Corps Professional Development Program

Assuring Quality in Higher Education: A Perfect Puzzle for Peer Review

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Higher Learning Commission
A commission of the North Central Association

Peer Reviewer Reference Document for Spring 2012 Training

This document is a compilation of information from an array of Commission documents and policies that have changed in the past two years. The document's purpose is solely as a training reference, a compendium of information to support peer reviewer training in 2011-12. Part One includes a compilation of information and policies related to Substantive Change; it does not address the process by which institutions notify the Commission of changes that do not require approval. Part Two addresses policies, processes, and Commission initiatives that have an impact on peer review in 2012.

Part One: Substantive Change

An institution has the obligation to report institutional changes to the Commission. Some institutional changes simply require the institution to notify the Commission; other changes require the institution to seek and receive prior Commission approval before implementing specific changes. For the latter, the institution must seek approval through the Commission's substantive change process. These changes are included in the institution's accreditation only after the Commission has reviewed and the Institutional Actions Council (IAC) or the Board of Trustees has formally acted to approve the change.

Institutions must seek approval for changes as required in their current *Statement of Affiliation Status (SAS)* and as outlined in Commission policy 3.2(a). The categories of institutional changes that *may* require prior approval include these:

1. Changes in the actual or apparent mission of the institution
2. Significant changes in the character or nature of the student body of the institution
3. Initiation of new academic programs or majors not included in the current accreditation, including (a) courses, programs, and certificates at a new degree level; (b) courses, programs, and certificates that represent significant changes in or departures from current offerings; (c) courses, programs, and certificates outside stipulations in the current accreditation that limit offerings; and (d) programs acquired from other institutions or programs requiring allocation of substantial financial investment or resources
4. A change from clock to credit hours or substantial increase or decrease in clock or credit hours for one or more programs
5. Initiation and expansion of distance education
6. Establishment or acquisition from another entity of additional locations or branch campuses
7. Initiation of contractual relationships related to educational programs
8. Initiation of consortial relationships related to educational programs
9. Changes in the institution's relationship with the Commission (addressed in Commission policy 3.1)
10. Access to the Commission's Expedited Approval of Additional Locations, including access to the Notification Program (addressed in Commission policy 3.2(b)1.4)
11. Change of control, structure, or organization of the institution (addressed in Commission policy 3.3(b))
12. Establishment of teach-out arrangements if closing locations at which 100% or more of a certificate or program is offered and students have not yet completed their study. Teach-out arrangements are also required in cases of emergency action by the U.S. Department of Education, Commission suspension or termination of status of an institution, or if a state or licensing agency has or will revoke the license or authority to offer a program (addressed in Commission policy 3.9).

Notes: The Commission no longer requires approval for course locations.
The term *program* refers to degree, diploma, and certificate programs throughout this document.
The Commission also requires an institution to notify the Commission of certain changes even though the change may not require approval. The full notification process will be effective in 2012-13.

STEPS IN SEEKING APPROVAL FOR INSTITUTIONAL CHANGES

For most change requests, the institution completes the appropriate change application and follows one of the review processes described below. A few changes requiring approval do not follow this process, including those handled through staff action letters and those that involve change of control, structure, or organization. The latter requires a different procedure conducted separately from the standard substantive change process and culminates in review and action by the Commission Board of Trustees (see Commission policy 3.3(b)).

The steps in the standard substantive change process are these:

1. The institution completes and submits the appropriate change application, along with any required attachments.

2. The Commission Change Team triages the incoming change requests by type, complexity, and institutional history and experience with that specific type of change.

3. The change request then follows one of these review processes:

    ▪ **Desk Review.** A Desk Review is a review of a change application conducted by an individual Commission staff member. *Expedited Desk Review* is a staff desk review conducted through a streamlined web-based process. Both reviews result in a short desk review form. Institutions approved for expedited review of additional locations may use this process; all institutions may use this process for new certificates that fall within current accreditation stipulations.*

    ▪ **Change Panel.** A Change Panel consists of three or more Commission Peer Reviewers who review change applications and make a recommendation to approve, modify, or deny the change. To conduct the review, panelists individually evaluate the change application and then hold a conference call to achieve consensus on the evidence and recommendation. Panels may seek limited additional information from the institution to explain or clarify the application. Change Panels submit a completed Substantive Change Recommendation Form.

    ▪ **Change Visits.** A Change Visit consists of a team of two or more Commission peer reviewers who review change applications and conduct a one- or two-day visit to the institution. The Change Visit team completes the Change Visit Report and may recommend that the change be approved, modified, or denied.

    An **Embedded Change** review occurs in conjunction with an already scheduled visit. In these cases, the institution must still provide the appropriate change application, and the peer reviewers must complete and submit the Substantive Change Recommendation Form separate from the team visit report. Reviewers may recommend that the change be approved, modified, or denied.

4. The institution receives the report from the Desk Review, Change Panel, or Change Visit and provides an institutional response.

5. The Institutional Actions Council (IAC) reviews and takes action on substantive change recommendations resulting from an Expedited Desk Review, Desk Review, Change Panel, or Change Visit. As part of its deliberations, the IAC reads and considers the full change application, any additional institutional documents required during the process, the evaluation report, relevant Commission documents, and the institutional response.

The time required for the Commission to review a substantive change varies with the type and complexity of the change and the quality and completeness of the request. The average timeframe for change review from point of change application receipt through final action is four months. However, it is always possible that a change request may require an on-site visit, which can extend the process to as much as nine months.

For a more detailed overview, see the Commission's web page (www.ncahlc.org), the section on "Maintaining Accreditation" then "Institutional Change." Most change processes are subject to a fee. The fee schedule is updated annually on September 1 and is available on the Commission's Web Site.

*In some instances, institutions must complete the *New Program Change Application* for new certificates. These instances include those certificates that are Title IV eligible and in which 50% or more of the courses in the program were developed for the certificate program and are not derived from courses in existing certificate or degree programs. In these cases the new certificate or diploma requires separate Commission approval through a substantive change Desk Review, Change Panel, or Change Visit and is not eligible for Expedited Desk Review

DEFINITIONS AND EXPLANATIONS ON SPECIFIC TYPES OF CHANGES

Distance Delivery

The Commission no longer requires approval of individual distance-delivered courses and programs.* Instead, an institution must seek approval through the substantive change process when it first initiates distance or correspondence education and when it expands distance or correspondence education into a new designated percentage bracket of total degree programs (see explanation below). In these reviews, the Commission evaluates the institution's (a) commitment to and preparation for distance delivery; (b) capacity to implement high-quality educational offerings and services through distance delivery; and (c) capacity to sustain high-quality education through effective assessment, evaluation, and improvement processes.

In addition to reviewing distance and correspondence education through its substantive change processes, the Commission evaluates delivery whenever it comprehensively reviews an institution. In comprehensive reviews, the Commission examines the institution's capacity to provide education to its students and the quality of its performance in doing so, whether via distance delivery or traditional face-to-face modes. Comprehensive reviews examine curriculum, staffing, support services, access to appropriate laboratory and library resources, and all other facets of quality higher education.

Team and Panel Options
When teams and panels are reviewing change requests for approval of distance education, the review is of the institution's capacity to initiate or expand and to sustain quality offerings, expected processes for evaluation, assessment, and improvement, and related support services. **Teams and panels do not approve or deny programs**, instead teams choose one of the options below for their recommendation and must follow the lead of the liaison or Commission change team. **Team options for recommendations include approval or denial of initiation or expansion of either or both distance and correspondence education**

1. Up to 5% of total degree programs. The phrase "up to" means "up to and including."
2. Up to 20% of total degree programs.
3. Up to 100% of total degree programs.

Monitoring and stipulations are discouraged except in rare circumstances. Note that Commission policy does permit the institution to offer up to four certificate programs as well as a limited number of courses leading to degree programs through distance education or correspondence education without seeking prior approval.

Definitions of Distance and Correspondence Education

In 2010, the Commission adjusted its definition of "Distance Delivery" to encompass both distance and correspondence education, thus aligning with the Federal Government's definitions. The following are the Federal definitions (2009) of distance and correspondence education:

Correspondence education means:
  (1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor.
  (2) Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student.
  (3) Correspondence courses are typically self-paced.
  (4) Correspondence education is not distance education.

Distance Education means education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:
  (1) The internet;
  (2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

(3) Audio conferencing; or

(4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).

