or some subsequent process of formal examination.

Because some changes may affect affiliation, the Commission has defined specific conditions under which an organization needs to obtain authorization before implementing them. Through its policies on institutional change, the Commission identifies changes that might signify a departure from an organization's stated mission and purposes operative at the time of the most recent evaluation. Those changes need to be approved by the Commission as being both appropriate to the organization and within the organization's capability of providing education with quality. Whether a college or university uses PEAQ or AQIP to continue its accredited status with the Commission, it will follow the Commission's policies on organizational change. Differences in change approval processes for PEAQ and AQIP are explained in this section.

The Board of Trustees annually evaluates the responsiveness of change policies and procedures to organizational dynamics, their effectiveness in addressing quality assurance issues, and their usefulness in enhancing organizational and educational improvement. The policy references regarding organizational change are presented here in four categories: mission or structure, educational offerings, educational sites, and relationship with the Commission. Because the text follows closely stated Commission policy, which may be modified or amended between printings of this section of the *Handbook*, it is always wise to check for the most up-to-date policy and procedure by going to the Commission's Web site or speaking directly with the Commission staff liaison.

➔ **Visit our Web site**

to review current change policies

Changes Requiring Commission Approval

Changes in Mission or Structure

Commission approval is required when

- An organization changes, after significant planning, the character and nature of the student body.
- An organization merges with an unaccredited organization (a team visit is required either before approval or within six months after the merger is official).
- An organization merges with a regionally accredited or affiliated organization. Commission staff may give approval upon receipt and evaluation of documentation that the organization or new entity continues to meet Commission Criteria, but will conduct an visit within a year.
- An organization changes institutional affiliation with a sponsoring organization.

► **See Section 7.3**
for information on
accreditation of
closing organizations

- An organization contracts with nonaccredited entities to provide 50 percent or more of a credit-bearing program.
- An organization changes ownership and/or legal status. Commission staff may give approval upon receipt and evaluation of documentation that the organization's mission remains unchanged, that the academic programs will continue, that board governance continues to meet Commission requirements, and that appropriate financial resources continue to support the organization, but will conduct a visit within six months.
- An organization experiences unanticipated but significant changes in the character and nature of the student body (such as by assuming oversight for programs orphaned by a closing college or university). Commission staff may give approval after receipt and evaluation of documentation that the organization's activities, particularly those involving teach-outs, meet Commission and federal requirements; but if the organization's commitment is for more than a limited teach-out, staff may require a visit within a year.

Changes in Educational Offerings

Commission approval is required to extend accreditation to include

- Program offerings at a new degree level.
- A significant new academic program or major that requires substantial financial investment or substantial reallocation of financial resources.
- A new academic program that shifts the organization's mission.
- Degree programs offered through distance delivery methods.
- Regular course offerings that are not currently included within the organization's affiliated status. Commission staff may give approval after receipt and evaluation of documentation that the offerings are appropriate to the organization's mission, have all necessary approvals, and will be effectively developed and supported.

Changes in Educational Sites

Commission approval is required to extend accreditation to include

- A new site that houses a full range of instruction as well as administrative and support services (such as a new campus or branch). Commission staff may give approval upon receipt and evaluation of documentation including a business plan, but will conduct a visit within six months of the opening of the site.
- An instructional site at which the organization provides one or more degree programs.
- An off-campus site at which the organization offers 50 percent or more of the courses leading to one of its degree programs and at which it enrolls one hundred or more students (unduplicated head count) in an academic year.
- Five or more courses a year at an out-of-state site or an international site. Commission staff may give approval after receipt and evaluation of documentation that the offerings are appropriate to the organization's mission, have all necessary approvals, and will be effectively developed and supported.

Changes in Relationship with the Commission

Commission approval is required to

- Change the stipulations within the current affiliation status.
- Change the date of a comprehensive visit beyond the cycle established by policy.
- Change the date of another visit or required report. Commission staff may make the decision after receipt and evaluation of documentation that shows that such changes are appropriate.
- Transfer accreditation to a new entity. Commission staff may give approval after receipt and evaluation of documentation that the organization or new entity continues to meet Commission Criteria, but will conduct an evaluation within a year.

Determining a Separately Accreditable Organization

The accreditation of an organization includes all its components, wherever located. A component of a larger organization may be separately accreditable if a significant portion of responsibility and decision making for its educational activities lies within the component and not in the other parts of the larger system.

For organizations operating solely within the North Central Region, the Commission determines, following consultation with the CEO of the organizational system, (1) whether the system will be accredited or whether its components will be separately accredited, and (2) how the evaluation will be conducted.

An instructional site located in a region other than that of its home campus must seek separate accreditation in the region in which it exists if it functions independent of operational control of the parent college or university. An instructional site will be deemed operationally independent and accreditable by the host region when it meets these criteria:

The instructional site

- Has, under board policy, substantial financial and administrative independence from the home organization, including matters related to personnel
- Has a full-time chief administrative officer
- Is empowered, under board policy, to initiate and sustain its own academic programs
- Has degree-granting authority in the state or jurisdiction in which it is located

Each regional commission will determine if any of its affiliated organizations have instructional sites that appear to be separately accreditable. Following consultation with the host commission and the organization, and upon learning from the host region the site's potential to meet its eligibility requirements, the home region will make the determination about the status of the site. The host region agrees to take deliberate steps toward reviewing any instructional sites identified as operationally independent in keeping with its policies and procedures for applying organizations. An institution identified as separately accreditable will continue to be included in the accreditation of the parent college or university until it achieves separate accreditation.

Off-campus instructional sites, regardless of location, not found to be operationally independent are included in the accreditation of the home campus. The operational independence of such sites is periodically reviewed under this policy.

Documentation to Support a Change Request

➔ *Visit our Web site
to review the current
change policies
and procedures*

The organization's written request and supporting documentation serve as the basic reference for the Commission's decision to approve or deny a request to extend accreditation to include a significant organizational change. Approval of the request results in the modification or expansion of the organization's relationship with the Commission.

A request for approval of a proposed change needs to provide a well-written and comprehensive analysis. To assist the organization in preparing its request, the Commission poses six major questions to address and proposes narrative and documentation that should be part of the request. They need to be answered even if the organization includes copies of applications that have been submitted to other agencies, such as state governing boards.

1. What change is being proposed?

- State the specific change that is proposed.
- State the expected outcomes of this proposed change (for example, enrollment growth, enhanced services, financial growth).
- Project the impact of this proposed change on the organization's current mission, the numbers and types of students to be served, and the breadth of educational offerings.
- Identify from this list the Commission's policy/policies relevant to this change:

- Change in mission or structure (policy I.C.2.a)
- Change in educational offering (policy I.C.2.b.)
- Change in educational sites (policy I.C.2.c.)
- Change in relationship with the Commission (policy I.C.2.d.)

2. What factors led the organization to undertake the proposed change?

- Describe the relationship between the proposed change and ongoing planning.
- Describe the needs analysis related to this proposed change.
- Describe the involvement of various constituencies in developing this proposed change.

3. What necessary approvals have been obtained to implement the proposed change?

- Identify the internal approvals required, and provide documentation confirming these actions.
- Identify the external approvals required, and provide documentation confirming these actions.

4. What impact might the proposed change have on challenges identified by the Commission as part of or subsequent to the last comprehensive visit?

- Identify challenges directly related to the proposed change.
- Describe how the organization has addressed the challenge(s).

5. What are the organization's plans to implement and sustain the proposed change?

- Describe the involvement of appropriately credentialed faculty and experienced staff necessary to accomplish the proposed change (curriculum development and oversight, evaluation of instruction, and assessment of learning outcomes).
- Describe the administrative structure (accountability processes, leadership roles) necessary to support this proposed change.
- Describe how the organization will make learning resources and support services available to students (student support services, library resources, academic advising, and financial aid counseling).
- Provide financial data that document the organization's capacity to implement and sustain the proposed change (projected budgets, recent audit reports, revenue streams, cost of facilities, and projected facility and equipment costs).
- Specify the timeline used to implement the proposed change.

6. What are the organization's strategies to evaluate the proposed change?

- Describe the measures the organization will use to document the achievement of its expected outcomes.
- Describe how the assessment of student learning is integrated into the assessment program.

Timing the Submission of a Change Request

Any affiliated organization may request at any time Commission review of changes it plans to introduce. The only organizations limited in this regard are those appealing a decision of the Commission. For changes that require Commission action, careful attention should be paid to the timing of the request.

The written request must be made early enough for the proposed change to be reviewed by the appropriate approval process (staff, Evaluators Panel, focused or comprehensive visit and appropriate review process) and for final action to be taken before the date on which the organization plans to effect the change. Some approval processes can be as short as two months and some, particularly those involving a focused visit, may take as long as five or six months.

➔ **Visit our Web site**

*for the current
Commission calendar*

➤ **See Section 7.1**
*for a discussion of
focused visits to
review change requests*

The organization should write or call the Commission staff liaison early in the consideration of a change to determine the appropriate review process and to develop a realistic timetable for seeking approval. This applies to organizations in both PEAQ and AQIP. The organization's representative and the Commission staff liaison will need to determine the appropriate means of Commission review. That decision will establish a tentative timeline for the approval process, allowing the organization to know when the change can be implemented if it receives Commission approval.

With few exceptions, Commission action on a request for organizational change is handled by the Institutional Actions Council, which meets bimonthly during a calendar year.

