



Policy Changes Adopted on Second Reading

Title: Pathways for Reaffirmation of Accreditation

The Board of Trustees adopted these policies on second reading at its meeting on June 29, 2012. Because these policies will be included in a revised presentation of Commission Policies, they are shown here with a temporary numbering scheme.

Background

These policies stem from an initiative to develop multiple pathways for maintaining accreditation that involved more than two years of work on the part of Commission staff as well as pioneer institutions that agreed to assist in developing the concept of the initiative. The purpose of this initiative was to demonstrate that a new model for reaffirmation processes could sustain the rigor of those processes while enhancing the value of accreditation to the public and institutions and diminishing the burden the current process was perceived as producing on healthy institutions with a strong accreditation history.

The new policies establish the foundation for the new Pathways processes. The Pathways processes necessitate promulgation of separate policies to support the comprehensive evaluation for initial status and for probation because, for the first time, there will not be a single comprehensive evaluation model but multiple models more appropriately nuanced and explained, based upon the nature of the institution's accreditation relationship, Pathway, and resulting interaction with the Commission.

Implementation

The new pathways for reaffirmation of accreditation will be effective for institutions according to the following implementation schedule:

- *September 1, 2012.*
 - New policies become effective for institutions in the Program to Evaluate and Advance Quality (PEAQ) with comprehensive evaluations in 2015-16 and thereafter. These PEAQ institutions will transition to the Standard Pathway or (if eligible and so choosing) the Open Pathway according to a phase-in timeline that will place the institutions on the ten-year Standard or Open Pathway cycle according to their scheduled reaffirmation dates.
 - New policies become effective for institutions in Academic Quality Improvement Program (AQIP). AQIP institutions eligible to elect the Standard or Open Pathway that do so elect will transition similarly, based on their scheduled reaffirmation dates. All other AQIP institutions remain in AQIP but become subject to revised related policies contained herein and also consistent with policies applicable to other pathways in such areas as monitoring, sanction, etc.

- *Pioneer Institutions.* New policies on pathways also become effective for all “pioneer” institutions. The Commission is conducting a Demonstration Project in which groups of institutions are helping design and test the new model. The first demonstration cohort began in fall 2009; a second cohort began in fall 2010, based on participation in the Commission’s Academy for Assessment of Student Learning; and a third cohort began in spring 2011, focused on the Lumina Foundation’s Degree Qualifications Profile.
- Revised policies on sanction and other related policies become effective for all institutions.
- *Rolling effective date.* New policies on pathways become effective for all other PEAQ institutions on a rolling basis. Institutions in PEAQ currently under comprehensive evaluation or with comprehensive evaluations scheduled through August 2015 will transition to pathways after action by the Commission to complete the institution’s PEAQ cycle.

Please see the document, “Moving Between Pathways,” for further detail regarding institutional options for choice of pathway.🌿

New Policy 1.1	Reaffirming Institutional Accreditation
Policy 1.1.1	<p>Substantive Requirements for Reaffirmation of Accreditation</p> <p>Each institution shall have its accreditation reaffirmed by formal action of the Commission according to its decision-making policies. The basis for reaffirmation shall be evidence that the institution meets the Criteria for Accreditation and Federal Compliance Requirements.</p>
Policy 1.1.2	<p>Reaffirmation Cycle</p> <p>Reaffirmation shall occur not more than ten years from the date of the last formal Commission action reaffirming accreditation; for an institution that received initial accreditation after its most recent comprehensive evaluation, reaffirmation shall occur not more than four years after the initial accreditation action. Should the reaffirmation action take place in the spring or fall following the required date for reaffirmation, such action shall be considered to have met the requirements of this policy provided that the evaluation visit takes place no later than ten, or, where applicable, four, years from the date of the last reaffirmation action.</p> <p>The cycle for reaffirmation may be less than ten years for institutions that participate in or are assigned by the Commission to processes that require more frequent reaffirmation.</p> <p>An institution may file a formal request for an extension of its reaffirmation process, provided that it has a compelling reason for seeking such extension and it is not under sanction or show-cause with, or pending withdrawal by, the Commission or any other recognized accrediting agency. An institution must file such a request with sufficient time for a decision to be made prior to the expiration of an institution’s current reaffirmation period. Such request will be</p>