Definitions of Distance-Delivered Courses and Programs

The Commission uses the following definitions for the purpose of applying its policy on distance delivery to its accredited and candidate institutions:

Distance-delivered courses are those in which all or the vast majority (typically 75% or more) of the instruction and interaction occurs via electronic communication, correspondence, or equivalent mechanisms, with the faculty and students physically separated from each other.

Distance-delivered programs are those certificate or degree programs in which 50% or more of the required courses may be taken as distance-delivered courses.

Reporting and Seeking Approval for Distance-Delivered Offerings

The Commission does not approve individual distance and correspondence education programs. The Commission approves the initiation and expansion of distance and correspondence education. The chart below identifies the percentage brackets for determining the scope of distance delivery by an institution. The Commission determines the appropriate bracket for each institution based on the information an institution provides in its Annual Institutional Data Update to the Commission or when it seeks and receives approval of a proposed change.

An institution must seek approval when it crosses into the next percentage bracket; i.e., when it first initiates distance education and correspondence education and when it expands into the next bracket. When initiation or expansion is anticipated, an institution must submit the *Distance Delivery Change Application*.

Percentage Bracket	Percentage of Distance-Delivered Offerings (calculations are based on degree programs, not certificates)
3	Up to 100% of total degree programs
2	Up to 20% of total degree programs
1	Up to 5% of total degree programs
0	No activity

Specifically, the Commission requires an institution to seek the Commission's prior approval if the institution plans to **initiate** or **expand** its distance-delivered offerings as described below.

Initiation occurs and a review is required when the institution:

- plans to initiate its first distance education degree program, even when it has been approved to offer distance education certificates or correspondence education degree programs or certificates;

- plans to initiate its first correspondence education degree program, even when it has been approved to offer correspondence education certificates or distance education degree programs or certificates;

- has initiated four distance education certificates and plans to initiate a fifth, unless the institution has already been reviewed and approved to offer one or more distance education degree programs; or

- has initiated four correspondence education certificates and plans to initiate a fifth, unless the institution has already been reviewed and approved to offer one or more correspondence education degree programs.

Expansion occurs and a review is required when the institution:

- plans to increase its current activity in distance education degree programs or its current activity in correspondence education degree programs to a higher percentage bracket.

In addition, the Commission may require a substantive change evaluation if the institution:

- has never had a focused review of distance or correspondence degree or certificate programs and is offering one or more programs or five or more certificates; or

- has a significant annual increase in enrollment.

Additional Locations and Branch Campuses

An institution must seek approval through the substantive change process for additional locations (Commission policy 3.2(b)1.3) and branch campuses (Commission policy 3.2(b) 1.2). In addition to reviewing new additional locations and branch campuses through its substantive change processes, the Commission evaluates existing additional locations every five years through its multi-location visit process and evaluates existing branch campuses whenever it comprehensively reviews an institution. The Commission no longer requires approval of course locations.

Definitions of Campus or Branch Campus and Additional Location

The Commission maintains the same definitions as that of the Federal Government.

A **Campus or Branch Campus** is a location of an institution that is geographically apart and independent of the main campus of the institution. The Commission considers a location of an institution to be independent of the main campus if the location:

- Is permanent in nature;

- Offers courses in educational programs leading to a degree, certificate, or other recognized educational credential;

- Has its own faculty and administrative or supervisory organization; and

- Has its own budgetary and hiring authority.

A branch campus must have all four of these attributes to be approved as a campus.

An Additional Location is a place, geographically separate from any main or branch campus, where instruction takes place and students can do one or more of the following:

- Complete 50 percent or more of the courses leading to a degree program;

- Complete a full degree program;

- Complete 50 percent or more of the courses leading to a Title IV eligible certificate.

- Complete a degree program that they began at another institution even if the degree completion program provides less than 50 percent of the courses leading to a degree program.

- There is no base or threshold number of students or distance from the campus necessary for a facility to qualify as an additional location under this definition. An additional location may have five students or 500 students; it might be five miles or 500 miles from the main or other campus.

- An additional location typically does not have a full range of administrative and student services staffed by the facilities personnel; such services may be provided from the main campus or another campus.

- A facility may provide access to instruction requiring students to be present at a physical location that receives interactive TV, video, or online teaching. It is considered an additional location when 50 percent or more of a distance delivery program is available through one or more of these modalities at that facility.

Reporting and Seeking Approval for Additional Locations

Institutions must seek approval through the substantive change process for new additional locations unless the institution is approved for the Notification Program for Additional Locations (see below). If the institution moves an existing additional location to another geographic location, no matter how near or far from the address of the existing location, the Commission considers this a closing of one additional location and an opening of a new additional location. Thus, the location requires approval. Further, the Commission requires submission of a teach-out plan or arrangement if students are currently enrolled at the existing location (see the Commission's web page, www.ncahlc.org, for more information on teach-out requirements).

Review and Approval Process. The Commission conducts the substantive change review of the first three additional locations through a two-step process. The first step is approval of the additional location through a Change Panel or Desk Review. The second step is an **Additional Location Confirmation Visit** to the location within six months of matriculation of students and initiation of instruction at the additional location. Typically 2-3 hours in length, the visit may be conducted by Commission peer reviewers or Commission staff and will be to confirm the accuracy of the information provided to the Commission concerning the quality and oversight of the education at the additional location when it was originally approved. Reviewers complete the Additional Location Confirmation Visit Report and may call for further monitoring of an institution's additional locations through the Commission's established monitoring processes (see Commission policy 3.2(c)2 and the Commission's web page, www.ncahlc.org, for more information on Additional Location Confirmation Visits).

Approval for Notification Program or Expedited Desk Review for Additional Locations. Institutions that have previously received approval from the Commission to initiate at least three additional locations may seek access to an expedited program for approval of future additional locations (Commission policy 3.2(b)1.4). Some institutions in the Commission's membership have been granted access to the Notification Program for Additional Locations or Expedited Desk Review for Additional Locations (see Commission policy 3.2(b) 1.4 and the Commission's web page, www.ncahlc.org, for more information on expedited review).

Confirming Quality of Additional Locations through the Multi-Location Visit

Commission policy requires a Multi-Location Visit every five years to any institution with more than three off-campus additional locations. In some cases, institutions undergoing rapid expansion will host Multi-Location Visits more frequently. The purpose of the Multi-Location Visit is to confirm the continuing effective oversight by the institution of its additional locations. Typically, a single reviewer conducts the Multi-Location Visit to a representative sample of the additional locations, spending up to half a day at each location. The reviewer completes the Multi-Location Visit Report and may call for further monitoring of an institution's additional locations through the Commission's established monitoring processes (see Commission policy 3.2(c)3 and the Commission's web page, www.ncahlc.org, for more information on Multi-Location Visits).

An institution with access to an expedited review program (Notification Program or Expedited Desk Review for Additional Locations) must demonstrate that it continues to meet the standards for the program and the Multi-Location evaluator will determine whether the Expedited Desk Review or Notification designation continues to be appropriate.

Reporting and Seeking Approval for Campuses

Institutions must seek approval through the substantive change process for new branch campuses. If the institution moves an existing campus to another geographic location, no matter how near or far from the address of the existing location, the Commission considers this a closing of one campus and an opening of a new campus. Thus, the campus requires approval. Further, the Commission requires submission of a teach-out plan or arrangement if students are currently enrolled at the existing campus (see the Commission's web page, www.ncahlc.org, for more information on teach-out requirements).

Review and Approval Process. The Commission conducts the substantive change review of each new campus through a two-step process. The first step is approval of the campus through a Change Panel or Desk Review. The second step is requires **Campus Evaluation Visit** to a new campus or branch after the campus has been approved by the Commission through the substantive change process and within six months of matriculation of students and initiation of instruction. In most instances, Campus Evaluation Visits are conducted after the Commission has approved a new campus through the substantive change process, an initial review done typically by a Change Panel. However, if the institution is expanding into a campus an already approved, active additional

location with enrolled students and multiple degree programs, a Campus Evaluation Visit may be conducted in advance of approval both to approve the campus and to assure its quality and its capacity to sustain that quality.

The purpose of the Campus Evaluation Visit is (a) to assure the quality of the campus and its educational programs in meeting the needs of its defined constituencies and (b) to assure the capacity to sustain that quality. Typically, 1-2 reviewers conduct a Campus Evaluation Visit, which are typically 1-2 days in length. Reviewers complete the Campus Evaluation Visit Report and may call for further monitoring of the campus through the Commission's established monitoring processes (see Commission policy (3.2(c)1 and the Commission's web page, www.ncahlc.org, for more information).

