Institutional Effectiveness Committee  
Monday, August 27, 2012  

**SACS Fifth-Year Review**  

**Timeline**  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification letter from President of the Commission on Colleges will be received (this will also outline any sites deemed as offsite that will require a visit)</td>
<td>April 25, 2014</td>
</tr>
<tr>
<td>Fifth-Year Interim Report Due</td>
<td>March 24, 2015</td>
</tr>
<tr>
<td>Reviewed by the Commission on Colleges</td>
<td>June 2015</td>
</tr>
</tbody>
</table>

**Process Overview (Orange Handout)**  

**Compliance Guidelines (large white packet attached to Orange Handout)**  

**QEP Impact Report (Yellow Handout)**
THE FIFTH-YEAR INTERIM REPORT PROCESS: AN OVERVIEW

The Fifth-Year Interim Report was developed to respond to the U.S. Department of Education’s requirements (1) that accrediting bodies continuously monitor institutions to ensure compliance and (2) that accrediting bodies have a mechanism for reviewing multiple sites initiated since last reaffirmation.

Components of the Report

- Completion of the Report
  I. Signature Attesting to Integrity
  II. Institutional Summary Form
  III. Fifth-Year Compliance Certification
  IV. Fifth-Year Follow Up Report (as requested by the Board of Trustees)
  V. QEP Impact Report

- Review of off-campus instructional sites initiated since last reaffirmation but not reviewed by a committee.

Part III: Abbreviated Compliance Certification

Standards Reviewed

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CR 2.8</td>
<td>Number of full-time faculty</td>
</tr>
<tr>
<td>2.</td>
<td>CR 2.10</td>
<td>Student support services</td>
</tr>
<tr>
<td>3.</td>
<td>CS 3.2.8</td>
<td>Qualified administrative and academic officers</td>
</tr>
<tr>
<td>4.</td>
<td>CS 3.3.1.1</td>
<td>Institutional effectiveness: educational programs</td>
</tr>
<tr>
<td>5.</td>
<td>CS 3.4.3</td>
<td>Admissions policies</td>
</tr>
<tr>
<td>6.</td>
<td>CS 3.4.11</td>
<td>Qualified academic program coordinators</td>
</tr>
<tr>
<td>7.</td>
<td>CS 3.11.3</td>
<td>Physical facilities</td>
</tr>
<tr>
<td>8.</td>
<td>FR 4.1</td>
<td>Student achievement</td>
</tr>
<tr>
<td>9.</td>
<td>FR 4.2</td>
<td>Program curriculum</td>
</tr>
<tr>
<td>10.</td>
<td>FR 4.3</td>
<td>Publication of policies</td>
</tr>
<tr>
<td>11.</td>
<td>FR 4.4</td>
<td>Program length</td>
</tr>
<tr>
<td>12.</td>
<td>FR 4.5</td>
<td>Student complaints</td>
</tr>
<tr>
<td>13.</td>
<td>FR 4.6</td>
<td>Recruitment materials</td>
</tr>
<tr>
<td>14.</td>
<td>FR 4.7/CS 3.10.3</td>
<td>Title IV program responsibilities/financial aid audits</td>
</tr>
<tr>
<td>15.</td>
<td>FR 4.8</td>
<td>Distance and correspondence education</td>
</tr>
<tr>
<td>16.</td>
<td>FR 4.9</td>
<td>Definition of credit hours</td>
</tr>
<tr>
<td>17.</td>
<td>3.13.1</td>
<td>Policy compliance</td>
</tr>
</tbody>
</table>

- **Evaluators:** Committee to Review Fifth-Year Interim Reports composed of experienced committee members who conduct the review similar to that of the evaluation of the Compliance Certification at the time of reaffirmation. Each of four committees reviews approximately 10 institutions. Each of the committees has five members: Coordinator, IE evaluator, student services evaluator, and two academic program evaluators. Two finance reviewers also participate in the review.