	<p>considered and acted on through the Commission’s decision-making processes. The extension shall be no more than one year beyond the institution’s regular cycle as established by the terms of the reaffirmation process in which it participates. The maximum cycle permitted under this policy is eleven (11) years. (See Commission Policy 3.1 CHANGES IN THE INSTITUTION’S ACCREDITATION RELATIONSHIP WITH THE COMMISSION NOT ARISING FROM A COMPREHENSIVE EVALUATION PROCESS.)</p>
Policy 1.1.3	<p>Procedural Requirements for Reaffirmation</p> <p>Prior to every formal Commission action reaffirming the accreditation of an institution that institution and the Commission shall have participated in a process that includes the following components:</p> <ul style="list-style-type: none"> • self-study activities at the institution that result in submission to the Commission of evidence that the institution meets the Criteria for Accreditation and the Federal Compliance Requirements; and, in the same or different submission as required by the process in which the institution participates, evidence of continuing improvement at the institution; • visit to the institution by a team of Commission Peer Reviewers for the purpose of gathering additional information to determine whether the institution meets the Criteria for Accreditation and the Federal Compliance Requirements; • analysis by Commission Peer Reviewers of the evidence provided by the institution and the additional information gathered during the visit; • written report prepared by Commission Peer Reviewers documenting their conclusions regarding whether the institution meets the Criteria for Accreditation and the Federal Compliance Requirements, and, in the same or a different report as required by the process in which the institution participates, conclusions regarding continuous improvement; • an opportunity for an institution to provide a written response prior to Commission action following procedures outlined by the Commission.
Policy 1.1.4	<p>Processes for Reaffirmation</p> <p>Each accredited institution in good standing with the Commission shall reaffirm and maintain its accredited status by participating in evaluation processes that: 1) document that it meets the Commission’s Criteria for Accreditation and the Federal Compliance Requirements, 2) demonstrate a focus on institutional improvement, and 3) fulfill the Commission’s procedural requirements for reaffirming and maintaining accreditation. These evaluation processes shall be known as accreditation pathways. The pathways are: Standard, Open and the Academic Quality Improvement Program (AQIP). The Commission may approve other pathways. Each pathway shall include a series of evaluative activities that the Commission determines to be appropriate for that pathway provided that each pathway allows an institution to fulfill the procedural requirements necessary to maintain accreditation. In any pathway the Commission staff may seek external assistance from peer reviewers or</p>

	<p>individuals with appropriate expertise who do not participate as peer reviewers in the evaluation process but provide particularized advice and assistance where appropriate to Commission staff or evaluation team members.</p> <p>Institutions not yet accredited by the Commission as well as accredited institutions that are on probation, under show-cause, or pending withdrawal action shall participate in evaluation activities specifically outlined in Commission policy applicable to such designation and shall not participate in a pathway.</p>
Policy 1.1.5	<p>Entrance Requirements for Each Pathway</p> <p>The Commission shall determine the entrance requirements for each pathway in relation to the institution's history with the Commission. These requirements shall include the length of its accreditation with the Commission, as well as such factors as interim monitoring, substantive change and change of control requests, sanctions, show-cause orders, adverse actions, and any other information the Commission deems relevant. In addition, the Commission may exercise discretion in determining an appropriate pathway for an institution.</p>
Policy 1.1.6	<p>Assignment to a Pathway</p> <p>Subsequent to granting of initial accreditation and after removal of probation or show-cause, institutions shall be limited to the Standard Pathway for a minimum of ten years until such time as they shall meet the entrance requirements for a different pathway and make appropriate application to enter such pathway. An institution undergoing approval of a change of control, structure or organization or removal from notice may be subject to limitation to the Standard Pathway. A pathways assignment shall be made by the Board of Trustees in making these accrediting decisions.</p> <p>A decision renewing an institution's assignment to a pathway or determining an institution's eligibility for a different pathway shall always take place at reaffirmation of accreditation and may take place at other times as established by the procedures of the pathway or Commission policy. A pathway determination after initial accreditation, a continuation of eligibility for a pathway, and any change of pathway shall be a formal decision by the Commission and shall be subject to all Commission requirements related to the pathway as well as to the Commission's decision-making process. Such decision shall also indicate the date of the next Assurance Review or comprehensive evaluation and the institution's placement in the cycle for that pathway.</p> <p>An institution shall receive notice of a recommended pathway assignment prior to the formal decision placing it on a pathway. In cases where the Pathway assignment is not based on entrance requirements for the Pathway but on Commission discretion and exempting any pathways assignments made at the discretion of the Board of Trustees related to sanction or other actions assigned</p>