Confirming Quality of Branch Campuses through the Multi-Campus Visit

To assure ongoing quality, the Commission conducts a **Multi-Campus Visit** to existing campuses whenever it conducts a comprehensive review of the institution or an AQIP Quality Checkup Visit. A Multi-Campus Visit includes a representative sample of the institution's campuses designated by the Commission. The purpose of the Multi-Campus Visit is the same as that for a Campus Evaluation Visit (see above). Typically, 1-2 reviewers conduct the visits to the designated campuses. The reviewers complete the Multi-Campus Visit Report, which is forwarded to the evaluation team conducting the comprehensive review or the AQIP Quality Checkup Visit (see the Commission's web page, www.ncahlc.org, for more information on Multi-Campus Visits).

New Programs or Programs at a New Degree Level

An institution must seek approval for each new program by completing and submitting the *New Program Change Application*. Each proposed new program should be identified by using the *Classification of Instructional Programs* terminology (CIP codes). CIP codes are established by the U.S. Department of Education's National Center for Education Statistics as a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity.

Courses at a New Degree Level

An institution may seek approval for up to five courses at a new degree level, either higher or lower, by completing and submitting the *Courses at a New Degree Level Change Application*. Proposed courses should be identified by using the *Classification of Instructional Programs* terminology (CIP codes). CIP codes are established by the U.S. Department of Education's National Center for Education Statistics as a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity.

Changes in Clock or Credit Hours

An institution must seek approval for each requested clock-to-credit-hour conversion or substantial increase or decrease in the number of credit hours required for a program by completing and submitting the *Clock and Credit Hour Change Application*. Each program should be identified by using the *Classification of Instructional Programs* terminology (CIP codes). CIP codes are established by the U.S. Department of Education's National Center for Education Statistics as a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity.

Consortial Arrangements

A consortial arrangement is one in which an HLC-accredited institution develops an agreement with an institution or group of institutions, i.e., the consortial party (parties), through which the parties agree to provide some portion of one or more educational programs offered by the HLC-accredited institution (see Commission policy 3.2(a) and the Commission's web page, www.ncahlc.org, for more information). The agreement may be a written contract or letter of agreement or other document or it may be an oral agreement between the parties.

To be considered a consortium, the parties must be two or more institutions accredited by agencies recognized by the U.S. Department of Education. (See the separate document on Contractual Arrangements for agreements with organizations that do not meet this definition. Foreign institutions are typically not accredited by an accrediting agency recognized by the U.S. Department of Education even though such institutions often have arrangements with other institutions that are accredited by such agencies. Therefore, they are considered contractual parties.)

The consortial arrangement may affect one or more Title IV-Eligible certificate or degree programs. The consortial party provides some portion of the educational program, which may include developing syllabi or courseware, providing academic resources, developing instructional design, or delivering instruction face-to-face or through a platform provided by the consortial party.

Arrangements that DO NOT require Commission notification or approval include:

- Articulation agreements through which the institution agrees to admit students and accept transfer credits previously earned or completed by those students with the other party to the articulation agreement, 2+2, clinical or internship arrangements unless the other party provides instruction.

- Contracts that are solely for a delivery platform and do not include courseware, academic content, etc.

Reporting and Seeking Approval of Consortial Arrangements

Institutions must notify the Commission of some consortial relationships and must seek prior approval for other consortial arrangements.

- **Consortial Arrangements that Require Approval.** If a student can access 50% or more of the credits in a degree or certificate program from consortium institutions versus the institution that enrolls the student and awards the degree, the consortial arrangement must have prior approval from the Commission.

- **Consortial Arrangements that Require Only Notification.** If a student can access 25% - 49% of the credits in a degree or certificate program from consortium institutions versus the institution that enrolls the student and awards the degree, the institution must notify the Commission of the consortial arrangement.

Institutions seek approval for consortial arrangements by completing and submitting the *Consortial Arrangements Change Application*. If all of the institutions participating in the consortium are accredited by the Higher Learning Commission, the institutions may submit a consolidated application form. Each institution in the arrangement should specify percentage of the credits it offers with respect to each degree program available through the consortial relationship. Those institutions requiring approval will receive formal approval whereas those institutions needing to notify the Commission will have satisfied their obligation.

Contractual Arrangements

Commission Policy 3.2(a).10 requires that an institution notify the Commission and seek prior approval if the institution initiates a contractual arrangement in which the institution outsources some portion of its educational programs to:

(1) an unaccredited institution,
(2) an institution that is not accredited by an accreditor recognized by the U.S. Department of Education, or
(3) a corporation or other entity.

Reporting and Seeking Approval of Consortial Arrangements

The Commission reviews contractual arrangements with a two-step process. For the first step, the institution submits the *Contractual Arrangements Screening Form* which is reviewed by Commission staff to determine whether the contractual arrangement requires Commission approval, and provides the application form for seeking that approval. If required, the institution completes the second step; i.e., completing the full *Contractual Arrangements Change Application.*

Types of Contractual Arrangements Excluded from Seeking Commission Approval

The institution should not complete the screening form if any of the following apply:

- All of the contractual partners providing goods or services related to academic programs are institutions accredited by agencies recognized by the U. S. Department of Education. Such arrangements may require prior approval as a consortial rather than a contractual arrangement. Refer to the Consortial Arrangements Application (www.ncahlc.org).

- The contract is for goods and services, such as food services and parking lot management, that support the college but are unrelated to the provision of academic programs (degree programs and certificate programs that carry college credit).

- The accredited or candidate institution offers the goods or services to another party. Note that if the other party is accredited or candidate for accreditation with HLC, that party may need to seek approval for the arrangement.

- The contractual partner provides an internship that does not include a formal instructional component.

- The contractual partner provides only books or supplies supporting the academic program or equipment or a platform for Internet-based instruction.

- The contract between the contractual partner and the institution provides only for the articulation or transfer of courses that are transcribed as transfer credit on the students' transcripts and not the outsourcing of courses carrying academic credit from the institution.

Part Two: Selected Policies and Processes Impacting Peer Review

This section includes brief notes on new policies and processes of imminent import to peer reviewers. Many are covered above, and therefore refer back to the first section.

1. **Revised Criteria for Accreditation.** In February 2012, the Board of Trustees adopted the revised Criteria for Accreditation. The effective date for the majority of institutions is January 1, 2013 (download the document *on the Commission's Web page for full information on effective dates*).

2. **Pathways Project.** Since 2009, the Commission has been developing Pathways, a proposed new model for accreditation. The Commission plans to transition institutions to the Pathways accrediting model beginning in fall 2012 (download the *Open Pathway* and *Standard Pathway* booklet in your folder; a new *AQIP Pathway* booklet is forthcoming).

3. **New Decision Process**. In June 2011, the Commission Board of Trustees adopted a new decision process effective fall 2011 (Commission policy 2.2(d)). The key changes for peer reviewers include:

   a. The Accreditation Review Council (ARC) no longer exists. It has been integrated into the Institutional Actions Council (IAC), which now has the authority to affirm, modify, or completely change evaluation recommendations.

   b. The separate readers process after a team evaluation no longer occurs as it has in the past. The full reading of the evaluation record is now done by IAC.

   c. Institutions provide an institutional response after the team evaluation and at each stage in the decision process. This institutional response is considered by the IAC in its decision (or recommendation in cases requiring Commission Board of Trustees action).

   d. The revisions to the decision process **change what teams should say in an Exit Session.** The post-evaluation process now includes these steps (see the Commission's web page, www.ncahlc.org, for more information on the new decision process and policies):

      i. On receipt of the final evaluation report, an institution submits an institutional response.

      ii. The institutional response and the full record of the evaluation moves directly to an IAC First Committee meeting (held electronically). In some cases, the institution may

request or the evaluation recommendation may require that the institutional response and full record of the evaluation move to an IAC First Committee *Hearing* (in-person with team and institutional representatives present) rather than an IAC meeting.

iii. The IAC conducts the full reading of the evaluation and acts on the evaluation recommendation. The IAC has the authority to affirm, modify, or completely change evaluation recommendations.

iv. If the IAC First Committee modifies or changes the evaluation recommendation in its action, the institution or the Commission may in some cases call for a second review by the IAC Second Committee—either by a meeting (held electronically) or a hearing. If this occurs, the institution may submit another institutional response.

v. The IAC Second Committee conducts the full reading of the evaluation and the review by the IAC First Committee. The decision of the IAC Second Committee is final unless by policy the recommendation requires Commission Board of Trustees action.

