



**HANDBOOK FOR INSTITUTIONS**

**SEEKING REAFFIRMATION**

*Southern Association of Colleges and Schools*  
*Commission on Colleges*

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## ***Mission:***

*The Southern Association of Colleges and Schools Commission on Colleges is the regional body for the accreditation of degree-granting higher education institutions in the Southern states. The Commission's mission is the enhancement of educational quality throughout the region and the improvement of the effectiveness of institutions by ensuring that they meet standards established by the higher education community that address the needs of society and students. It serves as the common denominator of shared values and practices among the diverse institutions in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and Latin America and other international sites approved by the Commission on Colleges that award associate, baccalaureate, master's, or doctoral degrees. The Commission also accepts applications from other international institutions of higher education.*

*Accreditation by SACS Commission on Colleges signifies that the institution (1) has a mission appropriate to higher education, (2) has resources, programs, and services sufficient to accomplish and sustain that mission, and (3) maintains clearly specified educational objectives that are consistent with its mission and appropriate to the degrees it offers, and that indicate whether it is successful in achieving its stated objectives.*

*Revised: Commission on Colleges, June 2010*



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## PREFACE

Designed to guide institutions through the reaffirmation process, this handbook is organized around the four major steps in the quest for reaffirmation – (1) building a foundation of understanding as the institution starts the process, (2) preparing for the off-site review, (3) preparing for the on-site review, and (4) completing the reaffirmation process. Part I of this handbook presents an overview of the philosophy of accreditation and the reaffirmation of accreditation review process. Subsequent parts provide guidance for institutions conducting an internal assessment of their compliance with the Commission’s accreditation standards to prepare for the external evaluation of compliance by off-site and on-site reaffirmation committees. The final section addresses immediate and fifth-year follow-up after the Commission acts on the institution’s reaffirmation.

Although appendices are included to clarify and illustrate various points made in the text, this handbook does not contain the full text of policies and procedures and other relevant documents that are available on the Commission’s website ([www.sacscoc.org](http://www.sacscoc.org)). This handbook serves as a companion piece to other Commission publications, such as *The Principles of Accreditation* and the *Resource Manual for the Principles of Accreditation*, and to the policies, procedures, and other institutional resources on the Commission’s website, all of which function as primary sources of information developed to assist institutions in fulfilling their responsibilities in the reaffirmation process. To guide the reader’s use of these available resources, cross-references to related documents are made throughout this handbook.

The guidelines contained in this *Handbook for Institutions Seeking Reaffirmation* are provided to readers for informational purposes only. In the event of a conflict between the contents of this document and the bylaws, policies, or procedures of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), the bylaws, policies, or procedures shall take precedence. Updates to this handbook may periodically be posted to the SACSCOC website at [www.sacscoc.org](http://www.sacscoc.org). These updates shall take precedence over the contents of this handbook.

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# Getting Started: Building a Foundation of Understanding

*Accreditation by the Commission on Colleges signifies that the institution (1) has a mission appropriate to higher education, (2) has resources, programs, and services sufficient to accomplish and sustain that mission, and (3) maintains clearly specified educational objectives that are consistent with its mission and appropriate to the degrees it offers and that indicate whether it is successful in achieving its stated objectives.*

***The Principles of Accreditation: Foundations for Quality Enhancement (2010 edition)***

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## Part I

# AN OVERVIEW OF THE REAFFIRMATION PROCESS

Accreditation in the United States is a voluntary and self-regulatory mechanism of the higher education community. It plays a significant role in fostering public confidence in the educational enterprise, maintaining standards, enhancing institutional effectiveness, and improving higher education by establishing a common set of requirements with which accredited institutions must comply.

## Types of Accrediting Agencies

There are four types of officially recognized accrediting agencies in the United States: (1) Regional, (2) National Faith-Related, (3) National Career-Related, and (4) Programmatic.

**Regional Agencies.** Regional accrediting agencies, of which there are eight, accredit a diverse array of public and private, mainly non-profit, degree granting institutions of higher education offering associate to doctoral degrees. Regional accreditors accredit the entire institution which includes its reported distance education and off campus programs. They do not accredit specific programs even though programs are reviewed as part of the total institutional evaluation. The Southern Association of Colleges and Schools Commission on Colleges is a Regional Accrediting Agency and regularly coordinates with the other regional agencies through the Council of Regional Accrediting Commissions (C-RAC) which is composed of the CEO and commission chairs of each regional agency.

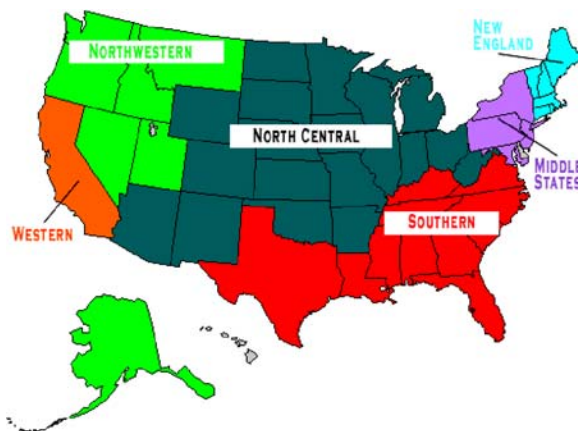
**National Faith-Related Agencies.** National faith-related accrediting agencies, of which there are four, accredit religiously affiliated and doctrinally based institutions, mainly nonprofit and degree granting. Faith-related accreditors accredit the entire institution.