Processes for Approval of Change Requests

Once an organization notifies the Commission about specific aspects of its planning and submits a change request to that effect, the staff liaison determines the appropriate process under which the request will be evaluated. The process options are an **evaluation by the staff**, an **Evaluators Panel**, or an **evaluation team**. The recommendation resulting from that process is sent to the next scheduled meeting of the Institutional Actions Council. In some limited situations defined by policy, the Commission staff may take action on behalf of the Commission. Those actions are reported to the Board for information. When a visit is conducted, a Readers Panel evaluates the recommendation before it is sent to the IAC.

In determining the appropriate process for evaluating a change request, the Commission staff weighs such variables as the following.

- The clarity of the connection between the organization's mission and the proposed change
- The history of the Commission's relationship with the organization
- The organization's history of successfully initiating a change request
- The scope of the proposed change
- The potential impact of the proposed change on the organization
- Response to the proposed change by other review bodies (such as state agencies and program accrediting bodies)
- The strength of the evidence provided in the organization's request that it can effectively initiate the change and evaluate its effectiveness

Evaluators Panel Process

An Evaluators Panel consists of three peer reviewers. Each panel member conducts an independent review of the written request, then participates in a conference call to discuss his/her recommendation, and, finally, recommends either forwarding the change request to the Institutional Actions Council for approval or scheduling a focused visit to evaluate the change. If the latter is the decision, the organization may request a visit, or it may withdraw its change request. If the request for change is withdrawn, the organization must wait one year before resubmitting a request for an Evaluators Panel review of the same change.

AQIP Change Approval Process

All institutions participating in AQIP for the purpose of maintaining accreditation are obligated to follow the Commission's change policy discussed in this section. AQIP is working to bring its procedures for reviewing change requests more in line with its other procedures, but the underlying policies remain the same. AQIP participants considering a change request should phone or e-mail any of the AQIP staff member.

➔ **Visit the AQIP Web site**

*at <http://www.AQIP.org>
for details and follow the link
for organizational change*





Special Conditions Affecting Affiliation

Reconsideration of Affiliation

The Commission reserves the right to reconsider affiliation at any time; therefore, it may call for a comprehensive or focused evaluation whenever it believes one is warranted. This applies to all affiliated organizations, whether they are using PEAQ or AQIP. In such cases, the Commission will specify both the timing of the evaluation and the materials to be used, without the usual cycle of reminder letters and without the usual requirement (in the case of comprehensive evaluations) that the organization undertake a comprehensive self-study process and prepare a self-study report. The Commission will provide clearly specified reasons for its decision.

Situations Calling for Special Monitoring

The Commission reserves the right to call for special monitoring when the integrity of the organization and its educational programs might be in jeopardy. The Commission's executive director may conduct such monitoring by calling for a special report or an advisory visit. A special report or advisory team report will not be reviewed through the Commission's regular review processes; it may be used by the executive director to provide information, to support a recommendation to the Board for a possible sanction, or for any other purpose supported by the policies and practices of the Commission. Any action proposed by the executive director will be shared with the organization for response at least two weeks prior to the intended date of Board deliberation and decision. Among the situations that might result in such monitoring are

- Declaration of bankruptcy, financial exigency, or intent to close
- Highly publicized and divisive controversies among the governing board, the administration, and/or the faculty or student body
- Significant unanticipated reduction in program offerings, faculty, and/or enrollment
- Public sanctions applied by governmental agencies or by other accrediting or licensing bodies
- Serious legal, financial, or ethical investigations, including those involving adjudication in courts
- Financial audit reports that raise serious concerns about financial viability or financial management practices
- Serious misrepresentation to students and the public

Advisory Visits

In response to rapidly changing dynamics at a college or university, the executive director occasionally decides that the Commission should visit the organization. In collaboration with the organization, the executive director determines the scope of inquiry of the team and the materials the organization needs to provide. Each advisory team has clearly defined responsibility and options. Ultimately, the objective is to determine whether Commission action should occur. The executive director may ask for an advisory visit to any college or university, whether it is in PEAQ or AQIP.

Most advisory visits involve two team members for two days; most result in a team report similar to that prepared for a focused visit. However, the advisory team makes the recommendation directly to the executive director, who shares it with the organization for response. When the advisory team recommends no Commission action, the report, response, and executive director's letter are added to the official file and shared with the next evaluation team or AQIP review process. When the advisory team recommends to the executive director monitoring or sanctions, the executive director takes it into consideration in formulating a proposal for Board action.

Accreditation of Closing Organizations

When the governing board of an accredited organization decides to close the organization, it may ask the Commission's Board of Trustees for an extension of its accreditation beyond the publicly announced date of closing. The sole purpose of the extension is to ensure that its students have an opportunity to complete degrees and programs without undue difficulty. Typically, accreditation is extended for no longer than one year beyond the date of closing. To approve an extension of accreditation, the Board must be assured of (1) the ongoing legal existence of the organization beyond closing, (2) the existence of a teach-out agreement with another organization that meets Commission and federal requirements; and (3) the existence of appropriate processes to guarantee that all degrees granted after the date of closing meet the graduation requirements established by the organization.

Show-Cause Order

The Board of Trustees may require an organization to show cause, within a limited period of time not to exceed one year, as to why its accredited status should not be removed. The Board will explain the reasons for its decision in a show-cause order.

The show-cause order will require the organization to present its case for continued accreditation by means of a report, known as a show-cause report, that provides substantive evidence that it continues to meet each of the Criteria for Accreditation, and to host a team visit to validate the report. The evaluation team will produce a report and recommendation for consideration by the Board.

Only the Board may issue a show-cause order, and only the Board may find that the show-cause order has been addressed and that accredited status will not be removed. The organization retains its accredited status during the show-cause period, but the show-cause order is public. After the organization has been officially notified in writing of the order, its Statement of Affiliation Status is available from the Commission.

Sanctions on Affiliation Status

From time to time, the Commission may apply a sanction against an affiliated organization. Currently, the Commission has two sanctions: placed on notice and probation.

Placed on Notice

An organization is placed on notice if it is found to be pursuing a course of action that could result in its being unable to meet one or more Criteria for Accreditation. Only the Board of Trustees, acting on a recommendation made to it, can place an organization on notice. A recommendation to place an organization on notice may be made to the Board by one of the following.

- A comprehensive or focused evaluation team
- A Review Committee
- The executive director of the Commission

A team recommendation to place an organization on notice is automatically referred to a Review Committee.

In placing an organization on notice, the Board identifies in the organization's Statement of Affiliation Status the specific conditions that led to its being placed on notice and a due date for a written report on corrective measures taken. The written report is typically due one year, and no more than two years, from the date of placement on notice. The Board's decision to remove the organization from notice or to move it to probation when its response and actions are judged to be insufficient will be made upon the recommendation of the executive director based on the written report.

Probation

Probation signifies that conditions exist at an accredited organization that endanger its ability to meet one or more of the Commission's Criteria for Accreditation. Only the Board of Trustees, acting on a recommendation, can place an organization on probation. A recommendation for probation may be made to the Board by

- A comprehensive or focused evaluation team
- A Review Committee
- The executive director of the Commission if conditions appear to warrant Board action without a visit

A team recommendation for probation is automatically referred to a Review Committee. The Board takes final action to place an organization on probation. The organization's chief executive officer is invited to submit a response to the probation recommendation to the Board before it takes action.

In placing an organization on probation, the Board identifies in the institution's Statement of Affiliation Status the specific conditions that led to probation and the date of the next comprehensive evaluation, at which time the organization must provide clear evidence of its progress toward ameliorating those conditions. The maximum period of probation is two years.

The Board's decision to remove probation is based on recommendations from a comprehensive evaluation team and a Review Committee. The Board follows its established policies in choosing to accept, reject, or modify these recommendations.

Publication of Sanctions

Placed on Notice and Probation are public sanctions. The Statement of Affiliation Status of the organization is available from the Commission after the organization has been notified officially of the sanction. The Commission informs the organization about its obligations for disclosure of any sanctions applied against its affiliation. Probation is also noted in the Commission's published lists of affiliated institutions. Within twenty-four hours after notifying an organization that it has been placed on probation, the Commission will place on its Web site an official notice of that probation.

Adverse Actions

Commission policies specify denial or withdrawal of affiliation as adverse actions.

Denial of Affiliation

The Board of Trustees may deny candidate or accredited status to an organization when an evaluation team or Review Committee recommends that such affiliation be denied. The Board provides the rationale for the decision to the organization and makes it available to the public.

Withdrawal of Affiliation

An organization loses its affiliation with the Commission as a result of action taken by the Board of Trustees following a visit within the year preceding the Board's action to withdraw affiliation or upon recommendation of the executive director, if a visit has occurred within the year preceding.

- An organization may lose its affiliation if it fails to meet one or more of the Criteria for Accreditation. In such cases, Commission action to withdraw affiliation will result from an evaluation, including a comprehensive or focused visit, or upon the recommendation of the executive director if a visit has occurred within the preceding year.
- An organization may lose its affiliation if it fails to meet the Obligations of Affiliation within a designated time after being warned in writing of noncompliance.
- An organization loses its affiliation if it ceases to operate as an educational institution, unless it makes special arrangements with the Commission.