- **Options of the Evaluators:** (1) No referral or (2) referral to a C & R Committee *

- **Options of C & R following referral at the designated meeting:** (1) No additional report requested, (2) request a monitoring report which starts the two-year limited monitoring period, or (3) recommend placing the institution on a sanction, with a monitoring report, and with or without a visit to campus.

Part IV: Fifth-Year Follow Up (previously called an “Additional Report”)

The Fifth-Year Follow Up Report addresses issues identified at the completion of the institution’s last visiting committee review that required monitoring for verification of continued compliance with a standard. Since the submission is requested by a previous C & R, it is not applicable to all institutions.

* C & R Committee refers to a Committee on Compliance & Reports, one of four standing committees of the Board of Trustees that reviews institutional accreditation cases and makes recommendations to the full Board of Trustees.
• **Evaluators:** C & R Committee composed of elected members of the Board of Trustees.

• **Options of the Evaluators:** (1) No additional report, (2) Request monitoring report which continues the two-year limited monitoring period, (3) Recommend placing the institution on a sanction, with a monitoring report, and w/without a visit to campus.

## Part V: QEP Impact Report

The QEP Impact Report asks an institution to include a copy of its QEP Executive Summary as submitted to the Commission following its recent reaffirmation and a report addressing the following elements: (1) a succinct list of the initial goals and intended outcomes of the QEP; (2) a discussion of changes made to the QEP and the reasons from making those changes; (3) a description of the QEP’s impact on student learning and/or the environment supporting student learning, as appropriate to the design of the QEP (to include the achievement of identified goals and outcomes, and any unanticipated outcomes of the QEP); and (4) a reflection on what the institution has learned as a result of the QEP experience.

• **Evaluators:** Committee to Review Fifth-Year Interim Reports (see composition under Part III above)

• **Options of the Evaluators:**
  (1) Accept with Comment. The institution has adequately documented the implementation of its Plan regardless of changes needed throughout its delivery, summarized the level of success in achieving the desired impact on student learning and/or the environment supporting student learning, and reflected upon the implementation of the QEP as a learning experience for the institutions. No additional report is required.  
  (2) Refer to C & R for review. The institution did not adequately document the implementation of its Plan, summarize the level of success in achieving the desired impact on student learning and/or the environment supporting student learning, and/or reflect upon the implementation of the QEP as a learning experience for the institution. The institution is requested to provide an additional report in 12 months that documents progress in implementing its QEP. The Report is forwarded to C & R for action; actions may include no additional monitoring, additional monitoring, or imposition of a sanction.

## Review of Off-campus Sites initiated since Last Reaffirmation

An institution is requested to undergo a COC committee review of previously unvisited off-campus instructional sites that were initiated since the institution’s last reaffirmation and where students can obtain 50% or more of coursework toward the completion of an educational program. The areas of evaluation as applicable to the off-campus instructional site(s) include: (1) faculty qualifications and access, (2) qualifications of administrative and academic officials leading activities and programs at the site(s), (3) student services, (4) library/learning resource accessibility and sufficiency, (5) physical facilities supporting the programs, and (6) student learning outcomes compared to similar programs offered on the main campus. The institution should use the Commission form “Documentation Prepared by the Institution for the Review Committee Examining Off-Campus Sites as Part of a Fifth-Year Interim Report.”

• **Evaluators:** C & R Committee composed of elected members of the Board of Trustees.

• **Options of the Evaluators:** (1) Continue accreditation, no additional report, (2) continue accreditation with a monitoring report, or (3) recommend placing the institution on a sanction, with a monitoring report, and with or without a visit to campus.

## Institutional Preparation for the Completion of the Report

• Continuously update your previous compliance certification.  
• Provide narrative that supports compliance and explains the use of the selected documentation.  
• Document, document, and document.  
• Give examples when appropriate.  
• Use tables effectively to support your determination of compliance.  
• Respond to the standard referenced not to other standards that are not part of the report.