4. **New Achieving Accreditation Process & Eligibility Requirements**. In June 2011, the Commission adopted new eligibility requirements and a new process for institutions pursuing eligibility, candidacy, and initial accreditation. Previously, there were twelve Eligibility Requirements; the new policy outlines nineteen Eligibility Requirements (see new Commission policy 1.1(c) and the document "Achieving Accreditation" on the Commission's web page, www.ncahlc.org).

5. **New Sanction Policies that Change How Peer Reviewers Recommend Sanctions and Adverse Actions.** In February 2011, the Commission changed its sanction and adverse actions policies (Commission policy 2.5) in ways that impact reviewers conducting difficult evaluations that may require recommending On Notice, Probation, or Withdrawal of Accreditation. The policy change eliminates the need for reviewers to use the phrase "The institution is in jeopardy of not meeting…" when recommending Notice or Probation. Reviewers used this language because the previous Commission policy required that if an evaluation team indicated a Criterion or Core Component was not met, the team was required to recommend withdrawal of accreditation. The new policies now allow reviewers to:

a. Indicate that an institution is in compliance but is pursuing a course of action that if it continues may lead it to be out of compliance. In these cases, the reviewers should recommend On Notice.

b. Indicate that an institution does not meet a Criterion, Core Component, Minimum Expectation, or Obligation of Affiliation. In these cases, the reviewers may call for either Probation or Withdrawal of Accreditation.

c. **Note:** The new policies do not require "progressive discipline"; i.e., a team does not need to first call for On Notice before calling for Probation and does not need to first call for Probation before calling for Withdrawal. Reviewers may recommend any sanction (On Notice, Probation) or adverse action (Withdrawal) that fits the case at the time.

6. **Peer Reviewers as Consultants Statement**. The Commission has issued a new statement on consulting activities of peer reviewers (see the document in your folder called *Statement on Commission Peer Reviewers Serving as Independent Consultants or on Mock Teams to Institutions that are Accredited by or Seeking Accreditation with the Commission*). A new policy will be drafted for Commission Board of Trustees review and action in spring 2012.

7. **Electronic Submission of Documents and Electronic Records and Communication.** The Commission has adopted a new policy that informs institutions and reviewers that it will send all communications and documents electronically and that it expects institutions and reviewers to have the capacity to receive and the responsibility to send all communications and documents electronically (see Commission policies 2.4(a) and the document called *Instructions for Submitting Documents Electronically* in your folder.)

8. **Review of Distance Delivery.** In July 2010, the Commission adopted new policies, new definitions, and new processes for reviewing distance and correspondence education (see appropriate sections in Part One above). The key changes are these:

a. A distance-delivered program is any program by which a student may access 50% or more of the credits or courses of the program. (Previously, the definition of a distance education program was one offered 100% asynchronously.)

b. The Commission no longer approves individual distance or correspondence education programs. Reviews focus on the institution's capacity to initiate or expand distance delivery up to a certain percentage of total degree programs.

c. The Commission has assigned percentage brackets to institutions that reflect the scope of the institution's distance delivery based on the percentage of total degree programs.

d. Reviewers may not approve or deny individual distance-delivered programs and certificates. Reviewers may only approve or deny the initiation or expansion of the percentage of distance or correspondence education.

9. **Review of Additional Locations and Campuses, including Multi-Location and Multi-Campus Reviews.** In July 2010, the Commission adopted new policies, new definitions, and new processes for review of locations and campuses (see appropriate sections in Part One above). The key changes are these:

a. The Commission has replaced the word "sites" with the phrase "additional locations" and has aligned its definitions with those of the Federal Government.

b. The Commission has launched two-step processes for review of additional locations and campuses.

c. The Commission has established processes (Multi-Location Visits, Multi-Campus Visits) for ongoing review of additional locations and branch campuses.

10. **Embedded Change.** The process for reviewing change requests in other visits has shifted. Institutions that request review of institutional changes during another scheduled visit must submit the appropriate change application as a document separate from all other institutional self-evaluation documents (Self-Study Report, Systems Portfolio, etc.). Reviewers must conduct a separate review and submit a separate *Embedded Change Report* rather than addressing the change in the evaluation team report. If the evaluation team references the evidence in the team report, that evidence must be repeated in the *Embedded Change Report*. For more information, see the Commission's Peer Reviewer Resources web page, the sub-section on logistics, www.ncahlc.org.

11. **Federal Compliance Program.** In January 2012, the Commission issued a new version of its Federal Compliance Program, including a new process for addressing the Federal regulations and definitions pertaining to credit hour. The key changes related to how teams will review credit hour are these:

a. The Commission will review an institution's compliance with Federal regulations on credit hour and program length as part of its Federal Compliance Program.

b. The new process requires an institution to complete a worksheet that outlines its offerings delivered in traditional credit hour and program length format and offerings in alternative formats.

c. The new process requires the evaluation team to review a representative sample of those offerings that follow the traditional format and those that follow alternative formats and to make a determination of institutional compliance with Federal regulations.

12. **New Exit Session Policy and Protocol**. In February 2012, the Board adopted Policy 2.4(d) on the Exit Session and endorsed the new *Exit Session Protocol* (download this document from the Commission's Web page). The key change is that the evaluation team will no longer provide its accreditation recommendation in the Exit Session of a comprehensive review. The policy on first reading is this:

Policy 2.4(d) Exit Session (First Reading, November 2011) An evaluation visit will normally conclude with a meeting between the evaluation team and the CEO of the institution. With the agreement of the team chair, the institution's CEO may invite other persons to attend the meeting. At this meeting the chairperson of the team will explain the next steps in the evaluation process, including identifying any additional information the team may need, and may orally summarize the team's preliminary findings. The team's oral summary of its preliminary findings may differ from the findings and recommendations provided in the draft or final written report. The oral summary is not a part of the official record of the evaluation and should not be relied on by the institution to make any public announcement regarding the outcome of the evaluation or to take other action.

13. **Document Retention, and Disposal.** A new policy has been approved on first reading that informs peer reviewers about the appropriate retention and disposal of electronic records related to Commission evaluations. A protocol for reviewers is forthcoming. The policy is this:

Policy 5.4 Peer Reviewer Handling of Electronic Records (First Reading, November 2011)
Commission peer reviewers, in the course of fulfilling their responsibilities to the Commission, shall receive copies of Commission records in electronic or other format from the Commission office. Commission peer reviewers shall make every reasonable effort to maintain the confidentiality of these copies.

In addition, documents prepared by Commission peer reviewers regarding an evaluation may become Commission records. They shall include, but are not limited to, all draft and final evaluation reports and written communications, including e-mail, between the team chair and the institution under evaluation. In consenting to participate as a peer reviewer for the Commission the peer reviewer assigns to the Commission all rights to any document or communication prepared by the peer reviewer as a part of the evaluation process. Also, documents prepared by the institution under evaluation and submitted to the peer reviewers in supplement to a self-study or other accreditation information become Commission records according to Commission policies establishing Commission ownership of information.

Peer reviewers shall have the following responsibilities with regard to any original or duplicate Commission records in their possession:

(1) they shall not give, transfer or make available any Commission record to any person other than to other Commission peer reviewers who have been assigned to the same evaluation by the Commission or to Commission staff (with the exception of support staff to the peer reviewer who work under a policy or expectation of confidentiality related to the peer reviewer's work);

(2) they shall maintain Commission records in a secure location during the evaluation process until they have been notified by the Commission that action has been taken with regard to the institution under evaluation or the visit process has otherwise concluded;

(3) they shall see that copies of Commission records are securely destroyed or shredded once they have been notified that the visit process has concluded unless they have been notified of a litigation hold affecting the handling of the records; and

(4) they shall transfer to the Commission office when requested all Commission records generated by the peer reviewers during the evaluation process in their communication with institutions.

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PEER REVIEW REPORT TEMPLATE INVENTORY
March 2012

Below is a list of report templates used by peer reviewers. A visit may have special features that require additional worksheets or evaluation-specific templates to be included with the primary report template.

Templates for All Accrediting Processes

Additional Locations and Campuses

1. **Additional Location Confirmation Visit Report Template**, a form used by peer reviewers to evaluate and make recommendations on additional location confirmation (formerly site confirmation) visits. This form may be needed during other comprehensive evaluations.

2. **Campus Evaluation Visit Report Template**, a report form used by peer reviewers to evaluate and assure the quality of campuses that have been approved via the substantive change process. This form may be needed during other comprehensive evaluations.