	<p>to the Board, the institution shall have an opportunity to respond prior to the assignment being made through the Commission's decision-making process. After a pathways assignment has been made, it is subject to additional review or change only at the discretion of the Commission.</p>
Policy 1.1.7	<p>Change of Pathways by the Commission</p> <p>The Commission may at its discretion move an institution from one Pathway to another if: 1) the institution fails to fulfill the requirements of its Pathway, 2) serious concerns arise about the institution's capacity to continue to meet the Criteria for Accreditation or the Federal Compliance Requirements, or 3) the institution needs to be monitored more closely through the processes of the Standard Pathway.</p> <p>All other changes in pathways will occur subsequent to reaffirmation of accreditation. (Note that assignment to a pathway following Commission policy is not a change of a pathway.)</p>
New Policy 1.2	Process Requirements for Each Pathway
Policy 1.2.1	<p>Standard Pathway</p> <p>Standard Pathway Cycle. 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>
Policy 1.2.2	<p>Open Pathway</p> <p>Open Pathway Cycle. An institution on the Open Pathway shall have its</p>

	<p>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>Policy 1.2.3</p>	<p>Process Elements Common to Open and Standard Pathway</p> <p>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</p>

	<p>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 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.</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>Policy 1.2.4</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</p>

	<p>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 concerns resulting from the previous comprehensive evaluation or raised by the Commission during the period between evaluations.</p>
<p>Policy 1.2.5</p>	<p>AQIP</p> <p>AQIP Cycle. An institution on the AQIP Pathway shall have its accreditation reaffirmed every seven years. Reaffirmation shall be contingent on the institution having undergone a comprehensive review through a series of AQIP activities culminating in a Reaffirmation Panel 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 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.</p> <p>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 admitted to AQIP shall be required to submit a Systems Portfolio no later than year five of its initial AQIP cycle, and prior to reaffirmation in subsequent AQIP cycles.</p> <p>Systems Appraisal. A team of Commission Peer Reviewers appointed by</p>

	<p>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 meeting the Criteria for Accreditation and quality expectations required for participation in AQIP, and will include any identified deficiencies.</p> <p>Check-up Visit. 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. The team shall review those materials and any additional information submitted by the institution prior to the visit related to the Systems Appraisal as a part of its review. 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 identified deficiencies. The Quality Check-up Visit to an institution with distance or correspondence education shall include a specific focus on these forms of delivery.</p> <p>Multi-Campus Evaluation. When an institution that has multiple branch campuses undergoes a Quality Check-up Visit, 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 Quality Check-up Visit team. Such branch campus visits may precede or follow the Check-up Visit 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 Check-up Visit 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>Reaffirmation Panel. A panel composed of Commission Peer Reviewers appointed by Commission staff shall review the entire record of an institution’s participation in AQIP including its Systems Portfolio and Appraisal, Check-up Visit Report, and the record of any quality improvement projects undertaken by the institution. The panel 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 AQIP. The panel 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 AQIP or eligibility for the Open</p>
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	Pathway.
New Policy 1.3	Process Requirements Leading to Commission Action for Reaffirmation
Policy 1.3.1	<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 Reaffirmation Panel in the AQIP Pathway, shall in its written report make a recommendation for Commission action to complete the review. For comprehensive evaluations and for Reaffirmation Panels, 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 or Reaffirmation Panel may recommend a sanction or withdrawal of accreditation. These recommendations, along with the team's written report, shall be forwarded to a Commission decision-making body for review and action.</p>
Policy 1.3.2	<p>Institutional Responses to Recommendations Arising from Pathways for Reaffirmation</p> <p>An institution shall have the opportunity to provide a written response to the written report of a comprehensive evaluation or Assurance Review or Reaffirmation Panel 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. (See Commission Policy 2.4(f), INSTITUTIONAL RESPONSES WITHIN THE PROCESSES.)</p>
Existing Policy 3.6	Commission Monitoring of Institutions
Policy 3.6(a)	<p>Regular Required Monitoring for Accredited Institutions</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</p>