## Presentation of Reports

Reports may be submitted in print form, DVD/CD, or thumb drive. Ensure that your report is user friendly with all info easily accessible to evaluators. Refer to the Form for additional directives.
Compliance Assignment Guidelines

Each member of the Institutional Effectiveness team has been designated as a team leader for one or multiple Core Requirements, Comprehensive Standards, or Federal Requirements. The team leader has overall responsibility for the formulation of the response to the criterion. The following steps outline the process for conducting the compliance audit and to begin to draft the response. At the end of the document are examples of Compliance, Partial Compliance, and Non-Compliance.

Step 1: Who are the knowledgeable individuals? Identify who should participate in formulating the response to the criterion and gather the participants together.

Step 2: What does the criterion mean? The participants should begin their analysis by careful interpretation of the criterion to understand each aspect and what information and data must be assembled to document compliance.

For example: 3.9.3 The institution provides services supporting its mission with qualified personnel to ensure the quality and effectiveness of its student affairs programs. This standard covers four critical issues:

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


Step 3: Identify sources of evidence. Evidence may be contained in items such as (this is not an exhaustive list):

- University catalogs;
- organizational chart;
- bylaws, meeting minutes;
- descriptions of institutional effectiveness methods and results;
- evaluations and documents addressing student achievement (e.g., accreditation reports, program reviews, annual reports);
- faculty files containing credentials denoting qualifications;
- documentation that describes the library holdings and services as well as other learning resources, services, and facilities available to students, including electronic access to information;
- description of off-campus/distance learning programs and faculty, staff, and learning resources to support them;
- documentation of all consortium memberships and other inter-institutional agreements for providing instruction or sharing resources;
handbooks: student, faculty, recruitment & hiring;
UFF contract; and
Financial audits, financial statements.

Step 4: **Evaluate the sources of evidence.** You must ensure that the evidence presented has the following characteristics:

- **Reliability.** The evidence can be consistently interpreted.
- **Currency.** The information supports an assessment of the current status of the institution.
- **Verifiability.** The meaning assigned to the evidence can be corroborated, and the information can be replicated.
- **Coherence.** The evidence is orderly, logical, and consistent with other patterns of evidence presented.
- **Relevance.** The evidence directly addresses the requirement or standard under consideration and should provide the basis for the institution’s actions designed to achieve compliance.
- **Representativeness.** Evidence must reflect a larger body of evidence and not an isolated case.

Step 5: **Analyze the evidence.** Evidence should entail interpretation and reflection; you should need to think about its meaning and be able to interpret it appropriately to support a conclusion. In many cases, the evidence must represent a combination of trend and “snapshot” data. Whenever possible, you should draw conclusions from multiple indicators.

Step 6: **Judgment of extent of compliance.** Determine if we are in compliance with each aspect of the criterion. You have three alternatives in describing your determination:

- **Compliance.** The institution concludes that it complies with each aspect of the requirement or standard and supports this judgment in a narrative response supported by documentation.

- **Partial Compliance.** The institution judges that it complies with some but not all aspects of the requirement or standard and supports this judgment in a narrative response supported by documentation justifying its claim of partial compliance, an explanation for its partial non-compliance, and a detailed action plan for bringing the institution into compliance that includes a list of documents to be presented to support compliance and a date for completing the plan.

- **Non-Compliance.** The institution determines that it does not comply with any aspect of the requirement or standard and provides a thorough explanation for its non-compliance and a detailed action plan for bringing the institution into compliance that includes a list of documents to be presented to support compliance and a date for completion of the plan.
Step 7: Making the Case for Compliance.

- **For judgments of compliance and partial compliance**: Draft a convincing narrative explaining how the evidence to be submitted supports the claim of compliance for each aspect of the criterion. The narrative should include a summary as well as an interpretation of extensive or complex documents and data cited as supporting the claim.