3. **Expedited Desk Review Report Template**, an evaluation form completed by peer reviewers evaluating an institution's application for Expedited Desk Review for additional locations.

4. **Multi-campus Visit Report Template**, a form used by peer reviewers to evaluate branch campuses in conjunction with a comprehensive evaluation. This form is used in addition to the report template for the appropriate comprehensive evaluation.

5. **Multi-location Visit Report Template**, a form used by peer reviewers to evaluate and make recommendations resulting from multi-location visits.

6. **Notification Program Report Template,** an evaluation form completed by peer reviewers evaluating an institution's application for the Notification Program for additional locations.

Federal Compliance and Minimum Expectations (Assumed Practices)

7. **Federal Compliance Program and Worksheets**, the template and required worksheets completed by peer reviewers in conjunction with all comprehensive reviews (AQIP Quality Checkup, PEAQ Comprehensive, Candidacy, Initial Accreditation, and other visits as required). Reviewers complete the Federal Compliance Worksheet, as well as the appropriate worksheets on credit and clock hours.

8. **Minimum Expectations Worksheet** *(will become Assumed Practices Worksheet with the implementation of revised Criteria)*, a worksheet completed in conjunction with candidacy, initial accreditation, and other visits or evaluations as required.

Substantive Change

9. **Change Panel Report Template**, a form used by change panels in making recommendations for approval or denial of change requests.

10. **Change Visit Report Template**, a form used by peer reviewers evaluating change requests through on-site visits and making recommendations for approval or denial.

11. **Embedded Change Report Template**, a form used by peer reviewers evaluating a change request embedded in another visit. Reviewers complete this form in addition to the report template for the focused, comprehensive, checkup, or other visit.

Focused, Sanction, and Other Visits

12. **Advisory Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendation following an advisory visit called by the Commission president.

13. **Fact-finding Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendation following fact-finding visit as part of the Change of Control process.

14. **Focused Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendation following a focused visit.

15. **Probation Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendation following a visit to an institution on Probation seeking removal from probation.

16. **Show-Cause Visit Report Template**, a form used by peer reviewers to prepare the team's report following a show-cause visit.

Templates Specific to AQIP Pathway

17. **Quality Checkup Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendations following an AQIP Check-up visit.

18. **Reaffirmation of Accreditation Report Template**, a form used by peer reviewers to prepare the Reaffirmation Panel's report following an AQIP institution's review prior to action in the decision process.

19. **Systems Appraisal Report Template**, a form used by peer reviewers to prepare the AQIP Systems Appraisal Report. The report includes three worksheets used by individual peer reviewers in the process.

    - Critical Characteristics Worksheet
    - Independent Category Review Worksheet
    - Draft Strategic and Accreditation Issues Worksheet

Templates Specific to Non-affiliated, Candidate, and Initial Accreditation Institutions

20. **Biennial Evaluation Visit Report Template**, a form used by peer reviewers to prepare the team's report following a biennial visit during Candidacy. *(This form is in development for use beginning fall 2012.)*

21. **Candidacy Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendation following a visit for candidate status. This form requires additional worksheets related to minimum expectations (assumed practices as of 9/1/12), eligibility requirements, and Federal compliance.

22. **Initial Accreditation Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendation following a visit for initial accredited status. This form requires additional worksheets related to minimum expectations (assumed practices as of 9/1/12), eligibility requirements, and Federal compliance.

23. **Preliminary Information Form (PIF) Analysis Template**, a form used by peer reviewers to analyze Preliminary Information Forms submitted by institutions and to generate a recommendation related to scheduling a visit for initial candidacy.

Templates Specific to Open Pathway

24. **Assurance Review Report Template**, an online template used by peer reviewers following an assurance or comprehensive review on the Open Pathway *(in development; may be renamed).*

25. **Quality Initiative Proposal Review Template**, a form used by peer reviewers to evaluate an institution's Quality Initiative proposal *(effective 9/1/12)*. Variations of this form serve Commission-facilitated Quality Initiatives, such as the Academy for Assessment of Student Learning.

26. **Quality initiative Results Review Template**, a form used by peer reviewers to evaluate an institution's report following the conclusion of the Quality Initiative *(effective 9/1/12)*. Variations of this form will serve Commission-facilitated Quality Initiatives, such as the Academy for Assessment of Student Learning.

Templates Specific to PEAQ Accrediting Process

27. **Comprehensive Visit Report Template**, a form used by peer reviewers to prepare the team's report and recommendation following a comprehensive visit for continued accreditation.

Templates Specific to Standard Pathway

28. **Assurance and Improvement Comprehensive Visit Report Template**, an online template used by peer reviewers to prepare the team's report following a comprehensive evaluation in the Standard Pathway *(in development; may be renamed).*

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Exit Session Protocol for Commission Visits: Commission Procedure

Note: This document replaces the information on the Exit Session in 5.4: Preparation for and Participation in the Comprehensive Visit in the 2003 Handbook of Accreditation.

Peer review teams may conduct an exit session at the conclusion of a Higher Learning Commission campus visit. An exit session is an opportunity for the peer review team to thank the institution for its efforts and to share with the institution the team's initial observations about strengths and concerns, as well as information about next steps in the review and decision processes. The peer review process itself extends beyond the time when the team is physically on the campus; after the visit itself is complete, the peer review team continues its work to draft a report via conference calls and email exchanges and often consults with Commission staff. Although rare, a team may ask an institution after the visit is completed (but before submitting its final report) for clarifying information. Because institutions of higher education are complex systems, the process of peer review must be afforded adequate time. Although some peer review teams in the past have been able to provide their recommendation(s) prior to leaving campus, the pace of change in higher education has necessitated a corresponding increase in the attention required, and time needed to conduct, a thorough review. Consequently, teams do not indicate their recommendations or speculate on their recommendations during the exit session because at the conclusion of the site visit, the team's work is not yet complete.

Exit sessions are typically private meetings with the institution's president or senior leadership team. With appropriate notice to the team chair, an institution's leadership may designate the exit session as public if necessary to satisfy institutional mandates or as required by applicable laws, but all in attendance should clearly understand that any comments provided are unofficial, limited in scope, and do not include the final recommendation of the team. In either case, the Commission's protocols govern the exit session in order to avoid misunderstandings that may arise before the team has completed its work and has articulated a rationale for its recommendation. The team chair may elect to read from a statement prepared by the team, but the team will not invite or respond to questions during the exit session. No written materials will be provided to the institution as part of the exit session and no audio or video recordings of the exit session are permitted to be made. Because the session is not a publicity event, the media should not be expressly invited; however, they may be in attendance to observe an open meeting as defined and permitted by law. In cases involving issues of a highly sensitive nature, the team chair may advise the institution's leadership to host the exit session in a private rather than public fashion. In rare cases with good cause, the team may forego the exit session altogether.

After the team members depart the campus, they continue their review work and spend a great deal of time individually and collectively synthesizing their observations; the eventual result is a final team report, but there are several steps that occur prior to the dissemination of the final team report. Those include a review by the Commission staff followed by an opportunity for the institution to review a draft report to identify errors of fact. The team retains full purview to accept or decline any corrections provided by the institution in reviewing the draft report, and the team retains full ability to revise this draft report, including the draft recommendation. Thus, the final team report may look substantially different than the draft report both in terms of the text of the report as well as the team's recommendation. Following this stage, the Commission sends the institution the final team report and explains subsequent steps in the decision process, which include an opportunity to provide an institutional response that may contest facts and a second layer of peer-review designed to ensure thoroughness, fairness, and due process. More information about the decision process is available in other documentation from the Commission.

It is important to realize that the final team report itself is not official Commission action. Final action occurs only after the appropriate decision process has concluded and when the Commission issues to the institution its official action letter. The decision process and final action may take several months after the visit depending on the scheduling of events within this stage. The additional review(s) provided in the decision process are not "rubber

stamps" and include the possibility of an amended or changed recommendation. To avoid misunderstanding or disappointment, institutions should refrain from publicly disclosing the team's exit session oral comments or recommendation as found in any version of the team report until after final Commission action has taken place; any press releases from the institution should be particularly sensitive to this aspect. Both the team chair and institutional leadership should ensure that all matters surrounding the exit session are discussed no later than the start of the visit so that all parties may prepare appropriately.

The Commission is in the process of finalizing changes to Commission Policy 2.4(d), EXIT SESSION, to recognize these procedural changes in policy. The Board will consider the revised policy on first reading at its November 2011 meeting. If the Board approves the revised policy, the Board will consider the policy at its February 2012 meeting for adoption.

