



Policy Changes Adopted on Second Reading

Title: Academic Quality Improvement Program

The Board of Trustees adopted these policies on second reading at its meeting on June 13, 2014.

Background

Commission staff members who work with the AQIP Pathway have completed a year-long process to review and to improve the AQIP Pathway both for the benefit of institutions that participate in it and for the Commission. The recommendations for improvement to the AQIP Pathway will require several policy changes. These policy changes provide authorization for the most significant aspects of the changes to the AQIP Pathway, particularly the eight-year AQIP accreditation cycle and the on-site evaluation in AQIP that will be called the Comprehensive Quality Review. The policy changes also include numerous minor amendments to update other policies that reference key AQIP Pathway events or expectations.

Implementation

These policies are effective immediately with implementation starting in the fall of 2014. 🌿

Policy INST.C.10.020	Process Requirements for Each Pathway
	<p>Standard Pathway</p> <p>An institution on the Standard Pathway shall have its accreditation reaffirmed every ten years except for an institution that has received initial accreditation after its most recent comprehensive evaluation. Subsequent to initial accreditation, reaffirmation shall occur not more than four years after the initial accreditation action. Reaffirmation for all other institutions on the Standard Pathway shall be contingent on the institution having undergone comprehensive evaluations in years four and ten of the cycle through a process that assures the higher education community and the public that the institution continues to meet the Criteria for Accreditation and Federal Compliance Requirements, and that the institution demonstrates a focus on continuing improvement.</p> <p>Subsequent to reaffirmation, the Commission will also renew the institution's assignment to the Standard Pathway or declare it eligible to choose another Pathway. Renewal of assignment to the Standard Pathway will be contingent on the institution demonstrating that it meets the Criteria for Accreditation and the Federal Compliance Requirements, and not receiving an action involving show-cause, probation, or withdrawal. An institution on the Standard Pathway declared eligible to choose another Pathway may move to that pathway subsequent to reaffirmation provided it files a letter of acceptance within a limited timeframe as required by the requirements of the pathway being sought. The institution may also choose to remain on the Standard Pathway.</p>

	<p>Open Pathway An institution on the Open Pathway shall have its accreditation reaffirmed every ten years. Reaffirmation shall be contingent on the institution having undergone an Assurance Review in year four of the cycle and a comprehensive evaluation in year ten of the cycle through processes that assure the higher education community and the public that the institution continues to meet the Criteria for Accreditation and the Federal Compliance Requirements, and demonstrates a focus on continuing improvement.</p> <p>At reaffirmation, the Commission will determine whether to renew the institution's eligibility for the Open Pathway. An institution may lose eligibility for the Open Pathway if serious concerns arise about the institution's capacity to continue to meet the Criteria for Accreditation and Federal Compliance Requirements; the institution needs to be monitored more closely through the processes of the Standard Pathway; or the institution does not fulfill the requirements of the Open Pathway, including those of the Quality Initiative.</p> <p>Process Elements Common to Open and Standard Pathway Assurance Review. Institutions in the Open and Standard Pathways shall participate in an Assurance Review that has the following components:</p> <ul style="list-style-type: none"> • Assurance Filing by the institution; • Review by the Assurance Review team composed of Commission Peer Reviewers appointed by Commission staff in accordance with team selection procedures; such review shall include analysis of the Assurance Filing as well as of information from any on-site visit conducted to institutions on the Standard Pathway or to institutions on the Open Pathway in year ten or in year four where specifically required by the Assurance Review team; • Written report prepared by the Assurance Review team that outlines the team's findings related to the institution's meeting the Criteria for Accreditation and identifies any strengths and challenges or deficiencies. <p>The Assurance Review for an institution with distance or correspondence education shall include a specific focus on these forms of delivery.</p> <p>Assurance Filing. The Assurance Filing shall be housed on the Commission's web-based platform, known as the Assurance System, and composed of the following parts: 1) information submitted by the institution to document evidence of meeting, and of any institutional improvement related to, the Criteria for Accreditation, which shall consist of an Assurance Argument, Evidence File, and any addenda required by the evaluation team or Commission staff to the above information; and 2) information supplied by the Commission including but not limited to summary data from the institution's recent Institutional Update, records related to evaluation visits, official actions and correspondence, public comments, results of Commission-sponsored student surveys, complaints, and any other information the Commission deems appropriate.</p> <p>For comprehensive evaluations, the Assurance Filing shall also address the Federal Compliance Requirements and, if applicable, provide information for branch campus evaluation.</p> <p>Comprehensive Evaluation. An institution on the Standard Pathway and an institution in year ten of the Open Pathway shall undergo a comprehensive evaluation, which shall consist of the Assurance Review with an on-site visit. In addition to reviewing the Assurance Filing and related materials, the Assurance Review team shall also visit the institution's main campus and other</p>
--	---