► **See Section 2.1**
for the *Obligations*
of *Affiliation*

Publication of Adverse Actions

The Commission simultaneously notifies the organization and the USDE of any adverse action. Within twenty-four hours of notifying an organization that it has been denied status or that its status has been withdrawn, the Commission will notify the public of the action through its Web site. Since an organization may appeal a decision to deny or withdraw status, the public notice also includes clear reference to the options available to the organization.

Appeal of a Commission Decision to Deny or Withdraw Affiliation

Organizations have the right to appeal a Commission decision that denies or withdraws candidate or accredited status. As stated in Commission policy, the grounds for such an appeal are “(a) that the Board’s decision was arbitrary, capricious, or not supported by substantial evidence in the record on which the Board took action; or (b) that the procedures used to reach the decision were contrary to the Commission By-laws, *Handbook of Accreditation* or other established policies and practices, and that procedural error prejudiced the Board’s consideration.”

The appeal process requires, among other things, a letter of intent to appeal to be filed within one week of receipt of the official action letter from the Commission. An Appeals Panel may either affirm the Board’s actions or refer the action back to the Board for review and reconsideration. The “Rules of Procedure on Appeals” document is available from the Commission office.

Voluntary Withdrawal

Withdrawal of Application for Affiliation

An organization may withdraw its application for affiliation, without prejudice, any time before a decision on that affiliation is made by the Commission. The withdrawal must be initiated by the legally designated governing body of the organization. The Commission will retain all fees if the application is withdrawn after the team visit has been made.

Resignation from Affiliation

Affiliation with the Commission is voluntary, and an organization may resign its affiliation at any time. Because resignation terminates candidate or accredited status, it must be initiated by action of the legally designated governing body of the organization. Within thirty days, the Commission issues a public disclosure notice that describes the resignation, including resignation based on the closing of the organization. The public disclosure notice is sent to the Secretary of the U.S. Department of Education and to the appropriate state agency; it is available to the public on request. Resignation does not release the organization from past and current financial obligations to the Commission.

Reapplication Following Withdrawal, Resignation, or Denial

Commission policy specifies the waiting time for organizations that withdraw application, resign their status, or have their status denied or withdrawn by the Commission. Submission of a new self-study report constitutes reapplication. In most cases the organization will be required to complete the Eligibility Process before submitting the self-study report.

- An organization that withdraws its application for affiliation any time after the team visit must wait one year after the visit before reapplying.
- An organization that resigns its affiliation must wait one year from the date of resignation before reapplying. An organization wishing to reaffiliate must follow the same procedure as one never affiliated with the Commission.

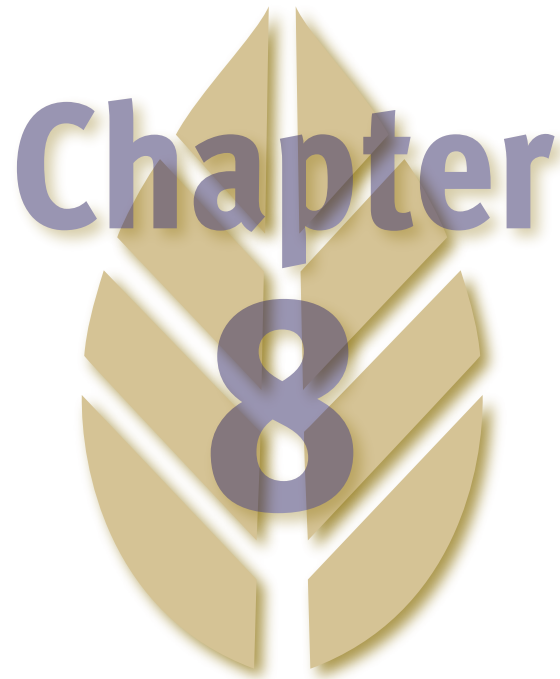
- After consideration of initial application, an organization denied candidacy must wait one year after the team visit before reapplying.
- After consideration of initial application, an organization denied accreditation must wait two years after the date of the team visit before reapplying.
- When the Commission withdraws the candidate or accredited status of an organization, it will not consider an application for affiliation from that organization until at least two years have elapsed following the date the withdrawal action became effective.

These waiting times may be shortened in individual cases by action of the Board of Trustees.

Debts to the Commission

Withdrawal of affiliation by the Commission does not cancel debts owed to the Commission, nor does withdrawal of an application for affiliation. In either case, unless exempted by the Commission, an organization seeking a new affiliation with the Commission must first pay any debts it might previously have incurred.





**Chapter
8**

Relations with External Stakeholders





Relations with Governmental and Higher Education Agencies

► **See Section 8.2**
for the *Commission's federal compliance program*

The Commission recognizes that its work serves many different constituencies. Throughout the *Handbook* to this point, the emphasis has been on the relationship between the Commission and the colleges and universities seeking or holding affiliation with it. Those organizations—including people who lead them, work in them, and study in them—are constituents of the Commission.

To serve the common good, the Commission must create and maintain effective bridges not only with affiliated organizations, but also with broader communities dependent on the quality of higher learning received in accredited colleges and universities. In the section that follows, the Commission summarizes policies and procedures related to the Commission's relationships with external constituencies.

Perhaps the most obvious external constituencies are the states and the federal government. The basic authority to exist as a college or university comes from a state or in a few situations from the federal government. In most states in the North Central region, state legislatures have established governing or coordinating bodies to implement state policies meant to ensure that the citizens of the state have access to quality higher education. The federal government has a distinct interest in the role of accreditation in assuring quality in higher education for the students who benefit from federal financial aid programs. By being recognized by the U.S. Department of Education (USDE) as a “gatekeeper” agency, the Commission agrees to fulfill specific federally defined responsibilities within the accreditation processes. “The Triad” is the term used to describe the close working relationships between the states, the federal government, and regional accreditation. The Commission values its role in the Triad and through its policies and practices seeks to maintain the vitality of this unique exercise in private–public collaboration.

Other accrediting agencies, institutional and specialized, are also external constituents. The Commission interacts with them frequently. Many other professional organizations related to higher education turn to accreditation to help support and further professional good practices within colleges and universities.

Because the ultimate goal of higher education is to contribute to the intellectual capital of the nation and the world, the Commission also sees among its constituencies all those who support the students pursuing education and training at colleges, all who employ graduates of those colleges, and all who strive to maintain the vitality and diversity of American higher education. Connecting with and listening to these constituencies has been a particular priority of the Commission in recent years.

On behalf of its affiliated organizations, the Commission establishes and maintains relationships with governmental and higher education agencies.

Commission Recognition by External Agencies

By law, the USDE relies in part on accrediting agencies to determine eligibility for U.S. government assistance under certain legislation. USDE oversees a recognition program by which it determines reliable authorities on the quality of educational organizations and programs. The Commission is among these governmentally recognized authorities and seeks renewal of USDE recognition at least every five years. The most recent review of the Commission by the USDE was conducted in 2003, when the Secretary of Education continued recognition of the Commission until 2008.

► **See Section 8.2**
for the Commission's
federal compliance program

► **Source:**
<http://www.chea.org>

► **See Section 7.2**
for information on
separately creditable
organizations

► **See Section 5.6**
for information on
cooperative and collaborative
evaluations with state
agencies and other
accrediting bodies

To be recognized by USDE, the Commission must agree to do certain things required by law and the USDE. These include holding to a schedule of reporting to the USDE and to state agencies, as well as including review of the record of the organization's relationship with the department in evaluation processes.

The Council for Higher Education Accreditation (CHEA) is a private, nonprofit organization that coordinates accreditation activities in the United States. CHEA represents degree-granting colleges and universities as well as institutional and programmatic accrediting organizations. According to its mission statement, CHEA "will serve students and their families, colleges and universities, sponsoring bodies, governments, and employers by promoting academic quality through formal recognition of higher education accrediting bodies and will coordinate and work to advance self-regulation through accreditation." The Higher Learning Commission is a CHEA-recognized accrediting body. The Commission's CHEA recognition was reaffirmed in 2002.

Commission Communication with Other Agencies

The Commission shares information with other accrediting agencies, with state departments of education, and with the USDE. Following each Commission meeting, the Commission files with these agencies a report of all actions taken. In early fall, the Commission furnishes state agencies with the list of organizations scheduled for evaluation in that academic year. The Commission also maintains communications and discussions with officers of state coordinating and governing boards to clarify the functions and concerns of the Commission with respect to its affiliated organizations affected by these types of boards.

Although the Commission tries to respond cooperatively to requests for information from other agencies, it is primarily the educational organization's responsibility to maintain effective communication with them and to provide them with appropriate information concerning its relationship with the Commission.

Interregional Exchange of Organizational Information

To assure that each other regional accrediting commission is adequately apprised of the instructional activities of Commission-affiliated organizations in its region, the Commission will annually report to the affected commission the name of each organization offering more than 50 percent of a degree program at a specific site, its location(s), its level of degree offerings, and the number of students enrolled. The Commission will also notify the relevant commission when one of its organizations intends to establish a new instructional site in that region.

Verification Visits for State Agencies

Occasionally, a state agency asks the Commission to verify information it received from an affiliated organization. The affiliated organization may ask the Commission to provide an evaluation team to obtain such verification. The team typically produces a written report for the purposes of information and advice. That report is shared with the organization and the state agency or other governmental entity, but no formal Commission review or action is typically taken.