###

Protocol for Reviewing Distance Delivery during Comprehensive Evaluation and Quality Checkup Visits

In addition to reviewing distance delivery through its substantive change processes, the Commission reviews the quality of distance-delivered programs during comprehensive evaluation and Quality Checkup visits. This document provides background on the Commission's policies related to distance delivery and the protocol for reviewing distance-delivered programs, both distance and correspondence education, during accreditation visits.

Background

Purpose of the Review

The Commission no longer requires approval of individual distance-delivered courses and programs, and reviewers no longer recommend approval of individual distance-delivered courses and programs. Instead, the Commission and reviewers evaluate the institution's capacity for a specific level of distance-delivered education.

Substantive Change Review. Through the substantive change process, the Commission determines whether an institution may initiate or expand distance or correspondence education by examining an institution's a) commitment to, planning for, and implementation of distance delivery; (b) current and ongoing capacity and resources to implement high-quality educational offerings and services through distance delivery; and (c) effective systems for sustaining and improving high-quality distance-delivered education through effective assessment, evaluation, and improvement processes. The Commission may conduct a substantive change review within a comprehensive evaluation or Quality Checkup visit.

Comprehensive Evaluation and Quality Checkup Visits. The Commission reviews the ongoing quality of distance-delivered education during comprehensive evaluation and Quality Checkup visits. During these accreditation visits, peer reviewers examine the institution's capacity to provide education to its students and the quality of its performance in doing so, whether via distance delivery or traditional face-to-face modes. Comprehensive reviews examine curriculum; staffing; support services; access to appropriate laboratory and library resources; processes for ongoing planning, evaluation, and improvement; and all other facets of quality higher education for all instruction wherever and however delivered. In addition, the peer reviewers affirm that the institution is operating within its approved limits for distance and correspondence education.

Definitions of Distance and Correspondence Education

In 2010, the Commission adjusted its definition of "Distance Delivery" to encompass both distance and correspondence education, thus aligning with the Federal Government's definitions. The following are the Federal definitions (2009) of distance and correspondence education:

> **Correspondence education means:**
> (1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor.
> (2) Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student.
> (3) Correspondence courses are typically self-paced.
> (4) Correspondence education is not distance education.

> **Distance Education means** education that uses one or more of the technologies listed in paragraphs (1) through (4) to deliver instruction to students who are separated from the instructor and to support regular

and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

(1) The internet;

(2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

(3) Audio conferencing; or

(4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3).

Definitions of Distance-Delivered Courses and Programs

The Commission uses the following definitions for the purpose of applying its policy on distance delivery to its accredited and candidate institutions:

Distance-delivered courses are those in which all or the vast majority (typically 75% or more) of the instruction and interaction occurs via electronic communication, correspondence, or equivalent mechanisms, with the faculty and students physically separated from each other.

Distance-delivered programs are those certificate or degree programs in which 50% or more of the required courses may be taken as distance-delivered courses.

Distance-delivered Percentage Brackets

The Commission has assigned percentage brackets to institutions that reflect the scope of the institution's distance delivery based on the percentage of total degree programs. The chart below identifies the percentage brackets for determining the scope of distance delivery by an institution. The Commission determines the appropriate bracket for each institution based on the information an institution provides in its Annual Institutional Data Update to the Commission or when it seeks and receives approval of a proposed change.

Percentage Bracket	Percentage of Distance-Delivered Offerings (calculations are based on degree programs, not certificates)
3	Up to 100% of total degree programs
2	Up to 20% of total degree programs
1	Up to 5% of total degree programs
0	No activity

Initiation occurs and a substantive change review is required when the institution:

• plans to initiate its first distance education degree program, even when it has been approved to offer distance education certificates or correspondence education degree programs or certificates;

• plans to initiate its first correspondence education degree program, even when it has been approved to offer correspondence education certificates or distance education degree programs or certificates;

• has initiated four distance education certificates and plans to initiate a fifth, unless the institution has already been reviewed and approved to offer one or more distance education degree programs; or

• has initiated four correspondence education certificates and plans to initiate a fifth, unless the institution has already been reviewed and approved to offer one or more correspondence education degree programs.

Expansion occurs and a substantive change review is required when the institution:

- plans to increase its current activity in distance education degree programs or its current activity in correspondence education degree programs to a higher Percentage Bracket.

In addition, the Commission may require a substantive change evaluation if the institution has never had a focused review of distance or correspondence degree or certificate programs and is offering one or more programs or five or more certificates or has a significant annual increase in enrollment.

Protocol for Reviewing Distance Delivery

During comprehensive evaluation and Quality Checkup visits, one or more trained members of the team should examine distance-delivered education and incorporate the results of the review in the evaluation or Checkup visit report. Peer reviewers should anticipate needing a few hours to a half day to conduct the review of distance delivery and may choose to conduct a portion or the majority of the evaluation electronically prior to the on-site visit. In addition, questions pertaining to distance delivery should be incorporated into other appropriate meetings and interviews during the evaluation.

In conducting the evaluation, Peer reviewers should refer to the appropriate report template and reviewer guide. In all cases, reviewers will consider the following:

1. **Scope of Distance-delivered Courses and Programs** *(Criteria 1 and 5; Core Components 1.B, 1.D, 1.E, 5.A, 5.B)*
   a. The scope of distance-delivered degree and diploma programs in relationship to total degree programs and the percentage bracket the institution is authorized to operate within as set by the Commission.
   b. The scope of the institution's distance-delivered courses and programs (degree, diploma, certificate) and their relationship to and impact on the institution, its constituencies, and its mission.
   c. Organizational structures in place to ensure effective oversight, implementation, and management of the institution's distance-delivered offerings.
   d. Consortial or contractual arrangements in conjunction with distance-delivered offerings and processes to assure their integrity and quality.

2. **Institution's History with Distance-Delivered Offerings** *(Criteria 2, 3, and 4; Core Components 2.A, 2.C, 2.D, 3.C, and 4.C)*
   a. The institution's experience with distance-delivered offerings.
   b. Plans for future growth short-term and long-term and for managing growth.

3. **Institutional Planning for Distance-Delivered Offerings.** Reviewers should examine:
   a. Processes for determining the need to offer or to expand programs via distance delivery.
   b. Processes for planning and managing financial resources and their allocation for distance-delivered offerings.
   c. Processes to assure that promotion, marketing, and enrollment of its distance-delivered offerings are appropriate, accurate, and transparent to students and the public.

4. **Curriculum and Instructional Design** *(Criteria 3 and 4; Core Components 3.B, 3.C, 3.D, 4.B, 4.C, and 4.D)*
   a. Processes for developing, approving, and assuring quality curricula for distance-delivered programs.
   b. Processes for technology maintenance, upgrades, back up, remote services, and for communicating changes in software, hardware or technical systems to students and faculty.
   c. Processes to provide convenient, reliable, and timely services to students or faculty needing

technical assistance, and to communicate information about these services.

5. **Staffing and Faculty Support** *(Criteria 1, 2, 3, and 4; Core Components 1.D, 1.E, 2.B, 3.B, and 4.D)*

   a. Processes to ensure sufficient faculty and staff for distance-delivered programs.

   b. Processes for selecting, training, and orienting faculty for distance delivery.

   c. Practices and procedures of distance delivery faculty and staff and their alignment with those of face-to-face faculty and staff and with institutional policies and processes.

6. **Student Support** *(Criteria 1, 3, and 4; Core Components 1.E, 3.C, 3.D, and 4.D)*

   a. Access to necessary student and support services.

   b. Appropriate materials and communications for students regarding distance-delivered programs.

   c. Access to faculty, including processes that promote interactions among distance delivery students and faculty.

   d. Processes that protect student identity and personal information and assure student authentication and identity.

7. **Evaluation and Assessment** *(Criteria 2, 3, 4, and 5; Core Components 2.C, 3.A, 3.B, 3.C, 4.B, 4.C, 5.C, and 5.D)*

   a. Processes to evaluate and improve quality in distance-delivered offerings.

   b. Processes for assessing and improving student learning and evaluating and improving student retention and completion.

   c. Assessment and evaluation methods used for distance-delivered offerings and their equivalence to those used in traditional face-to-face offerings.

Incorporating the Evaluation into the Report

Reviewers should follow the outline provided in the comprehensive evaluation and Quality Checkup report templates.