	<p>institutional locations as determined by the Commission based on its policies and procedures. For institutions that offer only distance or correspondence education, the team shall conduct its on-site visit to the institution's administrative offices but may include other institutional locations, if any, in the on-site visit. The President of the Commission shall determine whether the liaison or other Commission staff member will accompany any visit related to an Assurance Review.</p> <p>The length of the visit shall be one and one-half days, but the Commission may lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues.</p> <p>In a comprehensive evaluation, the team's report will include any findings from the on-site visit, the multi-campus evaluation, if applicable, and the review of compliance with Federal Compliance Requirements.</p> <p>Other Visits. When the Commission is conducting an Assurance Review for an institution in year 4 of the Open Pathway, an on-site visit will not be required; however, a team may call for an on-site visit to gather additional information not available electronically or to conduct further review of specific issues arising from the Assurance Review. In addition, if the team is considering a sanction or withdrawal, it must call for an on-site visit.</p> <p>Multi-Campus Evaluation. When an institution that has multiple branch campuses undergoes a comprehensive evaluation, the Commission will send one or more Commission Peer Reviewers to visit the institution's branch campuses. The Peer Reviewer may, but is not required to, be a member of the Assurance Review team. Such branch campus visits may precede or follow the Commission's comprehensive evaluation visit to the institution's main campus. The Commission will determine the campuses to be included in the branch campus visit, but the focus of the visit will be on branch campuses not recently visited by the Commission. The Peer Reviewer visiting the branch campus will complete a form outlining findings arising from the visit. The purpose of this form shall be to inform the comprehensive evaluation team regarding the quality of the institution's branch campuses. The Peer Reviewer will make no formal recommendation, and there will be no formal Commission action arising from the branch campus evaluation visit.</p> <p>Process Elements Specific to the Open Pathway</p> <p>Quality Initiative. An institution on the Open Pathway shall conduct after year four and prior to year ten of its reaffirmation cycle a Quality Initiative through which it demonstrates an ongoing commitment to improving its quality. The institution shall select a topic for the Initiative that shall be reviewed and approved by a panel of Commission Peer Reviewers. The institution shall compile a report explaining the results of the initiative and no later than year nine of its reaffirmation cycle submit it to the Commission for review.</p> <p>Review of the Quality Initiative Report. A panel of Peer Reviewers shall review the Quality Initiative Report. The panel shall determine whether the institution has met the stated expectations for the Quality Initiative. The panel will complete a form explaining its findings. The form will be sent with the written report resulting from the comprehensive evaluation in year ten to the Institutional Actions Council.</p> <p>Process Elements Specific to the Standard Pathway</p> <p>An institution on the Standard Pathway shall demonstrate institutional improvement through an approach integrated with and focused on the Criteria for Accreditation. In addition, an institution on the Standard Pathway shall demonstrate that it has made reasonable progress in resolving any</p>
--	--

concerns resulting from the previous comprehensive evaluation or raised by the Commission during the period between evaluations.

AQIP Pathway

AQIP Cycle. An institution on the AQIP Pathway shall have its accreditation reaffirmed every eight years. Reaffirmation shall be contingent on the institution having undergone a comprehensive review through a series of AQIP activities culminating in a Comprehensive Quality Review that assures the higher education community and the public that the institution continues to meet the Criteria for Accreditation and the Federal Compliance Requirements, and demonstrates a focus on continuing improvement.

At reaffirmation, the Commission will also determine whether to renew the institution's eligibility to participate in the AQIP Pathway. An institution may lose eligibility for the AQIP Pathway if serious concerns arise about the institution's capacity to continue to meet the Criteria for Accreditation or Federal Compliance Requirements, the institution needs to be monitored more closely through the processes of the Standard Pathway, or the institution does not fulfill the requirements of the AQIP Pathway.