Commission Expectations for Organizations with Multiple Accreditation Relationships

Organizational Relationships with Other Institutional Accrediting Agencies

The Commission accredits a small number of organizations that also are affiliated with one or more other CHEA recognized or federally recognized institutional accrediting associations. These organizations must describe themselves in identical terms to all associations with regard to purpose, governance, programs, sites, degrees, diplomas, certificates, personnel, finances, and constituents. They also must inform the Commission of any changes in status made by another accrediting agency. If the other accrediting body takes an adverse action against the organization, the Commission reviews the rationale for that action and determines whether the organization's affiliation with the Commission should be reviewed. If the Commission takes an adverse action against the organization, it notifies the other agency within thirty days.

The Commission expects an organization seeking affiliation to fairly represent its history or previous accredited status with other institutional accrediting bodies. If another accrediting agency has denied or withdrawn affiliation or placed sanctions on the organization, the Commission, through its decision-making processes, will carefully weigh these matters in reaching its own decision. If it chooses to grant affiliation to such an organization, it will provide the Secretary of Education an explanation of why that action is appropriate.

Organizational Relationships with Professional Accrediting Bodies

The Commission grants general institutional accreditation. Because the Commission accredits an organization as a whole, it cannot omit from its evaluation any area or program of an organization. However, the organization's affiliation with the Commission—accredited or candidate status—is not equivalent to specialized accreditation of individual programs.

Institutional accreditation is not automatically affected by the accreditation given or withheld by any particular professional association, although the Commission does take cognizance of the standards set by professional societies. An organization identifies in its Annual Report to the Commission any adverse actions taken by professional accreditation agencies. If such an agency accredits a significant portion of a college or university's programs (more than one-third) or accredits programs with a significant portion of the organization's enrollment (more than one-third), the Commission reviews the rationale for the adverse actions and determines whether further monitoring is appropriate.

If any program agency informs the Commission that the grounds for its adverse actions are based on deficiencies related to the overall health of the organization, the Commission may implement review processes to determine whether the organization's status with the Commission should be affected.

Endorsement of Good Practices Promulgated by Other Organizations

From time to time, the Commission issues a formal statement through which it establishes a specific interpretation of certain matters concerning institutional integrity. The "Statement on Assessment" is one example. But the Commission also looks to a variety of other professional and educational organizations for assistance in defining principles of good practice and ethical behavior on specific matters. It does not anticipate developing its own statement on every significant matter involving organizational integrity.

Policies and guidelines developed by other agencies might well define or inform generally accepted practices in higher education organizations. In acknowledging the policies and guidelines developed by other agencies, the Commission encourages organizations and peer reviewers to be knowledgeable about them. In adopting such policies and guidelines, the Commission gives them the force of Commission policy.

► See Section 3.4 for the Commission statements and Tab 15 for a list of guidelines and good practices also available on our Web site





The Commission's Federal Compliance Program

➔ **Visit our Web site**

for announcements of revisions to the federal compliance program

➤ **See Section 8.1**
for Commission policies on professional accreditation and requirements of organizations holding dual institutional accreditation

The 1992 and 1998 Amendments to the Higher Education Act, and subsequent changes to federal regulations by the U.S. Department of Education (USDE), put into law several requirements for accrediting agencies that seek federal recognition. The Commission has held and will continue to hold federal recognition as an approved accrediting agency. Through this recognition, the Commission's accredited organizations and some organizations holding candidate status qualify for a variety of federal financial aid programs. Congress will reauthorize the Higher Education Act in 2004, and the Commission may need to revise its Federal Compliance Program to include additional requirements.

Both the self-study report (either in the main body or in an addendum) and the Team Report need a special section entitled "Federal Compliance." In it, the organization and team are to address the following Commission policies:

- Credits, Program Length, and Tuition (policy I.C.7)
- Institutional Compliance with the Higher Education Reauthorization Act (policy I.A.5)
- Federal Compliance Visits to Off-Campus Locations (policy I.C.2)
- Institution's Advertising and Recruitment Materials (policy IV.B.2)
- Professional Accreditation (policy III.A.1.)
- Requirements of Institutions Holding Dual Institutional Accreditation (policy III.A.3)
- Institutional Records of Student Complaints (policy IV.B.4)

Most of these policies are discussed in this section of the *Handbook*.

Credits, Program Length, and Tuition

Commission policy states:

The Commission expects an affiliated institution to be able to equate its learning experiences with semester or quarter credit hours using practices common to institutions of higher education, to justify the lengths of its programs in comparison to similar programs found in accredited institutions of higher education, and to justify any program-specific tuition in terms of program costs, program length, and program objectives. Affiliated institutions notify the Commission of any significant changes in the relationships among credits, program length, and tuition.

The key components of this policy address an organization's ability to

- Provide semester or quarter credit hour equivalencies for transcribed courses (courses on transcripts, for example, that provide narrative evaluation or that simply list courses completed)
- Justify the total number of credit hours in accordance with credit hour expectations for similar programs in other accredited institutions
- Justify any program-specific tuition

If an organization does not use semester or quarter credit hours as the basic measure of its learning experiences, it will need to explain—in its catalog, student handbook, or self-study—how it calculates equivalencies. The team will want to be sure that the equivalencies seem reasonable and are understood and uniformly applied within the organization. Similarly, if the total number of credit hours for its programs varies from the number commonly found at other accredited organizations, an organization will need to explain how it is certain that the variations are reasonable within good practice in higher education and that students have learned what students in similar programs have learned.

If an organization charges higher or lower tuition for some programs than for most other programs, it will need to justify—in its catalog, student handbook, or self-study—the tuition in terms of program costs, program length, and program objectives. It will also need to provide evidence that it gives prospective students good information about tuition and fees.

The federal concern about tuition appears to be twofold:

- Does the organization provide clear comparative consumer information?
- Is the organization charging program-specific tuition that is significantly out-of-line with the potential salaries that graduates might reasonably be expected to earn or with differential costs of the program?

Organizations and teams need to keep these concerns in mind. A team should never appear to dictate appropriate tuition for an organization or its programs, but it can draw attention to misleading or incomplete disclosure of tuition and fees.

Organizational Compliance with the Higher Education Reauthorization Act

Commission policy states:

The Commission expects that its affiliated institutions comply if required with the Title IV requirements of the Higher Education Reauthorization Act as amended in 1998. Therefore, institutions will provide teams for review and consideration the most recent default rates (and any default reduction plans approved by the Department of Education) and any other documents concerning the institution's program responsibilities under Title IV of the Act, including any results of financial or compliance audits and program reviews.

The teams weigh the information and its relationship to the Criteria for Accreditation or the requirements of the Candidacy Program. If a team determines that an institution's failure to meet Title IV default rate thresholds raises significant issues concerning the quality of education provided by the institution or the institution's ability to meet all other Commission requirements, it may recommend further monitoring, probation, or withdrawal of affiliation.

The Commission reserves the right to review an institution's status when the Department of Education findings have proven significant noncompliance with the Act.

All organizations receiving Title IV funds need to provide copies of documents relevant to Title IV compliance (or, at a minimum, a clear index of where those documents might be readily found in organizational files). Such documents will typically include program participation agreement (PPA); Eligibility and Certification Renewal (ECAR); program reviews; information about compliance with financial responsibility standards; limitation, suspension, or termination (LST) actions; audits by the Inspector General of the USDE; and the default rate for the most recent three years as established by the USDE. The organization will also want to provide any other documents with significant information about compliance with the administrative or recordkeeping requirements of Title IV.

The self-study report should evaluate the organization's default rate, if any, and its plans for reducing default. If renewal of eligibility, program audits, or other USDE actions raise significant issues, the organization will want to address those issues and subsequent corrective measures in the self-study report.

Although the primary focus of this policy is on compliance with Title IV program responsibilities, organizations should comment briefly on their compliance with other Title IV-mandated student notification requirements such as campus crime-reporting and release of completion/graduation rates, with particular focus on deficiencies or corrective actions demanded by the USDE or other governmental agencies. It is a matter of institutional integrity that organizations provide all relevant information for the team.

Only the Department of Education can establish that an organization has complied with the many responsibilities of Title IV. However, the team will study the materials related to Title IV compliance to determine whether the organization's status with the Department of Education in any way affects its status with the Commission. Clearly, if the fiscal stability of the organization is in jeopardy or if program reviews by the Department or audits by the Inspector General highlight significant lapses in integrity, the team must determine how the organization's relationship with the Commission should be affected. Monitoring through reports or focused visits might be appropriate; in exceptional circumstances, a team might consider probation or withdrawal of status. Should the team discover that the organization appears to have failed to meet its Title IV program responsibilities or is engaged in fraud and abuse, the Commission has an affirmative responsibility to provide this information to the Department of Education.

Federal Compliance Visits to Off-Campus Locations

Federal regulations for recognition of accrediting agencies require the Commission to conduct a variety of evaluation activities to review and monitor the development of off-campus sites and campuses. Some activities occur at the time of approval of a new site, while other activities occur after the site or campus has been in operation for a period of time or when the institution has multiple sites in place.

The Commission has determined that an **off-campus site** is a location at which a student can complete fifty percent or more of a degree program. A degree-completion site qualifies as an off-campus site when students in the program can complete all required courses there. Any site at which less than fifty percent of a degree program can be completed is considered a **course location**.