- **For judgments of partial compliance and non-compliance**: Provide the reason for non-compliance. Prepare a draft action plan for all aspects of the criterion for which we are in non-compliance. The action plan must contain a description of plans to comply, a list of documents that will be used to demonstrate future compliance, responsible parties, and timeline.

Be sure to identify areas where evidence may be insufficient to demonstrate compliance and develop strategies to address these gaps.
2.8 The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of each of its academic programs.
Upon application for candidacy, an applicant institution demonstrates that it meets the comprehensive standard for faculty qualifications.
(Faculty)

Rationale and Notes
Adequacy of faculty resources is necessary to ensure the quality and the integrity of an institution’s academic programs. Moreover, the mission of the institution will govern the type of faculty employed, including the number and distribution of full-time faculty members. The achievement of the institution's mission with respect to teaching, research, and/or service will require a critical mass of permanent, full-time, qualified faculty to provide direction and oversight of the academic programs. The number of such faculty will need to be sufficient to fulfill basic faculty functions of curriculum design, development, and evaluation; teaching; identification, and assessment of appropriate student learning outcomes; student advising; research and creative activity; and institutional and professional service. The work of the core faculty may be supplemented and enhanced by judicious assignment of part-time faculty and graduate teaching assistants whose qualifications broaden and enrich the curriculum, increase learning opportunities for students, and enhance the mission of the institution.

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

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

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

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

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

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

Cross References to other related Standards/Requirements, if applicable
Comprehensive Standard 3.7.1
2.10 The institution provides student support programs, services, and activities consistent with its mission that are intended to promote student learning and enhance the development of its students. (Student support services)

Rationale and Notes
Appropriate student support programs and services apply to undergraduate and graduate programs and enhance the educational development of students at all levels. The expectation is that an institution recognizes this important component of student learning and student development, regardless of placement in the organizational structure, and that, in the context of its mission, the institution provides an appropriate range of support services and programs to students at all locations, including off-campus instructional sites, branch campuses, and those enrolled in distance and correspondence education.

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

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

Documentation
Required Documentation, if applicable
• Descriptions of the various student support programs and services
• Narrative relating the student support services and programs to the mission of the institution

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

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

Cross References to other related Standards/Requirements, if applicable
Comprehensive Standard 3.3.1.3
Comprehensive Standards 3.9.1 – 3.9. 3
Comprehensive Standard 3.4.9
3.2.8 The institution has qualified administrative and academic officers with the experience and competence to lead the institution. (Qualified administrative/academic officers)

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

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

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

Documentation

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

Examples of other Types of Documentation
- Resumes’ for senior-level academic and administrative officers

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

Cross References to other related Standards/Requirements, if applicable
Comprehensive Standard 3.2.10
3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: (Institutional effectiveness)

3.3.1.1 educational programs, to include student learning outcomes

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

Guiding statements designed to assist institutions in documenting compliance:

1. Institutions should interpret "outcome" in a manner consistent with an academic program or a given service unit's mission and role in the institution. It is the institution's responsibility to explain how each unit's outcomes are related to its mission and role in the institution.

2. While it is clear from the standard that assessment is at the program level for academic programs, institutions should determine the organizational levels at which assessment is useful and efficient for administrative and for academic and student support units. It is incumbent on the institution to explain how this determination follows from its mission and organizational structure.

3. Institutions are not required or expected to use the same assessment procedures in each of the four areas; in particular, administrative support services, academic and student support services, research within the mission, and community/public service within the mission need not be assessed in the same way as educational programs. However, institutions are expected to use multiple assessments in each area. Consequently, grades alone for the assessment of educational programs or student learning outcomes are insufficient.

4. Institutions that engage in research or public service should carefully frame the scope of their discussion of CS 3.3.1.4 and CS 3.3.1.5 by identifying their research and their service missions, explaining the ways in which the institution has chosen to evaluate the effectiveness of each. This may include a connection with its educational programs and discussing its assessment of the impact of research and service on the institution and its programs, as appropriate.
5. There is a clear expectation that an institution be able to demonstrate institutional effectiveness for all its diplomas, certificates, and undergraduate and graduate educational degree programs.