	<p>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, AQIP Reaffirmation Panel, 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>
Policy 3.6(a)	<p>Interim Reports</p> <p>An institution shall submit a required interim report according to the due date established in the action calling for the interim report. Commission staff or panel of Peer Reviewers will review and prepare a written analysis of the report and may act on behalf of the Commission to accept the report or may recommend to the appropriate Commission decision-making body that further monitoring, including interim reports or focused visits, as appropriate to the institution's pathway assignment, be required on the same topics addressed in the report or on other topics.</p>
Policy 3.6(a)	<p>Focused Visits</p> <p>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.</p>

	<p>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. 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. Focused visit reports will be considered through the Commission's regular review and decision-making processes.</p>
Policy 3.6(b)	<p>Special Monitoring</p> <p>The Commission reserves the right to call for special monitoring when conditions appear to threaten the continued stability or integrity of the institution or its educational programs. The President may conduct such monitoring by calling for a special report or an advisory team visit. A special report or advisory team report will not be reviewed through the Commission's regular review processes; it may be used by the President to provide information, to support a recommendation by the President to the Commission's decision-making processes for a possible sanction or monitoring, or for any other purpose supported by the policies and practices of the Commission. The President may seek external assistance from peer reviewers or individuals with appropriate expertise who do not participate as peer reviewers in the evaluation process but provide particularized advice and assistance where appropriate to Commission staff or evaluation team members.</p> <p>Any action proposed by the President will be shared with the institution for response at least two weeks prior to the intended date of deliberation and decision. Among the situations that might result in such monitoring are:</p> <ol style="list-style-type: none"> 1. institutional declaration of bankruptcy, financial exigency, or intent to close; 2. highly publicized and divisive controversies among the governing board, the administration, and/or the faculty or the student body; 3. significant unanticipated reduction in program offering, faculty, and/or enrollment; 4. public sanctions applied by governmental agencies or by other accrediting or licensing bodies; 5. serious legal, financial, or ethical investigations, including those involving adjudication in courts; 6. financial audit reports that raise serious concerns about financial viability or financial management practices; 7. serious misrepresentation to students and the public.
3.6(c)	<p>Presidential Recommendation</p> <p>The Commission's President shall have the authority to take a recommendation to the appropriate Commission decision-making body to require regular</p>

	monitoring, a sanction, or withdrawal of accreditation for an institution, subject to Commission policy and procedures related to those actions.
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Notes	Other Policy Revisions Necessitated by these Changes
Policy 1.1(c)	See Adopted Policies on Second Reading: Criteria for Accreditation Evaluation for Initial Accreditation or Candidacy (new policy)
Policy 2.5 (a)	<p>Notice</p> <p>Notice is a public status indicating that an institution is pursuing a course of action that, if continued, could lead it to be out of compliance with one or more Criteria for Accreditation, or Federal Compliance Requirements or out of conformity with the Assumed Practices. In placing an institution on notice the Board of Trustees will identify in the institution's Statement of Affiliation Status the specific conditions that led to the institution being placed on notice and a due date for submission of a written report on the corrective measures taken. The written report must provide clear evidence that the institution has ameliorated the conditions that led to the institution being placed on notice. The notice period will typically be one year and shall not exceed two years, commencing on the date of the Board's action placing the institution on notice until the date the Board determines whether the conditions that led to the institution being placed on notice have been ameliorated. The filing and review of the Notice Report will take place within this time period as established by the Board.</p> <p>The Board shall reassign an institution on the Open Pathway to the Standard Pathway in the action that places the institution on notice. The institution shall remain on the Standard Pathway until such time as it has reestablished its eligibility for the Open or AQIP Pathway as determined by a comprehensive evaluation. An institution on the AQIP Pathway if placed on notice may remain on that Pathway or may be reassigned to the Standard Pathway as determined by the Board in the action placing the institution on notice.</p> <p>If the Board finds that the conditions leading to the notice action have not been ameliorated, the Board will determine whether the institution is not in compliance with one or more of the Criteria for Accreditation, or Federal Compliance Requirements, define a process for determining whether the institution is not in compliance with one or more of those Criteria, or take other action as provided for in these policies. After an institution has been on notice under this policy, the Board may withdraw the accreditation of an institution if the Board finds it not to be in compliance as provided for in its withdrawal policy and is not required to provide a period of probation.</p>
2.5(a)1	Process for Imposing or Removing Notice