In compliance with the federal requirement, the Commission conducts

- A site visit for each of the first three off-campus sites an organization establishes
- A site visit to an organization with multiple off-campus sites within five years of its last comprehensive evaluation
- A site visit or another form of monitoring for an organization that is experiencing a rapid growth of sites
- A visit before extending accreditation to include a new site for an organization under Commission sanction, or experiencing serious financial problems, or already known for having inadequate quality assurance processes

Typically, a site visit will constitute Commission review. However, in some cases a focused visit may be appropriate. This review applies to organizations in both PEAQ and AQIP.

A site visit can be conducted by a peer reviewer or by a staff member. The site visitor determines whether the site meets the description provided when the organization sought approval for its inclusion in its accredited status. The visitor submits a report to the Commission, which acknowledges the report and adds it to the official file that will be shared with the next evaluation team or AQIP review process. If the report identifies issues deserving further Commission monitoring, the organization is asked to submit a response, and Commission staff take the recommendation and response to the next scheduled Institutional Actions Council meeting.

Advertising and Recruitment Materials

This policy clarifies the Commission's concern about accurate consumer information, particularly advertising and recruiting materials. Organizations and teams should especially note that

whenever an organization makes reference to its affiliation with the Commission, it will include the Commission's address and phone number.

The policy covers any reference to the organization's status with the Commission, including references in radio messages and television ads and on billboards. In including the Commission's contact information, the organization should use the URL of the Commission's Web site, rather than the street address, and its local, rather than toll-free, phone number. To avoid confusion, particularly among prospective students, organizations should clearly and prominently provide their own contact information so students know how to reach them. USDE added this

► **See Section 7.3**
for information on sanctions

► **See Section 8.3**
for additional information
on implementation of
this policy and other
requirements on public
information

requirement in its regulations for accrediting agency recognition to make sure consumers know how to reach the responsible accrediting agency with questions or concerns.

Organizational Records of Student Complaints

The Department of Education expects evaluation teams to be aware of major complaints or categories of student concerns that may or may not be addressed in the self-study report. To comply with federal regulations, the Commission expects an affiliated organization to provide a comprehensive evaluation team with an organizational account of the student complaints it has received and their disposition. This account should cover the two years of operation preceding the comprehensive evaluation.

Organizations have a variety of ways of providing the account, and almost any manner of accounting will be acceptable to a team. One manner of accounting is a log that tracks complaints from inception to disposition, but an organization may utilize any means of collecting and reporting on this information that is comfortable.

Aware that students can register concerns in all sorts of ways, ranging from informal conversations to articles in student newspapers and formal letters filed with appropriate offices, the Commission believes that the reporting obligation should focus principally on nontrivial complaints, either academic or nonacademic, made formally in writing, signed by a student, and addressed to and submitted to an organizational officer with the responsibility to handle the complaint. However, organizations may choose to report generally on complaints received at a variety of points and in a variety of ways on campus.

► [Visit our Web site](#)

for more information on how teams review the organization's account of student complaints.





Relations with the Public

► See Section 2.3
for information on
the SAS and OP

Expanding View of Public Disclosure

Demands for greater public disclosure of information about Commission processes in general, and about individual affiliated organizations in particular, have increased in recent years. Some have come from the federal government in the form of new pressures for access to information from the Commission's evaluation processes. The Commission is responding to these demands in several significant ways, particularly through the development and publication of the Statement of Affiliation Status (SAS) and Organizational Profile (OP). It is increasing its efforts to communicate, in a timely and useful manner, with other agencies such as the U.S. Department of Education (USDE) and state higher education departments. The Commission's brochure, *Institutional Accreditation: An Overview*, provides a variety of constituents with useful information about the Commission's activities. Public Disclosure Notices provide information about specific situations at individual organizations, particularly those under Commission sanction. The Commission's Web site offers the public easier access to current information.

In addition, the Commission has strengthened its expectations about public disclosure practices on the part of affiliated organizations in its revised Criteria for Accreditation. Fair and accurate advertising, recruiting, publication of affiliation, use of team reports, and reporting of Commission actions are among an organization's important obligations to the public. Issues of public information and public disclosure will continue to be on the Commission's agenda in the foreseeable future, both because the Commission chooses to become more transparent to the public and because federal policy will undoubtedly require it.

In May 2003, the Commission's Board of Trustees approved a project to "Strengthen Provision of Information for the Public." Components of the project include development of press packets; new strategies for communicating with policymakers and other higher education regulatory bodies; introduction of a mark of affiliation; and, perhaps most challenging, a new strategy for public disclosure for accreditation findings and actions. This project will be carried out through the type of highly participatory process that marked Commission projects in recent years.

As this *Handbook* is being written, Congress is debating the reauthorization of the Higher Education Act. It appears likely that the 2004 reauthorization will establish new requirements for public disclosure of accrediting actions. It is not clear what that disclosure might require and whether the responsibility will rest with the accredited organization or with the Commission. The Commission will involve all affiliated colleges and universities in creating an appropriate response to any new federal disclosure requirements.

Commission Interaction with the Public

The Commission receives a wide variety of communications from the general public. The office responds directly to such matters as they relate to regional accreditation in general and the accredited status of individual organizations in particular. Many inquiries are referred to other appropriate associations and agencies.

The *Overview* brochure is particularly helpful in explaining the work of the Commission in a succinct format. The Commission's publication program allows the public to purchase all documents available to its affiliated colleges and universities. The Commission's Web site is increasingly serving as the primary communication link with vari-

ous publics. Recently the Commission invested considerable time and money in its data base with the intention of linking parts of it to the Web site.

Involving the Public in Commission Activities

The Commission membership elects public representatives to serve on the Board of Trustees. The Board of Trustees selects public members to serve on the Commission's other decision-making bodies. These public members serve as full, active participants in the decision-making processes of the Commission. At least annually, the Commission invites community leaders to participate in focus groups at various sites in the region. Typically, Commission task forces include participants from outside organizations and agencies and include a state higher education officer.

Public Meetings of the Board of Trustees

The Board's formal business meetings are open to all interested organizations and to the general public. The Board reserves the right to meet in executive session when discussing matters requiring confidentiality, such as those involving personnel and legal issues. At each meeting, the Board provides time for comment from the public. However, members of the public may participate in the Board's formal business meeting only by invitation. The Commission publishes the date and city of each board meeting in print and electronically at least two months in advance; it posts the time and exact location on its Web site at least two weeks prior to the meeting.

Publication of Affiliation by the Commission

The Commission furnishes the public and interested agencies with the list of organizations holding accredited or candidate status. This list is published electronically, and is updated frequently during the year. Within thirty days of taking actions, the Commission prepares a notification of actions taken on organizations, mails the list to the appropriate federal and state agencies and accrediting associations, publishes it on its Web site, and amends as appropriate the list of affiliated organizations. The Commission also provides written notification to appropriate state and federal agencies and accrediting associations, and to the public through the Web site, of voluntary withdrawal by an organization within thirty days of that withdrawal. Occasionally, the Commission develops a Public Disclosure Notice to inform the public about a significant development in the relationship of an affiliated organization with the Commission.

Plans for Future Publication of Organizational Status

In the 1990s, the Commission published annual print versions of the Statement of Affiliation Status and Statement of Institutional Scope and Activities of an affiliated organization (the combined document was called the Record of Status and Scope). The Commission's goal is to create a rich Web site that will allow for electronic access to an organization's SAS and Organizational Profile (OP). The Commission is building a new database that will readily link to its Web site and speedily create the SAS and OP for each affiliated organization.

Public Disclosure Notice

The Board of Trustees issues a Public Disclosure Notice regarding a sanction or an adverse action taken on an affiliated organization. The notice includes a history of the organization's relationship with the Commission, the nature of the adverse action, and a brief analysis of the situation that prompted the action. The notice also includes any statement the organization wishes to make about the action. The notice is attached to lists of official actions submitted to federal and state agencies and is made available to the public on request.

In other situations, Commission staff may collaborate with an organization to develop a Public Disclosure Notice that will serve the needs of both the organization and the Commission. The notice includes the organization's historical relationship with the Commission, a brief analysis of the situation that prompted the Notice, and an explanation of any pending or final Commission processes and decisions. The notice is available to the public on request.

Public Distribution of the Team Report by the Commission

In most cases, the Commission will not make a team report public without the permission of the college or university. However, the Commission will make the team report public if it finds that the organization has misrepresented the contents of the report in public statements or through the release of selected portions.

► **See Section 2.3**
for further information on
the SAS and OP

► **See Section 7.3**
for adverse actions

Complaints

➔ Visit our Web site

for a list of frequently asked questions about the complaint process

Complaints Against Affiliated Organizations

Each year, the Commission receives a number of complaints about organizations from faculty, students, and other parties. The Commission has established a clear distinction between individual grievances and complaints that appear to involve broad organizational practices. The Commission does not resolve disputes between individuals and organizations over such matters as tuition, billing, grades, employment termination, and the like. When the Commission receives a complaint involving such a dispute, it will not engage in a formal inquiry but will offer to forward the complaint to the chief executive officer of the organization as a means of facilitating communication between the complainant and the organization. The Commission will forward complaints only with the written permission of the complainant. The Commission takes no further role in these disputes.

Where a complaint does raise issues regarding the organization's ongoing ability to meet the Criteria for Accreditation, the Commission forwards the complaint and asks the organization for a formal response. The organization needs to provide the response within thirty days of receiving the complaint. The Commission reviews that response and determines whether to close the complaint, to seek further information, or to take other action.