Systems Portfolio. The Systems Portfolio is a vehicle through which the institution documents its self-evaluation of its institutional systems organized around quality principles, its meeting of the Criteria for Accreditation and its provision of distance and correspondence education, if any. An institution on the AQIP Pathway shall be required to submit a Systems Portfolio no later than year three of its initial AQIP cycle, and again in year seven prior to reaffirmation with this timeline repeating in subsequent AQIP cycles.

Systems Appraisal. A team of Commission Peer Reviewers appointed by Commission staff in accordance with team selection procedures shall conduct an analysis of the Systems Portfolio submitted by the institution and shall prepare a detailed written report. The report will outline the team's findings related to the institution's ability to meet the Criteria for Accreditation and quality expectations required for participation in the AQIP Pathway, and will include any deficiencies identified for institutional follow-up by the time of the Comprehensive Quality Review in the eighth and final year of the cycle.

Comprehensive Quality Review. The Commission staff will appoint a team of Commission Peer Reviewers in accordance with team selection procedures. The team may, but is not required to, include members previously on the institution's Systems Appraisal team. The team shall conduct a visit to the institution's main campus or, for institutions that offer only distance or correspondence education, to its administrative offices. The length of the visit shall be two days, but the Commission may lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues. Prior to the visit the institution shall submit the required Federal Compliance materials. In preparation for the Comprehensive Quality Review, the team shall review those materials along with the entire record of the institution's participation in the AQIP Pathway including its Systems Portfolio and Appraisal and the record of any quality improvement projects undertaken by the institution in the form of Action Projects. The Comprehensive Quality Review team will determine whether the record demonstrates that the institution meets the Commission's requirements for reaffirmation and whether it maintains an appropriate focus on improvement sufficient to render it eligible for continued participation in the AQIP Pathway. The team members will prepare a detailed written report of their findings from the visit related to the institution's meeting the Criteria for Accreditation and Federal Compliance Requirements, and including any deficiencies identified.

	<p>The team's report will make a recommendation to the Commission's decision-making body regarding the institution's reaffirmation of accreditation, including any interim monitoring or sanction, and its continued eligibility for the AQIP Pathway or eligibility for the Open Pathway. The Comprehensive Quality Review of an institution with distance or correspondence education shall include a specific focus on these forms of delivery. A Comprehensive Quality Review is required proximate to the final year of the AQIP Pathway cycle and may also occur in the fourth year based upon institutional request or a staff determination.</p> <p>Multi-Campus Evaluation. When an institution that has multiple branch campuses undergoes a Comprehensive Quality Review, the Commission will send one or more Peer Reviewers to visit the institution's branch campuses. The Peer Reviewer may, but is not required to, be a member of the Comprehensive Quality Review team. Such branch campus visits may precede or follow the Comprehensive Quality Review to the institution's main campus. The Commission will determine the branch campuses to be included in the visit, but the focus of the visit will be on branch campuses not recently visited by the Commission. The Peer Reviewer visiting the branch campus will complete a form outlining findings arising from the visit. The purpose of this form shall be to inform the Comprehensive Quality Review team regarding the quality of the institution's branch campuses. The Peer Reviewer will make no formal recommendation, and there will be no formal Commission action arising from the branch campus evaluation visit.</p> <hr/> <p><i>Policy Number Key</i> <i>Section INST: Institutional Policies</i> <i>Chapter C: Process for Reaffirmation of Accreditation</i> <i>Part 10: Substantive Requirements for Reaffirmation of Accreditation</i></p> <hr/> <p><i>Last Revised: June 2014</i> <i>First Adopted: June 2012</i> <i>Revision History: November 2012, June 2014</i> <i>Notes: Policies combined in November 2012 - 1A.2.1, 1A.2.2, 1A.2.3, 1A.2.4, 1A.2.5.</i> <i>Implementation Note: see Appendix B.</i></p>
--	---

Other Policy Changes Required by These Changes	
Policy INST.C.10.030	Process Requirements Leading to Commission Action for Reaffirmation
	<p>Recommendations Arising from Pathways for Reaffirmation</p> <p>The team of Commission Peer Reviewers conducting either a comprehensive evaluation or Assurance Review in the Standard or Open Pathway, or a Comprehensive Quality Review in the AQIP Pathway, shall in its written report make a recommendation for Commission action to complete the review. For comprehensive evaluations and for Comprehensive Quality Reviews, the team shall recommend whether to reaffirm the institution's accreditation and whether to require interim monitoring, if needed, as available on the institution's pathway. For Assurance Reviews, the team shall recommend whether to continue the institution in its current cycle and whether to require any interim monitoring as available on the institution's pathway. Any team may recommend a sanction or withdrawal of accreditation. These recommendations, along with the team's written</p>