	<p>The Board of Trustees, acting on the recommendation of any evaluation team, an Institutional Actions Council First Committee, or the President, shall take action placing an institution on notice. A team recommendation to place an institution on notice, other than one arising from an advisory visit process, will automatically be referred to an Institutional Actions Council First Committee. A recommendation for notice resulting from an advisory visit process is made directly to the Board by the President of the Commission. In all cases, the Board of Trustees will act on a recommendation for notice only if the institution's chief executive officer has been given an opportunity of at least two weeks to place before the Board of Trustees a written response to the recommendation.</p> <p>The Board of Trustees, acting on the recommendation of the Commission President based on an institution's report, may remove an institution from notice and continue or change the institution's pathways assignment; may determine that the institution is not in compliance with one or more Criteria for Accreditation and place the institution on probation or withdraw accreditation; or, when the institution's response and actions are insufficient or inadequate to make a judgment, may define a process for determining whether the institution is in compliance with one or more of the Commission's Criteria for Accreditation. (SEE 3.6(B), SPECIAL MONITORING.)</p>
Policy 2.5(b)	<p>Probation</p> <p>Probation is a public status signifying that conditions exist at an accredited institution that make it no longer in compliance with one or more of the Commission's Criteria for Accreditation. In placing an institution on probation the Board of Trustees will identify in the institution's Statement of Affiliation Status the specific conditions that led to the probation and the date for the institution's next comprehensive evaluation at which time the institution must provide clear evidence of having ameliorated the conditions that led to the finding of non-compliance as well as evidence of compliance with each of the Criteria for Accreditation. An institution placed on probation is also removed from its reaffirmation pathway. An institution removed from probation will be placed on the Standard Pathway for its next reaffirmation cycle.</p>
Policy 2.5(b)1	<p>Process for Imposing or Removing Probation</p> <p>The Board of Trustees, acting on the recommendation of a comprehensive or focused visit team, an Institutional Actions Council First Committee, or the President, shall take action placing an institution on probation. A team recommendation for probation, other than one arising from an advisory team, will automatically be referred to an Institutional Actions Council First Committee. A recommendation for probation resulting from an advisory visit process is made directly to the Board by the Commission's President. In all cases, the Board of Trustees will act on a recommendation for probation only if the institution's chief executive officer has been given opportunity to place before the Board of Trustees a written response to the recommendation.</p>

	<p>The Board of Trustees' decision to remove an institution's probation will be based upon recommendations from a comprehensive evaluation and an Institutional Actions Council First Committee hearing. The Board of Trustees may choose to accept, reject, or modify these recommendations. The Board of Trustees may withdraw accreditation or take other action as provided for in these policies. If the Board of Trustees removes the institution's probation and does not withdraw accreditation, the Board will reaffirm the institution's accreditation and assign it to the Standard Pathway until such time as the Commission determines that it is eligible for a different pathway but no earlier than the first year-ten review in the Standard Pathway. The Board may also require interim monitoring as a part of its action.</p>
2.5(b)3	<p>Comprehensive Evaluation Visit During Probation</p> <p>An institution on probation shall undergo a comprehensive evaluation by the Commission according to a schedule set by the Commission's Board of Trustees in placing the institution on probation. The comprehensive evaluation for an institution undergoing such an evaluation during probation has the following elements:</p> <p>Assurance Review.</p> <ul style="list-style-type: none"> • Assurance Filing by the institution; • Review by the comprehensive evaluation 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 the on-site visit conducted to the institution; • Written report prepared by the Assurance Review team outlining the team's findings related to the evidence required of the institution and the conditions that led to the imposition of probation. The report shall identify strengths and challenges or deficiencies for the institution. <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. Information assembled by the institution through a self-evaluative or self-study process:</p> <ol style="list-style-type: none"> 1. evidence of conformity with the Assumed Practices; 2. evidence of meeting the Criteria for Accreditation; 3. branch campus evaluation information, if applicable; 4. evidence of compliance with the Federal Compliance Requirements; and 5. any addenda requested by the team or the Commission during the evaluation process. <p>In addition, the Commission shall supply information, 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, complaints and results of Commission-sponsored surveys; information from the institution's accreditation file with other recognized</p>