Comprehensive evaluation report. In the comprehensive evaluation report, reviewers will provide a summary of the review conducted and a summary of the scope of the institution's distance education and correspondence education offerings in the distance delivery section of Part 1. In addition, the team will affirm that the institution is operating within the approved percentage bracket of distance and correspondence education in relationship to total degree programs. In the appropriate criterion sections, the team should include 5-7 separate evidentiary statements that specifically address distance delivery. The team's findings on distance delivery should become part of the deliberations on the Criteria and should bear as appropriate on the accreditation recommendation.

Quality Checkup visit report. In the Quality Checkup report, reviewers will provide its conclusions on distance and correspondence education in the designated section. In addition, the team will affirm that the institution is operating within the approved percentage bracket of distance and correspondence education in relationship to total degree programs.

Protocol for Evaluating Substantive Change Requests Embedded in Comprehensive Reviews

If an institution has requested that a substantive change review on distance delivery be conducted as part of a comprehensive review or Quality Checkup visit, the institution will provide a completed *Distance Delivery Change Application* in addition to its other self-evaluation materials. In addition, the team will complete a separate embedded change report and recommendation. The applications and report templates can be found on the Commission's Web page (www.ncahlc.org).

QUALITY CHECKUP REPORT

[Institution]

[City, State]
[Date]

Quality Checkup team members:

Team Member Title Institution	**Team Member** Title Institution
Team Member Title Institution	**(Observer)** Title Institution

Version 1.5 revised for 2012

Higher Learning Commission
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Academic Quality Improvement Program

Background on Quality Checkups conducted by the Academic Quality Improvement Program

The Higher Learning Commission's Academic Quality Improvement Program (AQIP) conducts Quality Checkup site visits to each institution during the fifth or sixth year in every seven-year cycle of AQIP participation. These visits are conducted by trained, experienced AQIP Reviewers to determine whether the institution continues to meet The Higher Learning Commission's *Criteria for Accreditation*, and whether it is using quality management principles and building a culture of continuous improvement as participation in the Academic Quality Improvement Program (AQIP) requires. The goals of an AQIP Quality Checkup are to:

1. Affirm the accuracy of the organization's online Systems Portfolio and verify information included in the portfolio that the last Systems Appraisal has identified as needing clarification or verification (System Portfolio Clarification and Verification), including review of distance delivery and extended operations (campuses and additional locations) if the institution is so engaged.

2. Review with organizational leaders actions taken to capitalize on the strategic issues and opportunities for improvement identified by the last Systems Appraisal (Systems Appraisal Follow Up);

3. Alert the organization to areas that need its attention prior to Reaffirmation of Accreditation, and reassure it concerning areas that have been covered adequately (Accreditation Issues Follow Up);

4. Verify federal compliance issues such as default rates, complaints, USDE interactions and program reviews, etc. (Federal Compliance Review); and

5. Assure continuing organizational quality improvement commitment through presentations, meetings, or sessions that clarify AQIP and Commission accreditation work (Organizational Quality Commitment).

The AQIP peer reviewer(s) trained for this role prepare for the visit by reviewing relevant organizational and AQIP file materials, particularly the organization's last *Systems Appraisal Feedback Report* and the Commission's internal *Organizational Profile,* which summarizes information reported by the institution in its *Annual Institutional Data Update*. The report provided to AQIP by the institution is also shared with the evaluator(s). Copies of the Quality Checkup report are provided to the institution's CEO and AQIP liaison. The Commission retains a copy in the institution's permanent file, and will be part of the materials reviewed by the AQIP

Quality Checkup Visit Report, Academic Quality Improvement Program, The Higher Learning Commission.

2

Review Panel during Reaffirmation of Accreditation.

Clarification and verification of contents of the institution's *Systems Portfolio*

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with the Commission's standards and AQIP's expectations. **<Or other wording as applies>**

Review of the organization's quality assurance and oversight of its distance delivery.

Either

The team confirmed that the institution does not offer distance or correspondence education programs at this time, and that the institution understands it must seek the Commission's approval before it initiates any distance-delivered programs. <Additional wording can describe assurance and oversight for distance-delivered courses, and/or identify particular areas for institutional attention >

or:

In the team's judgment, the institution has presented satisfactory evidence that **its distance and correspondence education offerings** *[are / are not] acceptable and comply with the Commission's standards and expectations.* <Additional wording can describe assurance and oversight for distance delivery, and/or identify particular areas for institutional attention>

Review of the organization's quality assurance and oversight of extended operations (campuses and other locations)

Either

The team confirmed that the institution does not offer programs at branch campuses or other locations at this time, and that the institution understands it must seek HLC approval before it offers 50% or more of any program at an additional location or opens a branch campus. <Additional wording can describe assurance and oversight for locations where the institution offers less than distance education courses, and/or identify particular areas for institutional attention >

Quality Checkup Visit Report, Academic Quality Improvement Program, The Higher Learning Commission.

3

or:

In the team's judgment, the institution has presented satisfactory evidence that its distributed education activities (operation of multiple campuses, additional locations, off-campus course sites) [are / are not] acceptable and comply with Commission's standards and expectations. <Additional wording can describe assurance and oversight for distributed education, and/or identify particular areas for institutional attention.>

Review of specific accreditation issues identified by the institution's last Systems Appraisal

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.
<Or other wording as applies>

Review of the institution's approach to capitalizing on recommendations identified by its last Systems Appraisal in the *Strategic Issues Analysis*.

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.
<Or other wording as applies>

Review of organizational commitment to continuing systematic quality improvement

In the team's judgment, the institution presented satisfactory evidence that it met this goal of the Quality Checkup. The institution's approach to the issue, documentation, and performance were acceptable and comply with Commission and AQIP's expectations.
<Or other wording as applies>

Other AQIP issues (specify)

Quality Checkup Visit Report, Academic Quality Improvement Program, The Higher Learning Commission.

4

WORKSHEET ON

Federal Compliance Requirements

The new protocol and guide for Federal Compliance is effective JANUARY 1, 2012. The protocol includes the revised review of credit hour and program length, as well as other modifications related to student default and contractual and consortial arrangements. The new documents are available at:

http://www.ncahlc.org/Information-for-Institutions/federal-compliance-program.html

Reviewers should download all documents on this page; i.e., the full guide, the worksheet and the background information.

Quality Checkup Visit Report, Academic Quality Improvement Program, The Higher Learning Commission.

5

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Template for Team Report
for the Comprehensive Visit

Assurance Section

Delete this page before submitting report

Note: To change headers and footers

- **Click on View Option in Menu Bar**

- **Choose Headers and Footers**

- **Scroll down to second page**

- **Replace standard header with name of institution and visit number**

- **Replace standard footer with date**

<u>ASSURANCE SECTION</u>

REPORT OF A COMPREHENSIVE EVALUATION VISIT

TO

NAME OF ORGANIZATION
City, State

Date of Visit

FOR

The Higher Learning Commission
A Commission of the North Central Association of Colleges and Schools

EVALUATION TEAM

First and Last Name, Title, Affiliation, City, State ZIP Code

First and Last Name, Title, Affiliation, City, State ZIP Code

First and Last Name, Title, Affiliation, City, State ZIP Code

First and Last Name, Title, Affiliation, City, State ZIP Code

Contents

I. CONTEXT AND NATURE OF VISIT

A. Purpose of Visit

Include the statement below, adapting it if necessary for the visit.

The team evaluated the institution for the purposes of continued accreditation, Federal compliance, and pathway eligibility.

B. Institutional Context

Provide a 1-3 paragraph overview of the institution and its current context, including any unique changes or dynamics that impact the evaluation.

C. Unique Aspects or Additions to the Visit

List any additional evaluations conducted as part of the visit. These may include a multi-campus visit, distance education review, an embedded change request, additional location confirmation visit, campus evaluation visit, etc. Simply provide a list in this section, as the topics will be elaborated on below or in separate documents.

D. Additional Locations or Branch Campuses Visited (if applicable)

Include the following in this section.

1. List additional locations if any were visited as part of this evaluation. Typically, additional locations are visited every five years by a separate process and do not need to be visited during the comprehensive evaluation. However, if an institution has fewer than three additional locations, the team chair should contact the Commission staff liaison to determine if these locations need to be visited. Course locations do not need to be visited.

2. List the campuses evaluated as part of the Multi-Campus Visit, by whom (number of reviewers), and the materials examined. Include the schedule of the campus visits and Multi-Campus Visit report(s) with the submission of this report. Do not include the findings of the evaluation in this section. Instead, integrate the findings of the review into appropriate criterion sections by providing a total of 3-5 separate evidentiary statements with references to specific Core Components.