6. The expectation is that the institution will engage in on-going planning and assessment to ensure that for each academic program, the institution develops and assesses student learning outcomes. Program and learning outcomes specify the knowledge, skills, values, and attitudes students are expected to attain in courses or in a program. Methods for assessing the extent to which students achieve these outcomes are appropriate to the nature of the discipline, and consistent over time to enable the institution to evaluate cohorts of students who complete courses or a program. Shared widely within and across programs, the results of this assessment can affirm the institution’s success at achieving its mission and can be used to inform decisions about curricular and programmatic revisions. At appropriate intervals, program and learning outcomes and assessment methods are evaluated and revised.

7. An institution may provide a sampling of its programs as long as it is representative of its mission and includes a valid cross-section of programs from every school or division and at each degree level. Sampling should also include programs offered at off-campus instructional sites and course work offered through distance or correspondence education. It is the institution’s responsibility to make a compelling case as to why the sampling and assessment findings are an appropriate representation of the institution’s programs. This sampling, however, does not preclude the institution from having data/analysis available on the effectiveness of all programs in case evaluators request to review it. It is the evaluators’ prerogative to conduct a more in-depth review of an institution’s data/findings/analysis on the effectiveness of its educational programs.

8. Institutional effectiveness can be achieved in a variety of ways and the mentality that “one size fits all” is inappropriate and diminishes the individual missions of institutions. The institution should develop and/or use methods and instruments that are uniquely suited to the goal statements and that are supported by faculty.

9. At the time of its review, the institution is responsible for producing mature data. Mature data can be defined as sufficient information used as a basis for sound decision making.

10. At the time of its review, the institution is responsible for providing evidence of improvement, based on the analysis of the assessment results, as opposed to a plan for improvement.

Notes: For consistency in rhetoric, the Commission uses “assessment” in place of evaluation, and “outcomes” instead of objectives/goals. The institution should define “units” based on its organizational structure. While institutions may organize functions differently, it is expected that all services, whether administrative or academic student support services, engage in the institutional effectiveness processes
3.3.1.1 Educational programs, to include student learning

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

Relevant Questions for Consideration
• How are expected outcomes clearly defined in measurable terms for each educational program?
• What is the evidence of assessment activities for each program?
• How are periodic reviews in which programmatic outcomes assessed, reviewed, and used for improvements?
• How does the institution’s use of assessment results improve educational programs?
• If the institution used sampling, why were the sampling and findings an appropriate representation of the institution’s programs?
• What assessment instruments were used and why were they selected? Were multiple assessment methods used? If so, describe.
• Have the programs assessed the extent to which they have been successful in achieving their learning outcomes?
• If called for, have program improvements been made as a result of assessment findings?
• How does the institution’s use of assessment results improve educational programs?

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

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

Cross References to other related Standards/Requirements, if applicable
Core Requirement 2.5
Comprehensive Standard 3.5.1
Federal Requirement 4.1
3.4.3 The institution publishes admissions policies consistent with its mission. 
(Admissions policies)

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

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

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

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

Documentation
  Required Documentation, if applicable
    Admission policies of the institution
  Examples of other Types of Documentation
    • Undergraduate and graduate catalogs that include admission policies, standards, 
      and procedures
    • Institutional and specific program brochures and other recruitment materials or 
      electronic resources stating admission policies and procedures
    • Documents describing how the institution evaluates applications and makes 
      admission decisions to the institution and to programs
    • Minutes or other documents showing evidence that the institution has 
      admissions policies in accordance with good practices in higher education
    • System policy or legislation regarding admission policies and procedures
Reference to Commission Documents, if applicable
“Advertising, Student Recruitment, and Representation of Accredited Status”
“Developing Policy and Procedures Documents”