	<p>report, shall be forwarded to a Commission decision-making body for review and action.</p> <p>Institutional Responses to Recommendations Arising from Pathways for Reaffirmation An institution shall have the opportunity to provide a written response to the written report of a comprehensive evaluation or Assurance Review or Comprehensive Quality Review following Commission policies for the provision of institutional responses. In all cases involving a response to comprehensive evaluation, Assurance Review, or other visit, an institution shall have at least two weeks to prepare and submit an institutional response to the team report prior to review and action through the Commission's decision-making processes.</p> <hr/> <p><i>Policy Number Key</i> <i>Section INST: Institutional Policies</i> <i>Chapter C: Process for Reaffirmation of Accreditation</i> <i>Part 10: Substantive Requirements for Reaffirmation of Accreditation</i></p> <hr/> <p><i>Last Revised: June 2014</i> <i>First Adopted: June 2012</i> <i>Revision History: June 2014</i> <i>Notes: Policies combined November 2012 – 1A.3.1, 1A.3.2.</i></p>
<p>Policy INST.C.20.010</p>	<p>Institutional Data for Commission Teams</p>
	<p>Prior to any on-site visit, the Commission will provide the team with a record of the institutional indicators that have been submitted by the institution over the years. The institution will provide other information required by the Commission on-site, in the self-study report, Assurance Argument, or in the Systems Portfolio-Systems Appraisal materials.</p> <hr/> <p><i>Policy Number Key</i> <i>Section INST: Institutional Policies</i> <i>Chapter C: Process for Reaffirmation of Accreditation</i> <i>Part 20: Institutional Data</i></p> <hr/> <p><i>Last Revised: June 2014</i> <i>First Adopted:</i> <i>Revision History: February 2014, June 2014</i> <i>Notes: Former policy number 1.3(d)</i></p>
<p>Policy INST.D.20.010</p>	<p>Institutional Actions Council</p>
	<p>Composition, Selection, Term, and Activity The Institutional Actions Council (IAC) shall consist of no fewer than forty (40) members who have been nominated by the Commission staff and who have been appointed by the Board of Trustees. IAC members who represent institutions shall be broadly representative of institutions accredited by the Commission, with attention to institutional type, control, size, and geographical distribution, and shall be current members of the Peer Review Corps. IAC shall include representation of individuals who are academics, including faculty members, academic deans or</p>

	<p>others who have a primary responsibility in the teaching and learning process, and administrators who have a primary responsibility of providing oversight in an institution of higher education.</p> <p>The IAC shall include a sufficient number of public members to allow for one public member to be appointed to each committee. IAC members who are representative of the public shall not be, or have a familial relationship with, current employees, consultants, owners, shareholders, or members of the governing board of any affiliated or member institution, organization, or applicant thereof, or higher education agency, and shall reside or have a principal place of employment within the area of the Commission's jurisdiction.</p> <p>The IAC shall make use of committees, known as First Committee (Level 1) and Second Committee (Level 2) as identified in this section, in completing its responsibilities for decision-making that may result in final actions or in recommendations to the Board of Trustees. The Commission staff will select individuals from the IAC to compose committees to conduct reviews, as outlined in this policy.</p> <p>The term of appointment for those who serve on First Committee (Level 1) Committees shall be four (4) years, to begin at the start of the Commission's fiscal year. The term of appointment for IAC members who serve on Second Committees (Level 2) shall be extended for a fifth year to complete this responsibility. During that additional twelve (12) month period, those members shall not participate in any First Committee (Level 1) reviews.</p> <p>The IAC shall meet as a body at least one time each year to review the decision process and engage in training.</p> <p>Academics and Administrators</p> <p>The Commission will assure representation on the IAC of individuals who are academics, including faculty members, academic deans or others who have a primary responsibility in the teaching and learning process, and administrators who have a primary responsibility of providing oversight in an institution of higher education.</p> <p>The staff of the Commission will be responsible for developing selection criteria and for implementing a nomination process to assure such representation on the IAC subject to review by the Board of Trustees when it elects IAC members.</p> <p>Scope of Authority</p> <p>The IAC, acting through its committees, shall have authority to conduct reviews that result in final action or in recommendations to the Board of Trustees.</p> <p>Authority to Take Action on Accreditation Decision</p> <p>The IAC is authorized to take action on accreditation decisions to:</p> <ol style="list-style-type: none"> 1. reaffirm accreditation; 2. approve recommendations resulting from biennial visits in candidacy; 3. approve or deny applications for substantive change requiring review by a decision structure, but not including Change of Control, Structure, or Organization; 4. approve recommendations resulting from focused evaluations; 5. approve recommendations from staff or financial/non-financial panels for required monitoring or changes in the Statement of Affiliation Status.
--	--