Complaints Against the Commission

The Commission also receives formal complaints against the Commission. By Commission policy, a formal complaint against the Commission must involve issues broader than concern about a specific organizational action or a specific team, must state clearly the nature of the complaint, and must be signed by the complainant. The executive director responds to each complaint and reports regularly to the Board of Trustees on the nature and disposition of complaints. The executive director also compiles an annual report that summarizes the complaints and their disposition, which is made available to the public on request.

Organizational Responsibilities for Public Information

Advertising

The Commission expects an affiliated organization to provide fair and accurate information about the programs and policies that affect students. In revising its Criteria for Accreditation, the Commission continued its emphasis on institutional integrity (stated in Criterion Five, but with the newly adopted criteria effective in January 2005, captured in Criterion One). Fundamental to integrity is the provision of fair and accurate information. Teams expect the organization's publications, statements, and advertising to accurately describe the college or university, its operations, and its programs. If an organization's affiliation status includes distant sites, in the United States or in other nations, the organization is also responsible for the advertising and recruitment materials used specifically for those sites. This is especially critical when organizations develop linkages and enter into contractual agreements through which another party may appear to lay claim to an affiliated organization's status with the Commission.

The Commission has a specific policy addressing its concern about misleading advertising:

When it is determined that an organization is in violation of the Commission's policy on fair and accurate public disclosure, the executive director informs the organization through a formal letter. If the violation is not corrected, the executive director shall report the matter to the Board of Trustees for appropriate action.

Publication of Affiliation by the Organization

The Higher Learning Commission is a membership organization whose members are the organizations accredited by a Commission. Therefore, the terms *member organization* and *accredited organization* are synonymous. Reference to membership is limited to accredited colleges and universities; candidates are not members of The Higher Learning Commission, although they are affiliated with it. Membership in the Commission automatically includes membership in The North Central Association of Colleges and Schools. Because "accredited by the North Central Association" was used for a long period of time, the Commission's public statements accurately reflect the body granting accreditation while acknowledging the well-understood relationship with the Association.

➤ See Section 8.2 for additional information on advertising

► **See Section 6.1**
for information on
AQIP participation

► **See Section 7.3**
for information on sanctions

For accredited organizations, status should be stated as:

Accredited by The Higher Learning Commission and a member of the North Central Association
OR
Accredited—The Higher Learning Commission; Member—North Central Association

An organization that is maintaining its accredited status through AQIP may choose to add the phrase **AQIP Participant** to its accreditation statement.

For candidate organizations, status should be stated as:

Candidate with The Higher Learning Commission and an affiliate of the North Central Association
OR
Candidate—The Higher Learning Commission; Affiliate—North Central Association

The affiliated organization must use one of these statements when it refers to its status with the Commission in catalogs, advertisements, brochures, and other print and electronic publications. An organization that is unaffiliated should make no reference to affiliation with the Commission until candidate or accredited status has been granted by the Commission. Should an affiliated organization be under a **sanction** by the Commission, the specific policies on that sanction dictate when and how it must be disclosed whenever the organization makes reference to its Commission status.

In keeping with federal requirements, when a college or university makes reference to its affiliation with the Commission, **it includes the Commission's Web site address and telephone number.** The Commission strongly urges the careful placement of this information so as not to confuse the public about how to contact the Commission as contrasted with where to obtain information about the college or university. Organizations that heavily publicize their affiliation—through advertisements, recruiting brochures, and/or on letterhead—must decide whether to continue the practice; if they do, they must add the Commission's telephone number and Web address.

In preparing for a visit, an organization should study its printed materials to determine when and how its status with the Commission is mentioned. When reviewing organizational materials, a team checks on adherence to this policy and will call attention to any problems it might find.

As this *Handbook* goes to press, the Commission is creating a “mark” for organizational use in publishing affiliation. The mark will include the Commission's Web address and phone number to meet federal requirements. Moreover, the Commission is studying the possibility of using the seal as an electronic link to the Commission's Web site, where appropriate consumer information will be provided. The Board of Trustees has approved this service in concept but will make a final decision in spring 2004.

Public Distribution of the Team Report

The Commission encourages the distribution of the entire team report and recommendations to all constituencies of an organization. However, if a college or university distributes the report before the Commission takes action, it must indicate that the team report is only the first step of the evaluation process and does not constitute a summary of it. Because the Commission's review processes may result in an accrediting action other than the one the team recommended, misunderstandings may occur if the preliminary nature of the team report is not made clear.

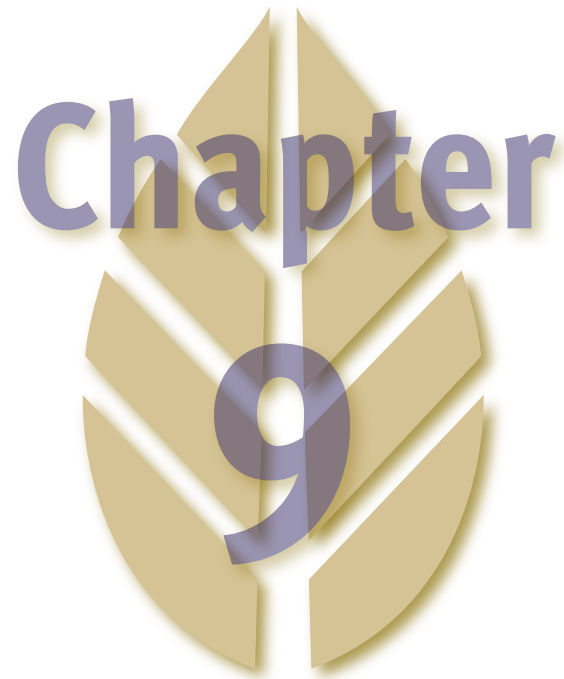
After final Commission action, an organization may make public the entire team report or excerpts that are accurate (verbatim or reasonable paraphrases) and that correctly reflect the entire report. If it distributes excerpts, it should make the full report available on request. The Commission will not make the report public without permission from the organization, unless an organization misrepresents the report in public statements or through release of selected sections.

Publication of Commission Action



When an organization reports a Commission action, it may simply state that accredited status has been continued. However, if it wishes to disclose additional details, such as the scheduled year of the next comprehensive evaluation, it should also disclose the other details, including any reports or focused evaluations required as part of the action.

In addition, phrases such as “accreditation has been continued for a ten-year period” should never be used. Accredited status is not for a specific period of time, but is a continuing relationship between the organization and the Commission that is subject to reconsideration periodically or when necessary. The timing of the next comprehensive evaluation could be altered if significant changes occur in an institution.



Chapter 9

Appendices





Glossary of Commission Terminology

This glossary provides brief, basic definitions of some of the terms used in the *Handbook of Accreditation*. Readers should refer to the appropriate sections of the *Handbook* for fuller discussion of the terms. The definitions apply to the work of The Higher Learning Commission.

Academic Quality Improvement Program (AQIP) – Program for maintaining affiliation with The Higher Learning Commission based on the principles of continuous improvement.

accreditation association or commission – A nongovernmental body established to administer accrediting procedures.

accreditation, institutional – Accreditation that evaluates an entire educational organization and accredits it as a whole.

accreditation, national – A type of institutional accreditation primarily for religious colleges and universities, private trade and technical schools, private business colleges, and colleges focusing on health-related fields, as well as organizations offering programs primarily through distance delivery and home study.

accreditation, regional – A type of institutional accreditation provided by seven recognized accrediting commissions of the six regional accrediting associations.

Accreditation Review Council (ARC) – Commission decision-making body consisting of sixty or more experienced consultant-evaluators and public members who participate in the review processes of the Commission.

accreditation, specialized (also called **program accreditation**) – Accreditation of units, schools, or programs within a larger educational organization or for the sole program or area of concentration of an independent, specialized institution.

accredited status – Status that indicates that an educational organization meets the Commission’s Criteria for Accreditation.

Annual Report on Organizational Information and Operational Indicators – Online report completed annually by affiliated organizations.

AQIP – See Academic Quality Improvement Program

Association – The North Central Association of Colleges and Schools.

Board of Trustees – The governing body of the Commission, made up of fifteen to twenty-one members of the Commission and representatives of the public.

candidacy – Preaccreditation status, which does not carry membership in the Commission.

Commission – See The Higher Learning Commission

Commission on Accreditation and School Improvement (CASI) – The commission of the North Central Association of Colleges and Schools that accredits elementary, secondary, and postsecondary schools that do not award degrees, the Department of Defense Schools operated overseas for the children of American military and civilian personnel, and the Navajo Nation schools.

comprehensive visit – Team visit to an organization seeking accreditation or continuation of accreditation.

consultant-evaluators – Members of the Commission’s peer review corps who serve in the evaluation processes of the Program to Evaluate and Advance Quality.

contingency report – Report required when pending changes may have a significant effect on an organization.