Cross References to other related Standards/Requirements, if applicable
None noted.
For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field. In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration. (Academic program coordination)

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

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

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

Documentation
Required Documentation, if applicable
List of program coordinators, their area of responsibility, and their qualifications or coordinating the designated program

Examples of other Types of Documentation
• Description of coordinator responsibilities
• Definition of the term “field” as it applies to the institution’s academic programs

Reference to Commission Documents, if applicable
“Distance and Correspondence Education”
“Faculty Credential Guidelines”

Cross References to other related Standards/Requirements, if applicable
None noted
3.10.3 The institution exercises appropriate control over all its financial resources. (Control of finances)

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

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

Documentation

Required Documentation, if applicable
- Management letters

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

Reference to Commission Documents, if applicable
- “The Impact of Budget Reductions on Higher Education”

Cross References to other related Standards/Requirements, if applicable
- Core Requirement 2.2
- Comprehensive Standard 3.2.2.2
3.11.3 The institution operates and maintains physical facilities, both on and off campus, that appropriately serve the needs of the institution’s educational programs, support services, and other mission-related activities. (Physical facilities)

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

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

Documentation
- Required Documentation, if applicable
  None noted
- Examples of other Types of Documentation
  - Plan for routine, preventative, and deferred maintenance
  - Facilities satisfaction survey results
  - Most recent 3-5 years annual capital budget
  - Evidence that the institution has facilities that adequately support the mission of the institution
  - A video or other visual means to provide a “walking tour” of all the institution’s facilities
  - Facilities master plan including a campus map

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

Cross References to other related Standards/Requirements, if applicable
Core Requirement 2.11.2
3.13.1 The institution complies with the policies of the Commission on Colleges.
(Policy compliance)

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

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

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

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

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

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

Reference to Commission Documents, if applicable
- “Integrity and Accuracy in Institutional Representation”
- “Accrediting Decisions of Other Agencies”
- “Collaborative Academic Arrangements”
- “Complaint Procedures against the Commission or its Accredited Institutions”
- “Reaffirmation of Accreditation and Subsequent Reports”
- “Separate Accreditation for Units of a Member Institution”
- “Developing Policy and Procedures Documents”
Cross References to other related Standards/Requirements, if applicable
Principle 1.1
Comprehensive Standard 3.12.1
Section 4: Federal Requirements

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

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

The Requirement of a Policy. Implicit in every Federal Requirement mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it. (See Commission best practices “Developing Policy and Procedures Documents.”)
4.1 The institution evaluates success with respect to student achievement consistent with its mission. Criteria may include: enrollment data; retention, graduation, course completion, and job placement rates; state licensing examinations; student portfolios; or other means of demonstrating achievement of goals. (Student achievement)

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

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

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

Documentation
Required Documentation, if applicable
• Documentation of appropriate criteria used to determine successful student achievement
• Documentation of the expected threshold of achievement for each criterion and the rationale for why each is appropriate
• Documentation of data used to demonstrate achievement of goals

Examples of other Types of Documentation
• Sample documentation of student achievement such as trend data showing course completion by discipline, pass rates on state licensing exams, job placement rates by degree program, and others
• Documentation of the institution actively following up with students who have graduated
Reference to Commission Documents, if applicable
Commission Statement on Sampling (See “sampling” in the Glossary.)

Cross References to other related Standards/Requirements, if applicable
Core Requirement 2.5
Comprehensive Standard 3.3.1.1
4.2 The institution’s curriculum is directly related and appropriate to the mission and goals of the institution and the diplomas, certificates, or degrees awarded. (Program curriculum)

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

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

Documentation
Required Documentation, if applicable
• Evidence that the curriculum is directly related to the mission of the institution
• Evidence that the curriculum is appropriate and consistent with good practices in higher education
Examples of other Types of Documentation
Evidence that the curriculum is developed by faculty and approved by the appropriate governing bodies

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

Cross References to other related Standards/Requirements, if applicable
Core Requirement 2.4
Core Requirement 2.7.2
Core Requirement 2.7.3
Comprehensive Standard 3.1.1
Comprehensive Standard 3.5.1
Comprehensive Standard 3.5.3
4.3 The institution makes available to students and the public current academic calendars, grading policies, and refund policies. (Publication of policies)

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

**Relevant Questions for Consideration**
How does the institution make current academic calendars, grading policies, and refund policies available to students and other constituents?