	<p>For these cases, the IAC has the authority to set the next comprehensive evaluation visit date, establish a schedule of required monitoring, and make other changes in the Statement of Affiliation Status.</p> <p>Authority to Make Recommendations for Cases that Require Board Action The IAC is authorized to review the following recommendations arising from the evaluation process and to forward them to the Board of Trustees with a concurring or differing recommendation:</p> <ol style="list-style-type: none"> 1. to grant or deny initial status, including initial candidacy and initial accreditation; 2. to issue or withdraw a sanction, including on-notice or probation, except where the Board of Trustees in a previous accreditation decision may have outlined specific provisions for a recommendation related to the sanction to move directly to the Board; 3. to withdraw accredited or candidate status; or 4. to move an institution from accredited to candidate status. <p>The IAC is authorized at Second Committee (Level 2) to review the following recommendations from an IAC First Committee (Level 1) Committee and to forward them to the Board of Trustees with a concurring or differing recommendation:</p> <ol style="list-style-type: none"> 1. to impose a sanction; 2. to withdraw accredited or candidate status; or 3. to move an institution from accredited to candidate status. <p>Conflict of Interest The Commission will not knowingly allow to participate in an action or hearing any IAC member whose past or present activities could affect his/her ability to be impartial and objective in that action or hearing. Therefore, an IAC member must agree to act with objectivity and without conflict of interest when taking an action or participating in a hearing involving an institution. An IAC member confirms agreement to abide by this policy in an Annual Statement of Conflict of Interest, Confidentiality, and Disclosure. This Statement will identify situations involving conflict of interest and provide examples of situations that raise the appearance or potential of conflict of interest. The Statement will require that the IAC member disclose any known conflicts, predispositions, affiliations or relationships that could jeopardize, or appear to jeopardize objectivity and indicate his/her agreement to follow this policy.</p> <p>In addition to completing this form, an IAC member must also recuse himself/herself from any action or hearing in which that IAC member does not believe, or the Commission determines, that he/she cannot act with impartiality and free of conflict of interest. The IAC Minutes will reflect such recusals.</p> <p>Confidentiality An IAC member agrees to keep confidential any information provided by the institution under review and information gained as a result of participating in an action or hearing. Keeping information confidential requires that the IAC member not discuss or disclose institutional information except as needed to further the purpose of the Commission's decision-making processes. It also requires that the IAC member not make use of the information to benefit any person or organization. Maintenance of confidentiality survives any action and continues after the process has concluded. (See PEER.A.10.040, Standards of Conduct, for a list of examples of confidential information available to IAC members.)</p>
--	--