- Core Components** – Subcategories of the Criteria for Accreditation that are reviewed in order to determine whether an organization meets the Criteria.
- Criteria for Accreditation** – The framework for determining an organization’s accreditation.
- Eligibility Process** – The process by which the Commission determines whether a non-affiliated organization is ready to begin the candidacy process.
- Evaluation Visit Summary Sheet (EVSS)** – A document prepared for an educational organization undergoing evaluation that includes basic information about the visit or Evaluators Panel and identifies the team members.
- Evaluators Panel** – Panel made up of three peer reviewers to consider an organizational change request.
- Examples of Evidence** – Illustrative examples of the types of evidence an organization might present in addressing a Core Component of a Criterion for Accreditation.
- focused visit** – A team visit that occurs between comprehensive evaluations to examine specific aspects of an organization.
- The Higher Learning Commission** – The commission of the North Central Association of Colleges and Schools that accredits degree-granting higher education organizations.
- Institutional Action Council (IAC)** – Decision-making body of the Commission made up of twenty experienced peer reviewers and six representatives of the public.
- legal authorization** – The official act of a state department of education or other recognized agency having official authority certifying that a school, institute, college, university, or specialized program of studies complies with minimum legal.
- monitoring report** – Report that signals that a situation at an organization should change.
- Obligations of Affiliation** – The responsibilities that organizations affiliated with the Commission are required to fulfill in order to retain their affiliation.
- Operational Indicators** – Data on an organization that form the basis of the organization’s Annual Report.
- Organizational Profile (OP)** – Demographic information, program information, student performance data, and information on campus sites and distributed education offerings that take the place of the Statement of Institutional Scope and Activity.
- PEAQ** – See Program to Evaluate and Advance Quality
- Peer Review Corps** – The group of professionals who serve in accreditation processes.
- Preliminary Information Form (PIF)** – Documentation of an organization’s ability to meet the Eligibility Requirements submitted by an organization considering affiliation with the Commission.
- probation** – A public status signifying that conditions at an accredited organization that jeopardize its ability to meet the Criteria for Accreditation.
- Professional Data Form** – Summary of basic information about the background and experience of a consultant-evaluator.
- Program to Evaluate and Advance Quality (PEAQ)** – The traditional program for maintaining accreditation with The Higher Learning Commission.
- progress report** – Report that provides specific information from an organization, monitors its progress in coping with changes or challenges, or gives evidence that institutional plans came to fruition as expected.
- Public Disclosure Notice** – A public notice that the Commission may prepare to explain a particular situation at an affiliated organization.
- self-study process** – A formal, comprehensive, institution-wide process of self-examination in preparation for a scheduled comprehensive evaluation.
- self-study report** – A document prepared by an organization that describes the process used to conduct the self-study, evaluates what it learned, and proposes what it intends to do with the knowledge. The report functions as the formal argument that the organization satisfies the Criteria for Accreditation.
- site visit** – A team visit to an off-campus site.
- staff liaison** – Commission staff member who serves as resource person for and liaison to an organization.
- Statement of Affiliation Status (SAS)** – An official document that summarizes the status of the organization with the Commission.
- team report** – Report that documents the findings and recommendation of the team that visited an organization on behalf of the Commission.



List of Commonly Used Abbreviations

AQIP	Academic Quality Improvement Program
ARC	Accreditation Review Council
Association	North Central Association of Colleges and Schools
CASI	Commission on Accreditation and School Improvement
C-E	consultant-evaluator
CAO	chief academic officer
CEO	chief executive officer
CHEA	Council for Higher Education Accreditation
Commission	The Higher Learning Commission
C-RAC	Council of Regional Accrediting Commissions
EVSS	Evaluation Visit Summary Sheet
IAC	Institutional Actions Council
NCA	North Central Association of Colleges and Schools
Organization	Organization providing higher learning
OP	Organizational Profile
PEAQ	Program to Evaluate and Advance Quality
PIF	Preliminary Information Form
SAS	Statement of Affiliation Status
SHEEO	State Higher Education Executive Officers
USDE	United States Department of Education



A Sample Timeline for the PEAQ Comprehensive Evaluation Process

It takes, at minimum, four full semesters for an organization to plan and conduct a self-study process and develop a self-study report for a comprehensive evaluation. When it receives the Commission's two-year reminder of a forthcoming comprehensive evaluation—if not before—the organization should organize its self-study process. The timeline below is a sample, provided to help organizations understand Commission expectations and to prepare for self-study and evaluation. (Note: Commission materials are mailed in specified months, and the Annual Meetings are held in March or April of each year.)

The evaluation process is not complete until the Commission takes action, approving or modifying the team's recommendation.

*Comprehensive evaluations for initial and continued candidate status and initial accredited status follow similar timelines.

A Sample Timeline for a PEAQ Comprehensive Evaluation for Continued Accredited Status

Prior to the Visit

Prior to the Team Visit	What the Organization does	What the Commission does
2½ years	<ul style="list-style-type: none"> Appoints self-study steering Committee Initiates planning the self-study process 	<ul style="list-style-type: none"> Sends two-year reminder letter to organization reminding it of scheduled evaluation (September)
2 – 2½ years	<ul style="list-style-type: none"> Notifies Commission of its Self-Study Coordinator, preferred visit dates, proposed changes to the SAS 	<ul style="list-style-type: none"> Sends Annual Meeting information and registration packets to institution (December)
2 years	<ul style="list-style-type: none"> Self-study steering committee develops a self-study design and submits it to the Commission staff liaison Steering committee organizes and selects principle subcommittees Subcommittees gather data, conduct interviews, analyze, and develop draft reports for submission to steering committee Participates in Workshop on Self-Study and other Annual Meeting programs (March/April) 	<ul style="list-style-type: none"> Staff liaison reviews the design and provides feedback to the organization Staff liaisons make presentations on self-study and other topics, meet with organizations at the Annual Meeting

Prior to the Team Visit	What the Organization does	What the Commission does
1 – 1½ years	<ul style="list-style-type: none"> Sends to Commission information suggesting desired team competencies Confirms date of visit and other organizational information 	<ul style="list-style-type: none"> Sends one-year reminder letter to organization (September) Confirms date of visit and other organizational information Sends Annual Meeting information and registration packets to organization (December)
1 year	<ul style="list-style-type: none"> Steering committee analyzes information; prepares, completes studies, prepares rough draft of the self-study report Participates in Workshop on Self-Study and other Annual Meeting programs (March/April) 	<ul style="list-style-type: none"> Staff liaisons make presentations on self-study and other topics, meet with organizations at the Annual Meeting
8 - 12 months	<ul style="list-style-type: none"> Steering Committee circulates and receives reactions to draft report 	
5 – 12 months	<ul style="list-style-type: none"> Editor compiles final self-study report 	<ul style="list-style-type: none"> Commission sends a list of proposed team members and an Evaluation Visit Summary Sheet to organization
	<ul style="list-style-type: none"> Sends comments on proposed team members to the Commission 	<ul style="list-style-type: none"> Commission formally invites team members to participate
4 - 8 months		<ul style="list-style-type: none"> Commission notifies organization and team that team is complete. (In general, fall teams are completed by August 1, spring teams are completed by October 15)
3 months		<ul style="list-style-type: none"> Team chair contacts organization to make arrangements for evaluation visit
3 months	<ul style="list-style-type: none"> Duplicates self-study report, etc Prepares for team visit 	<ul style="list-style-type: none"> Commission sends materials for the visit to team and the organization
1½ – 2 months	<ul style="list-style-type: none"> Sends one complete set of evaluation materials to each member of the Evaluation Team and to the Commission staff liaison 	

During and After the Visit

During and after the Team Visit	What the Organization does	What the team or Commission does
0 months	<ul style="list-style-type: none"> The evaluation visit takes place 	<ul style="list-style-type: none"> The evaluation visit takes place
4 weeks		<ul style="list-style-type: none"> Team Chair completes draft of Team Report and sends it to the Commission staff and team members for review
5 weeks		<ul style="list-style-type: none"> Commission staff liaison discusses draft with Team Chair Team members submit corrections to Team Chair

During and after the Team Visit	What the Organization does	What the team or Commission does
6 weeks		<ul style="list-style-type: none"> Team Chair sends draft Team Report to the organization for correction of errors of fact
8 weeks	<ul style="list-style-type: none"> Responds to draft team report with corrections of errors of fact 	
9 weeks		<ul style="list-style-type: none"> Team Chair completes final team report and submits it to the Commission Commission duplicates team report and sends copies to the organization and the team
11 weeks (2 weeks after receipt of final report)	<ul style="list-style-type: none"> Sends response to team report to Commission and team and chooses a Readers Panel or Review Committee. (Commission policy requires a Review Committee review for certain team recommendations.) 	