**Documentation**
- **Required Documentation, if applicable.**
  - Publications that include information about academic calendars, grading policies, and refund policies
- **Examples of other Types of Documentation**
  - None noted

**Reference to Commission Documents, if applicable**
- “Distance and Correspondence Education”
- “Integrity and Accuracy in Institutional Representation”
- “Advertising, Student Recruitment, and Representation of Accredited Status”
- “Developing Policy and Procedures Documents”

**Cross References to other related Standards/Requirements, if applicable**
- Principle 1.1
- Comprehensive Standard 3.4.5
4.4 Program length is appropriate for each of the institution’s educational programs. (Program length)

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

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

**Documentation**
- **Required Documentation, if applicable**
  - Publications that describe the length of all educational programs
- **Examples of other Types of Documentation**
  - Documentation of the criteria used in determining program length
  - Processes used to determine program length
  - Evidence supporting program length that is significantly different from accepted practices

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

**Cross References to other related Standards/Requirements, if applicable**
- Core Requirement 2.7.2
- Core Requirement 2.7.3
- Comprehensive Standard 3.4.1
4.5 The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. *(See Commission policy “Complaint Procedures against the Commission or its Accredited Institutions.”) (Student complaints)*

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

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

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

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

For FR 4.5 and CS 3.13 (as it applies to complaints), at the time of its review of an institution, the Commission will review (1) the acceptability of the complaint policy of the institution, (2) whether the institution follows its policy in the resolution of student complaints, and (3) the institution’s record of student complaints in the examination for patterns.

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

**Relevant Questions for Consideration**

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

Documentation

Required Documentation, if applicable

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

Examples of other Types of Documentation

Evidence that complaint policies and procedures are published and disseminated

Reference to Commission Documents, if applicable

“Complaint Procedures against the Commission or its Accredited Institutions”
“Distance and Correspondence Education”
“Developing Policy and Procedures Documents”

Cross References to other related Standards/Requirements, if applicable

None noted
4.6 Recruitment materials and presentations accurately represent the institution’s practices and policies. (Recruitment materials)

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

Relevant Questions for Consideration
• Do recruitment materials and presentations accurately represent the institution's practices, policies, and academic programs?
• How does the institution ensure that its recruitment materials and presentations accurately represent the institution?

Documentation
Required Documentation, if applicable
Copies of recruitment materials, publications, and presentations
Examples of other Types of Documentation
Documents that provide evidence of practices for ongoing accuracy

Reference to Commission Documents, if applicable
“Developing Policy and Procedures Documents”
“Distance and Correspondence Education”
“Institutional and Integrate in Institutional Representative”
“Advertising, Student Recruitment, and Representation of Accredited Status”

Cross References to other related Standards/Requirement, if applicable
Principle 1.1
Comprehensive Standard 3.4.3
4.7 The institution is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended. (In reviewing the institution’s compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the U.S. Department of Education.) (Title IV program responsibilities)

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

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

Relevant Questions for Consideration
- What issues exist with Title IV programs for the institution, if any?
- Has the institution been placed on the reimbursement method?
- Has the institution been required to obtain a letter of credit in favor of the Department of Education?
- Have complaints related financial aid been filed with the Department of Education regarding this institution?
- Do the independent audits of the institution’s financial aid programs evidence significant noncompliance?
- Are there significant impending litigation issues with respect to financial aid activities?
- Are there significant unpaid dollar amounts due back to the Department of Education?
- Has adverse communication been received from the Department of Education? If so, what was the institution’s response?
- What is the institution’s student loan default rate?
- Is the institution aware of infractions to regulations which would jeopardize Title IV funding?
- Has the institution been obligated to post a letter of credit on behalf of the Department of Education or other financial regulatory agencies?