	<p><i>Policy Number Key</i> <i>Section INST: Institutional Policies</i> <i>Chapter D: Decision-Making Bodies and Process</i> <i>Part 20: Institutional Actions Council</i></p> <hr/> <p><i>Last Revised: June 2014</i> <i>First Adopted: June 2011</i> <i>Revision History: April 2013, June 2014</i> <i>Notes: Policies combined November 2012 - 2.2(d)1.2, 2.2(d)1.2a, 2.2(d)1.2b, 2.2(d)1.2b1, 2.2(d)1.2b2)</i></p>
<p>Policy INST.F.10.010</p>	<p>Routine Monitoring and Data Collection</p>
	<p>Monitoring on Pathways. An institution on the Standard, Open, or AQIP Pathway may be required to file one or more interim reports. An institution on the Standard or AQIP Pathway may be required to host one or more focused visits. Such monitoring shall be appropriate in circumstances where the team has concluded that the Commission should review the institution's progress in addressing a serious issue at the institution, the resolution of which is relevant to the institution's future compliance with, or improvement regarding, the Criteria for Accreditation. Commission staff may seek external assistance from peer reviewers or individuals with appropriate expertise who do not participate as peer reviewers in the evaluation process related to monitoring but provide particularized advice and assistance where appropriate to Commission staff or evaluation team members.</p> <p>Other Monitoring. An institution, regardless of its pathway, is always subject to monitoring in the form of interim reports or focused evaluations related to review by the Commission of the following: financial and non-financial indicators; a change of control, structure or organization transaction; substantive change; complaints; conformity with Assumed Practices; or other Commission investigation or review.</p> <p>Process for Requiring Monitoring. An evaluation team or staff may recommend that an institution be required to file an interim report or host a focused on-site evaluation on one or more topics. An appropriate decision-making body, or Commission staff where allowed by Commission policy, shall determine whether the monitoring is appropriate for the institution, and, if so, shall act to approve such monitoring.</p> <p>For an institution that is being considered for initial accreditation, such monitoring shall be appropriate in conjunction with the grant of initial accreditation only when the monitoring is with regard to a discrete issue and does not call into the question the institution's compliance with the Criteria for Accreditation, in which case the institution will not be granted initial accreditation.</p> <p>Interim Reports. An institution shall submit a required interim report according to the due date established in the action calling for the interim report. Staff will review and prepare a written analysis of all reports and may act on behalf of the Commission to accept the report or require additional reports on the same or related topic or may recommend to the Commission's decision-making bodies that further monitoring, including new interim reports or focused visits, as appropriate to the institution's Pathway assignment, be required on the same topics identified in the action or on other topics.</p>

Focused Visits. An institution on the Standard or AQIP Pathway shall host a focused visit according to the date established in the action calling for the focused visit. The institution shall submit a focused report to the Commission prior to the evaluation on the topics identified in that action prior to the focused visit. Commission staff may expand the focus of the evaluation where appropriate to review additional topics of concern to the Commission. The focused visit shall be conducted by a team of Commission Peer Reviewers appointed by Commission staff. The length of the focused visit shall be one and one-half days, but the Commission may lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues.

The focused visit team will prepare a written report addressing the topics of concern identified in the action calling for the focused visit and any areas of concern raised by Commission staff and identifying deficiencies, if any, at the institution. The focused visit team report shall include a recommendation for Commission action either accepting the institution's focused report or calling for additional monitoring, sanction or withdrawal of accreditation. The institution shall have the opportunity to file a written response to the focused visit report prior to a decision-making body acting on the report. Focused visit reports will be considered through the Commission's regular review and decision-making processes.

Data Reporting From Affiliated Institutions

All affiliated institutions will complete data reports for the Commission; such reporting will occur annually as well as periodically. The Commission, with oversight as appropriate from the Board of Trustees, will determine the contents of this reporting to assure that it addresses potential or developing problems with an institution's compliance with accrediting requirements and institutional stability, as well as solicits updated information on the scope of activities of each affiliated institution. Data required from each institution will include, at minimum, annual financial information, headcount and enrollment, measures related to student achievement, and other indicators. The data reporting will provide the Commission with sufficient information to understand and respond to significant shifts in an institution's capacity and/or scope of educational activities.

Institutional Contact for Data Reporting

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

Commission Follow-Up to Institutional Data

In reviewing and analyzing institutional data, the Commission will look at relationships among a variety of indicators and other information in any given year or over several years. If those relationships suggest that the organization may be experiencing problems or very rapid change, the Commission will ask the organization to submit an explanation of the data. In particular, the Commission will ask institutions that were identified through review of information about student achievement for more information about student academic achievement at those institutions. The Commission staff may forward data, and any explanation or other information provided by the institution, to a Financial or Non-Financial Panel for further review. If non-financial data, particularly enrollment information, and any other information submitted by the institution, are indicative of problems, rapid change, significant growth, or require validation, the Commission staff may call for an on-site evaluation as soon as possible; require that an institution address concerns arising from these data in the next evaluation process; or recommend to the Institutional Actions