E. Distance Delivery Reviewed

Include the following in this section.

1. Provide 2-3 paragraphs on the scope of distance and correspondence education programs reviewed, by whom (number of team members), and the materials examined.

2. Provide a summary of the scope of distance delivery (distance and correspondence education) that affirms that the institution is operating within the approved percentage brackets for both distance and correspondence education.

3. Do not include the findings of the evaluation in this section. Instead, integrate the findings of the review into appropriate criterion sections by providing a total of 3-5 separate evidentiary statements with references to specific Core Components. Be sure to address the elements listed in the "Protocol for Reviewing Distance-delivered Education during Comprehensive Reviews."

F. Interactions with Constituencies

G. Principal Documents, Materials, and Web Pages Reviewed

II. COMMITMENT TO PEER REVIEW

    A. Comprehensiveness of the Self-Study Process

    B. Integrity of the Self-Study Report

    C. Adequacy of Progress in Addressing Previously Identified Challenges

    Include one of the following statements in this section:

        1. The team considers the response of the institution to previously identified challenges to be adequate.

        2. The team considers the response of the institution to previously identified challenges to be inadequate. (If this statement is chosen, indicate which challenges have been inadequately addressed. Include a reference to the Criteria and Core Components within which the challenges will be explained. Do not state your team's evaluation of the challenges here.)

    D. Notification of Evaluation Visit and Solicitation of Third-Party Comment

    Include one of the following statements in this section:

        1. Requirements were fulfilled.

        2. Requirements were not fulfilled. (If this statement is chosen, contact the Commission staff liaison.)

III. COMPLIANCE WITH FEDERAL REQUIREMENTS

Complete the freestanding Federal Compliance Worksheet and include it and all required appendices when submitting this report. Insert this statement in this section:

The team reviewed the required Title IV compliance areas and the student complaint information.

IV. FULFILLMENT OF THE CRITERIA

Integrate evidentiary statements on distance delivery and the extended operations of the institution (campuses, additional locations) in appropriate criterion sections.

        1. If the institution provides offerings by distance delivery, include 3-5 discrete evidentiary statements on the findings in appropriate Criterion sections, referencing appropriate Core Components.

        2. If the evaluation included reviews of branch campuses (Multi-Campus Visit), include 3-5 discrete evidentiary statements on the findings related to the extended operations of the institution in appropriate Criterion sections, referencing appropriate Core Components. Submit all Multi-Campus reports with this team report, along with the schedule of visits. The evaluation should focus on the quality of the extended operations, policies and processes for assuring effective oversight, and policies and processes for evaluating and improving education across all of the institution's extended operations.

        3. Incorporate your findings on distance delivery and extended operations into your

conclusions for each Criterion and your recommendation on the accreditation relationship.

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.

1. **Evidence that Core Components are met**

2. **Evidence that one or more specified Core Components need institutional attention**

3. **Evidence that one or more specified Core Components require Commission follow-up.** (If On Notice, Probation, or Withdrawal is being considered, contact the staff liaison.)

4. **Evidence that one or more specified Core Components are not met and require Commission follow-up.** (On Notice, Probation, or Withdrawal is warranted. Contact the staff liaison.)

Recommendation of the Team

Include one of the statements below. Do not explain the follow-up requirements or provide the rationale statement here. These will be included in Part V.

1. Criterion is met; no Commission follow-up recommended.

2. Criterion is met; Commission follow-up recommended. (If you choose this statement, list the type, focus, and due date of the follow-up using this format: Progress report on assessment of student learning 11/01/2015.)

3. Evidence warrants On Notice, Probation, or Withdrawal. (If you choose this statement, contact the Commission staff liaison.)

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.

1. **Evidence that Core Components are met**

2. **Evidence that one or more specified Core Components need institutional attention**

3. **Evidence that one or more specified Core Components require Commission follow-up.**

4.   **Evidence that one or more specified Core Components are not met and require Commission follow-up. (Sanction or adverse action may be warranted.)**

 Recommendation of the Team

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.

1.   **Evidence that Core Components are met**

2.   **Evidence that one or more specified Core Components need institutional attention**

3.   **Evidence that one or more specified Core Components require Commission follow-up.**

4.   **Evidence that one or more specified Core Components are not met and require Commission follow-up. (Sanction or adverse action may be warranted.)**

 Recommendation of the Team
        .

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.

1.   **Evidence that Core Components are met**

2.   **Evidence that one or more specified Core Components need institutional attention**

3.   **Evidence that one or more specified Core Components require Commission follow-up.**

4.   **Evidence that one or more specified Core Components are not met and require Commission follow-up. (Sanction or adverse action may be warranted.)**

Recommendation of the Team

CRITERION FIVE: ENGAGEMENT AND SERVICE. As called for by its mission, the organization identifies its constituencies and serves them in ways both value.

      1.   **Evidence that Core Components are met**

      2.   **Evidence that one or more specified Core Components need institutional attention**

      3.   **Evidence that one or more specified Core Components require Commission follow-up.**

      4.   **Evidence that one or more specified Core Components are not met and require Commission follow-up. (Sanction or adverse action may be warranted.)**

      Recommendation of the Team

V. STATEMENT OF AFFILIATION STATUS

A. Affiliation Status

    Recommendation: (If no change in affiliation status is recommended, insert "No change." If considering On Notice, Probation, or Withdrawal, contact the Commission staff liaison.)

    Rationale for recommendation:

B. Nature of Institution

    1. Legal status (If no change in affiliation status is recommended, insert "No change." If recommending a change in legal status—public not-for-profit, private not-for-profit, private for-profit, public for-profit—call the Commission staff liaison.)

    2. Degrees awarded (If no change in degrees awarded, insert "No change." If recommending a change in degree level, identify the change and write a 1-2 paragraph rationale. Make sure this report includes evidentiary statements in appropriate Criterion sections that support the recommendation.)

C. Conditions of Affiliation

    1. Stipulation on affiliation status (If no modification is being recommended, insert "No Change." If adding, deleting, or modifying stipulations, indicate what that change is and provide a 1-2 paragraph rationale.)

    2. Approval of additional locations (If none, insert "None." If making a recommendation on an embedded change related to a campus or additional location, insert "See separate report." Insert the appropriate language for approval, denial, or confirmation below and in the separate report. Be sure to include that separate report when submitting this report.)

    3. Approval of distance delivery (If none, insert "None." If making a recommendation on an embedded change, insert "See separate embedded change report." Insert the appropriate

language for approval or denial below and in the separate embedded change report. Be sure to include that separate report when submitting this report.)

4. **Reports required** (If none, insert "None." If requiring one or more reports, indicate each one separately, identifying the type of report, topic, and due date following this format: Progress Report on faculty governance due January 15, 20xx. Provide a 1-2 paragraph rationale with explicitly identified expectations for each report. Make sure to include evidentiary statements in appropriate Criterion sections that support the recommendation.)

5. **Other visits scheduled** (If none, insert "None." If recommending one or more visits, indicate each one separately, identifying the type of visit, topics, and year following this format: Focused Visit on faculty governance, assessment of student learning, and student persistence and completion in 20xx. Provide a 2-3 paragraph rationale with explicitly identified expectations for each visit. Make sure to include evidentiary statements in appropriate Criterion sections that support the recommendation.)

6. **Other embedded change request** (If none, insert "None." If making a recommendation on an embedded change, insert "See separate embedded change report." Insert the appropriate language for approval or denial below and in the separate embedded change report. Be sure to include that separate report when submitting this report.)

7. **Campus Evaluation Visit** (If none, insert "None." If the visit included a Campus Evaluation Visit, insert "See separate Campus Evaluation Visit report." Insert below the standard statement from that report that reflects the team's conclusion and include that report when submitting this one.)

D. **Commission Sanction or Adverse Action** (If none, insert "None." If requiring On Notice, Probation, or Withdrawal, contact the Commission staff liaison. Identify the sanction or adverse action being recommended. Provide a detailed rationale that explicitly lists of the areas of concern linked to appropriate Criteria and Core Components, as well as the requirements that must be met for removal of the sanction or adverse action. Make sure to include evidentiary statements in appropriate Criterion sections that support the recommendation.)

E. **Summary of Commission Review**

Timing for next comprehensive visit (academic year - xxxx-xxxx)

Rationale for recommendation:

VI. ADDITIONAL COMMENTS AND EXPLANATIONS
(This section is optional.)