Documentation

Required Documentation, if applicable
- Most recent federal awards/financial aid audit

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

**Reference to Commission Documents, if applicable**

“Integrity and Accuracy in Institutional Representation”

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

Principle 1.1

Comprehensive Standard 3.10.2
4.8 An institution that offers distance or correspondence education documents each of the following: (Distance and correspondence education)

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

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

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

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

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

Required Documentation, if applicable

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

Examples of other Types of Documentation

Process for ensuring ongoing verification, including persons responsible for implementation

Reference to Commission Documents, if applicable

“Developing Policy and Procedures Documents”
“Distance and Correspondence Education”
“Integrity and Accuracy in Institutional Representation”
“Advertising, Student Recruitment, and Representation of Accredited Status”
“Substantive Change for Accredited Institutions”

Cross References to other related Standards/Requirements, if applicable

Comprehensive Standard 3.13
4.9 The institution has policies and procedures for determining the credit hours awarded for courses and programs that conform to commonly accepted practices in higher education and to Commission policy. (See Commission policy “Credit Hours.”) (Definition of credit hours)

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

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

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

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

Reference to Commission Documents, if applicable
“Credit Hours”
“Substantive Change for Accredited Institutions”
“Developing Policy and Procedures Documents”

Cross References to other related Standards/Requirements, if applicable
Core Requirement 2.7
Comprehensive Standard 3.4.6
Federal Requirement 4.4
PROCESS FOR THE REVIEW OF THE QEP IMPACT REPORT

What the institution is requested to address in its QEP Impact Report

An institution submitting a QEP Impact Report is asked to provide a copy of the QEP Executive Summary submitted to the Commission following reaffirmation and a brief (10 pages or less) addressing the following:

1. a succinct list of the initial goals and intended outcomes of the Quality Enhancement Plan;
2. a discussion of changes made to the QEP and the reasons from making those changes;
3. a description of the QEP’s impact on student learning and/or the environment supporting student learning, as appropriate to the design of the QEP (to include the achievement of identified goals and outcomes, and any unanticipated outcomes of the QEP); and
4. a reflection on what the institution has learned as a result of the QEP experience.

Review Procedure by the Committee on Fifth-Year Interim Reports

The Committee on Fifth-Year Interim Reports reviews the QEP Impact Report. The Committee is composed of experienced Commission evaluators who have served on Commission review committees. They are not members of the Commission’s Board of Trustees. The Committee does not recommend action on the accreditation status of an institution, including the imposition of sanctions; rather, if the Committee finds an institution out of compliance, it may refer the institution to the Board of Trustees for action.

Options for the Fifth-Year Interim Report Committee

Accept with comment:

The institution adequately documented the implementation of its Plan regardless of the changes needed throughout its delivery, summarized the level of success in achieving the desired impact on student learning and/or the environment supporting student learning, and reflected upon the implementation of the QEP as a learning experience for the institution.

No additional report required.

The Committee may also indicate whether it finds that an institution’s QEP was particularly strong in areas such as its significance and impact on student learning and/or the environment supporting student learning; the outstanding support of the institution’s administrative leadership, faculty, and students throughout its implementation; the strength of assessment design; or any other elements of excellence.

Refer to C & R for review

The institution did not adequately document the implementation of its Plan, summarize the level of success in achieving the desired impact on student learning and/or the environment supporting student learning, and/or reflect upon the implementation of the QEP as a learning experience for the institution.

The institution is requested to provide an additional report in 12 months that documents progress in implementing its QEP. The Report is forwarded to C & R for action; actions may include no additional monitoring, additional monitoring, or imposition of a sanction.

Approved: Board of Trustees, June 2009
Revised: Board of Trustees, December 2011