	<p>Council additional institutional monitoring through any process provided for in Commission policy and procedure.</p> <p>Monitoring of Student Enrollment Growth The Commission will monitor enrollment growth through institutional annual data reporting and will monitor on an ongoing basis growth in enrollment and programs at those institutions that have significant enrollment growth as defined in Commission procedures. The Commission will ask institutions that have been identified through the annual data reporting process as having significant enrollment growth to provide information about enrollment growth at the program level. The Commission may take follow-up action.</p> <hr/> <p><i>Policy Number Key</i> <i>Section INST: Institutional Policies</i> <i>Chapter F: Maintenance and Monitoring</i> <i>Part 10: Routine Monitoring</i></p> <hr/> <p><i>Last Revised: June 2014</i> <i>First Adopted: November 1999, February 2003, February 2007</i> <i>Revision History: February 2001, February 2007, February 2009, February 2010, November 2010, June 2012, November 2012, April 2013, June 2014</i> <i>Notes: Policies combined November 2012 – 3.6, 3.6(a), 1.3, 1.3(a), 1.3(b), 1.3(c)</i></p>
<p>Policy INST.F.20.060</p>	<p>Monitoring of Institutional Change</p>
	<p>The Commission may monitor any approved institutional change through required progress or monitoring reports or on-site evaluations and shall monitor specific changes.</p> <p>Campus Evaluation Visit. The Commission will conduct an on-site evaluation visit to a new campus or branch within six months of matriculation of students and initiation of instruction at such campus. The visit shall be conducted by Commission peer reviewers and shall be handled according to the procedure for a focused evaluation.</p> <p>Additional Location Confirmation Visit. The Commission will conduct an on-site visit of each of the first three additional locations begun by an institution within six months of matriculation of students and initiation of instruction at the additional location. 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 by the Commission. Commission site visitors may call for further monitoring of an institution's additional locations through the Commission's established monitoring processes. Such recommendations for further monitoring will be reviewed and acted upon by a Commission decision-making body.</p> <p>Multi-Location Evaluation Visit. The Commission will conduct an on-site visit to additional locations of an institution with multiple off-campus additional locations (more than three such locations) every five years. The visit shall take place to a sample of such locations as defined in Commission procedure. The visit may be scheduled proximate to an on-site evaluation, an Assurance Review, comprehensive evaluation, or Comprehensive Quality Review, where appropriate to inform that team's evaluation. The visit may be made by Commission peer reviewers</p>

	<p>or Commission staff and will be to confirm the continuing effective oversight by the institution of its additional locations. Commission site visitors may call for further monitoring of an institution's additional locations through the Commission's established monitoring processes.</p> <p>If an institution is part of the Notification program for new additional locations, the visit will consider whether the institution continues to meet the requirements for access to the program outlined in the policy and will make a recommendation for the institution's continued participation in that program. Such recommendations will be reviewed and acted upon by a Commission decision-making body.</p> <p>Other Monitoring Related to Additional Locations. The Commission will require a Change Visit before extending accreditation to include a new additional location for an institution under Commission sanction, an institution experiencing serious financial problems, or where the Commission has raised questions about the institution's quality assurance processes in its off-campus operations. The Commission will also monitor institutions experiencing rapid growth of additional locations through either an on-site focused visit or through other forms of monitoring.</p> <p>Other Monitoring Related to Institutional Change. The Commission reserves the right to initiate monitoring related to any institutional change it has previously approved if it has questions about the quality of that change in its execution or the institution is experiencing rapid growth in some aspect of the institution's operations related to the approved change.</p> <p>Cumulative Substantive Changes that Result in a Comprehensive Evaluation. The Commission reserves the right to call for a comprehensive evaluation when changes made or proposed by an institution are so extensive that they call into question whether they fundamentally alter the nature or character of the institution the Commission accredited at the time of the institution's last comprehensive evaluation. These changes include, but are not limited to, the any or all of the following:</p> <ol style="list-style-type: none"> 1. extensive numbers of new or revised academic programs; 2. extensive numbers of new campuses or additional locations; 3. significant new populations of students; 4. new delivery formats including distance, correspondence, compressed, or other formats; 5. frequent significant modifications to corporate or governance structures; involvement of the institution in one or more joint ventures, limited partnerships or other arrangements that may affect its academic programs, services, students, or governance structure. <hr/> <p><i>Policy Number Key</i> <i>Section INST: Institutional Policies</i> <i>Chapter F: Maintenance and Monitoring</i> <i>Part 10: Intermittent Monitoring</i></p> <hr/> <p><i>Last Revised: June 2014</i> <i>First Adopted: November 1999, June 2010</i> <i>Revision History: November 1999, June 2009, June 2011, June 2012, June 2014</i> <i>Notes: Policies combined November 2012 – 3.2(c), 3.2(c)1, 3.2(c)2, 3.2(c)3, 3.2(c)4, 3.2(c)5, 3.2(c)6</i></p>
--	---