	<p>accrediting agencies, when appropriate; and any other information the Commission deems appropriate together with any response the institution wishes to file with regard to this information.</p> <p>On-Site Visit. A team of Peer Reviewers appointed by Commission staff in accordance with Commission procedures shall conduct a visit to the institution's main campus and other institutional locations as shall be 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.</p> <p>The length of the visit shall be three days, but the Commission shall retain discretion to lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities as a part of a particular Comprehensive Evaluation to examine specific issues.</p> <p>Recommendations Arising from Comprehensive Evaluations During Probation. The team of Commission Peer Reviewers conducting a comprehensive evaluation during probation shall in its written report make a recommendation to the Commission's Board of Trustees for Commission action.</p> <p>The team shall recommend whether to remove probation, specifying interim monitoring that should be attached to the removal, or to withdraw accreditation. In recommending withdrawal of accreditation, the team may also recommend for the Board of Trustees' consideration an effective date for the withdrawal action.</p> <p>These recommendations, along with the team's written report, shall be forwarded to an Institutional Actions Council First Committee Hearing and from there to the Commission's Board of Trustees.</p> <p>Institutional Responses to Recommendations Arising from Comprehensive Evaluations During Probation. An institution shall have the opportunity to provide a written response to the written report of a comprehensive evaluation following Commission policies for the provision of institutional responses. 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. (See Commission Policy 2.4(f), INSTITUTIONAL RESPONSES WITHIN THE PROCESSES.)</p>
2.5(c)1	<p>Process for Imposing or Removing a Show-Cause Order</p> <p>The Board of Trustees shall take action at the end of the Show-Cause period. If the institution has demonstrated to the sole satisfaction of the Board that it has ameliorated each concern identified by the Board detailed in the Show-Cause Order and that it meets each of the Criteria for Accreditation, the Board may remove the institution from Show-Cause and cancel the Order; the Board may</p>

	<p>also reaffirm accreditation as required by the institution's reaffirmation cycle with the Commission. In removing the institution from Show-Cause, the Board will assign the institution to the Standard Pathway until such time as the Commission determines that it is eligible for a different pathway but no earlier than the first year-ten review in the Standard Pathway and will establish a date for the first comprehensive evaluation in that pathway. The Board may also include interim monitoring or notice as a part of its action.</p> <p>If the institution has not demonstrated to the sole satisfaction of the Board 1) that it has ameliorated each concern identified by the Board detailed in the Show-Cause Order and 2) that it meets each of the Criteria for Accreditation, the Board shall withdraw accreditation or take any other action provided for in Commission policy including probation or reconsideration, as appropriate, subject to the requirements of those policies.</p> <p>In all cases, the Board of Trustees will act to resolve a Show-Cause process only if the institution's chief executive officer has been given opportunity to place before the Board of Trustees a written response to the Show-Cause Report and any other information arising in the Show-Cause process. An institution shall have at least two weeks to prepare and submit an institutional response to the team report prior to review and action by the Board of Trustees.</p>
2.5(d)	<p>External Expertise in Sanctions or Show-Cause</p> <p>The Commission staff or the Board may seek external assistance from peer reviewers or individuals with appropriate expertise who do not participate as peer reviewers in the evaluation process but provide particularized advice and assistance where appropriate to the Commission Board, staff or evaluation team members.</p>
2.2	<p>Mechanics of the Process</p> <p>Renumber Policy and integrate with 2.2 (d) INSTITUTIONAL DECISIONS WITHIN THE ACCREDITATION PROCESS</p>
2.2(a)	<p>Recommendations Arising from the Evaluation Process</p> <p>Delete this policy.</p>
2.5(e)1	<p>Withdrawal of Accreditation</p> <p>In all cases, the Board of Trustees will act on a recommendation for withdrawal only if the institution's chief executive officer has been given opportunity to the recommendation. An institution shall have at least two weeks to prepare and submit an institutional response prior to review and action by the Board.</p>

3.3(c)1	<p>(Change of Control) Approval Factors</p> <p>Add sentence at the end of the last paragraph of the policy.</p> <p>The Board may also renew the institution’s eligibility for its existing pathways assignment or place the institution on a different pathway.</p>
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