Timetable for Organizations Reviewed by a Readers Panel

After the Team Visit	What the Organization does	What the Commission or Readers Panel does
3 months	<ul style="list-style-type: none"> Sends self-study report, organizational catalogs, faculty and student handbooks, and response to team report to each reader 	<ul style="list-style-type: none"> Commission sends names of readers to organization; sends team report to each reader
4 months		<ul style="list-style-type: none"> Commission notifies organization and team about Readers' recommendations
5 – 6 months		<ul style="list-style-type: none"> Readers' recommendation goes to the Institutional Action Committee (IAC) or to a Review Committee for decision (see Review Committee timetable below)
2 – 3 weeks after IAC		<ul style="list-style-type: none"> Board validates IAC decision Commission's executive director sends action letter to organization's chief executive officer and board chair; sends copies to each evaluation team member
	<ul style="list-style-type: none"> Begins to implement plan for following up on recommendations and issues identified in the self-study report and the team report 	

Timetable for Organizations Reviewed by a Review Committee

After the Team Visit	What the Organization does	What the Commission or Review Committee does
4 - 8 weeks before RC	<ul style="list-style-type: none"> Sends each Review Committee member self-study report, organizational response, and any other information it believes is relevant 	<ul style="list-style-type: none"> Commission sends Review Committee schedule and names of Committee members to organization and Team Chair Sends team report to Review Committee members
January, May, September	<ul style="list-style-type: none"> Organization and team representatives meet with the Review Committee 	<ul style="list-style-type: none"> Organization and team representatives meet with the Review Committee
1 week after RC		<ul style="list-style-type: none"> Commission notifies organization and Team Chair of Review Committee's recommendations and invites their response
2 weeks after RC	<ul style="list-style-type: none"> Organization responds to Review Committee's decision 	<ul style="list-style-type: none"> Team Chair responds to Review Committee's decision
2 – 3 weeks after RC		<ul style="list-style-type: none"> Board validates Review Committee decision Commission's executive director sends action letter to organization's chief executive officer and board chair; sends copies to each evaluation team member
	<ul style="list-style-type: none"> Begins to implement plan for following up on recommendations and issues identified in the Self-Study Report and the team report 	



Materials for the PEAQ Evaluation Process

Materials to be Prepared and Distributed by the Organization

The organization prepares

- the appropriate self-study report
- audited financial statements for the two most recently completed fiscal years
- current copies of all organizational catalog(s) or course bulletins
- faculty, staff, and student handbooks

Six to eight weeks prior to the visit, the organization sends

- one set of materials to the Commission staff liaison
- one set of materials to each member of the evaluation team

Following the visit, the organization sends its response to the team report to the Commission staff liaison and to each team member. If appropriate, the organization includes its choice for the review process.

Upon receipt of the names of the reviewers, the organization sends each reviewer the materials prepared for the visit and its response to the team report. The organization will need

- two sets of materials for a Readers' Panel
- up to ten sets of materials for a Review Committee (should the situation require)

The organization should produce additional sets of materials for its own use.

Materials to be Available to the Team during the Visit

Materials to be placed in a Resource Room established by the organization on the campus

- minutes of major organizational committees, including self-study committee
- reports referenced in the self-study report or used by working committees
- policies and procedures related to curriculum adoption, review, and evaluation
- policies on learning resources, including libraries, and formal agreements for the shared use of learning resources
- policies on interaction with other academic organizations and programs

Materials for the Resource Room – continued on next page

Materials for the Resource Room – continued

- policies for allocation and use of computer resources
- budgets and expenditure reports for units, programs, and the organization as a whole, and the organizational audits, at least for the prior five years
- physical facilities master plan
- maintenance plans
- catalogs, bulletins, viewbooks, and other promotional literature
- academic admission, good standing, and completion policies
- policies related to the employment, orientation, supervision, and evaluation of full-time faculty, part-time faculty, and teaching assistants
- faculty, student, and staff handbooks
- bylaws of faculty and staff assemblies or other representative bodies
- governance documents: charter, bylaws, policies, membership, minutes, reports
- a complete roster of all faculty members (full- and part-time) and their teaching assignments during the current academic term
- formal agreements for all consortia or contractual relationships
- student service policies (residence, governance, health, financial aid, student records), and the refund policy
- board rosters, charters, and bylaws, including those of separately incorporated entities (e.g., research, development, foundation, alumni associations, or athletic corporations)
- reports from other agencies or accrediting bodies
- documents concerning Title III compliance and recertification
- third party comment notices

Commission Materials for the Evaluation Process

The Commission sends the organization and each team member

- the Evaluation Visit Summary Sheet
- the institution's Statement of Affiliation Status and the Organizational Profile
- the most recent Institutional Annual Report (Operational Indicators)
- the official record of the most recent comprehensive visit
- the official record of any focused visits that have taken place and/or institutional changes approved since the last comprehensive evaluation



Index

This index provides a general guide to key points of information in the *Handbook of Accreditation*. It is not an exhaustive list of every reference to each item, but rather it identifies where pertinent information can be found.

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AQIP

Academic Quality Improvement Program Materials

This tab is provided for those organizations that are participating in AQIP.
AQIP documents will be provided separately.

These are examples of documents available from the AQIP Web site.

- Frequently asked questions
- Principles of High Performance Organizations
- Application to AQIP
- AQIP core processes
- Action Project Directory

See Chapter 6 and the AQIP Web site for additional information.

www.AQIP.org





Peer Review Corps Materials

This tab is provided for those who participate in the Peer Review Corps. Peer Review manuals and other resources will be provided separately.

See Section 1.3 and the Commission's Web site for information on the Peer Review Corps.





Official Commission Documents

The documents listed are available on the Commission Web site.

Some may choose to print them and place them in this section of the Handbook.

Official Documents

- Bylaws of the Commission
- Bylaws of the North Central Association
- Commission mission statements
- Commission policy book and proposed policy changes
- Position statements
- Commission calendars

Financial Documents

- Annual dues schedule
- Fee schedule
- Audited financial statements

Rosters

- The Board of Trustees
- The Institutional Actions Council
- The Accreditation Review Council
- The Eligibility Reviewers
- The Commission staff

Information about Affiliated Organizations

- Directory of affiliated organizations
- Reports of recent organizational Actions
- Public Disclosure Notices

Commission Publications

- *Institutional Accreditation: An Overview*
- *Handbook of Accreditation*
- *Exchanges* newsletter
- *Annual Data Report*

Commission Projects

- Current Commission projects
- Reports from previous Commission projects

Check the Web site regularly for updates and additions.





Resources Available from the Commission

Most of the documents listed are available on the Commission Web site.

Some may choose to print them and place them in this section of the Handbook.

Check the Web site regularly for updates and additions.

Annual Meeting

- Call for proposals
- Program information
- Registration forms
- List of sample self-studies from the most recent Annual Meeting
- Business Partner Program
- Selected presentations from past meetings

Procedural Documents

- Eligibility Process documents and instructions
- Guidelines for choosing dates for the visit
- Information on the federal compliance program
- Materials and sample documents on third party comment
- Procedures for the interregional accreditation process
- A sample timeline for focused visits
- Readers Panel documents and instructions
- Review Committee documents and instructions

Forms

- Peer Reviewer Corps applications
- Annual Report on Organizational Information and Operational Indicators
- Publications order form

Resources on Assessment of Student Learning

- *Collection of Papers on Self-Study and Institutional Improvement, 2003**
 - *Volume 3: Promoting Student Learning and Effective Teaching**
- Assessment of Student Academic Achievement: Assessment Culture Matrix

Other Resources

- Policies and Government page
- *Collection of Papers on Self-Study and Institutional Improvement, 2003**
 - *Volume 1: Establishing and Sustaining Effective Connections**
 - *Volume 2: Organizational Effectiveness and Future Directions**
 - *Volume 4: The Self-Study Process for Commission Evaluation**
- Guidelines and good practices (see tab 15)
- Links to other Web sites

* Not on the Web site. Available for purchase from the Commission office. Previous volumes also available.





Guidelines and Good Practices

Using Guidelines or Principles Documents of the Higher Learning Commission

Frequently, with little or no warning, fundamental changes in higher education occur or new developments emerge. (Examples of such innovations include distance education, the establishment by U.S. institutions of campuses and programs abroad serving foreign nationals, changes in traditional patterns of faculty staffing, and new forms of access to library materials.) In the absence of long experience or significant expertise, institutions seeking to participate in these developments often seek external criteria by which they can assess alternatives and guide decisions. Similarly, evaluators evaluating institutions affected by changes or new developments also seek guidance in understanding the full scope of the challenges involved in mounting and conducting educational operations of quality.

To meet these demands, the Commission approves and publishes Guidelines and Principles (always prefaced by this explanation) through which it can speak to matters that deserve the scrutiny of all institutions engaged in or planning to engage in particular activities. Guidelines and Principles have received the endorsement of all of the U.S. regional accrediting commissions, and therefore reflect an emerging national consensus on good practices in specific educational areas. The Commission considers such statements to be working documents, subject to revision, and continues to review their usefulness as more is learned from institutions engaged in new initiatives, from evaluation teams, and from the broader higher education community and the public. The Commission welcomes comments on any of its Guidelines or Principles.

Since the Commission accredits institutions, not specific programs, the Commission's Handbook of Accreditation and other publications clearly outline the General Institutional Requirements and Criteria for Accreditation that institutions must meet to achieve and continue affiliation with the Commission. These documents also describe the change processes open to affiliated institutions. The Commission does not intend Guidelines or Principles to substitute for these official Commission policies and practices. Rather, Guidelines or Principles are intended to help those involved in planning and evaluating institutional activities identify the critical and make informed judgments and decisions. Accordingly, the Commission expects an institution to be aware of the issues identified in any relevant Guidelines and Principles statement, thereby providing evaluators with the information they need to establish a convincing pattern of evidence exists to support the institution's current or planned activities.

The good practices listed are available on the Commission Web site.

Some may choose to print them and place them in this section of the Handbook.

Check the Web site regularly for updates and additions.

Good Practices Available on the Commission's Web site

- Good Practice on Transfer
- Principles of Good Practice in Adult Degree Completion Programs
- Guidelines for Assessing Prior Learning for Credit
- Good Practices in Contractual Arrangements Involving Courses and Programs
- Statement of Commitment by the Regional Accrediting Associations for the Evaluation of Electronically Offered Degree and Certificate Programs
- Best Practices for Electronically Offered Degree and Certificate Programs
- Principles of Good Practice in Overseas International Education Programs for Non-U.S. Nationals