**National Career-Related Agencies.** National career-related accrediting agencies, of which there are seven, accredit mainly for-profit, career-based, single-purpose institutions, both degree and non-degree. Career-related accreditors accredit the entire institution.

**Programmatic Agencies.** Programmatic accrediting agencies, of which there are approximately fifty, accredit specific programs, professions and occasionally free standing single purpose institutions, e.g., law, medicine, engineering and health professions. Regional accreditors also accredit some free standing single purpose institutions.

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**Figure 1: The Six Accrediting Regions**



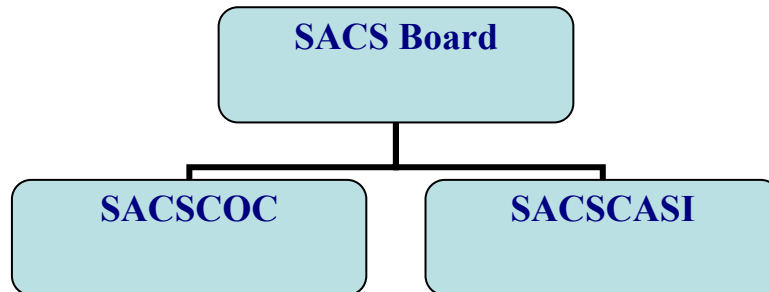
## **Recognition of Accrediting Agencies**

In order for accrediting agencies to be recognized as a “gatekeeper” for purposes of eligibility for federal financial aid funds, the agency must be reviewed every five years by the USDE through its National Advisory Committee on Institutional Quality and Integrity (NACIQI). The Southern Association of Colleges and Schools Commission on Colleges has been so reviewed and is “recognized” as a gatekeeper for federal financial aid funds.

## **Southern Association of Colleges and Schools (SACS)**

The Southern Association of Colleges and Schools is a private, nonprofit, voluntary organization founded in 1895 in Atlanta, Georgia. The Association is comprised of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), which accredits higher education degree-granting institutions in the southeastern United States and abroad, and the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACSCASI), which accredits elementary, middle, and secondary schools. (See Figure 2.) The Commission on Colleges and the Council on Accreditation and School Improvement carry out their missions with considerable autonomy; they develop their own standards and procedures and govern themselves by a delegate assembly. Both operate under the Association’s Board of Trustees.

**Figure 2: Southern Association of Colleges and Schools (SACS)**

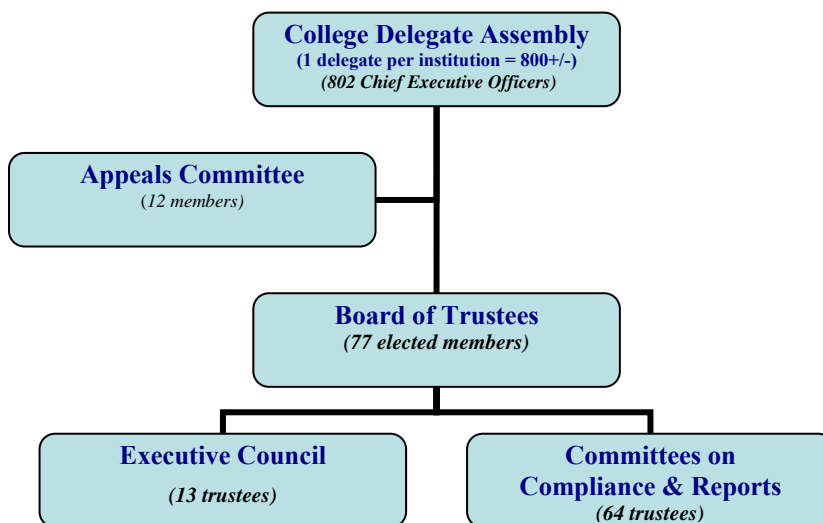


### **SACS Commission on Colleges (SACSCOC)**

The SACSCOC is the regional body for the accreditation of degree-granting higher education institutions in eleven Southern states -- Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. The Commission also accredits international institutions of higher education. SACSCOC strives to enhance educational quality by ensuring that institutions meet standards established by the higher education community to address the needs of society and students. It serves as the common denominator of shared values and practices among the diverse institutions that award associate, baccalaureate, master's, or doctoral degrees.

SACSCOC is composed of five primary functional units: (1) the College Delegate Assembly, (2) the Appeals Committee, (3) the Board of Trustees, (4) the Executive Council, and the (5) Committees on Compliance and Reports. (See Figure 3.)

**Figure 3: Functional Units of SACSCOC**



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**College Delegate Assembly (CDA).** The College Delegate Assembly is comprised of one voting representative (the Chief executive officer or the CEO's designee) from each member institution. Its responsibilities include (1) electing the SACSCOC Board of Trustees, (2) approving all revisions in accrediting standards recommended by the SACSCOC Board, (3) approving the dues schedule for Candidate and Member institutions as recommended by the SACSCOC Board, (4) electing an Appeals Committee to hear appeals of adverse accreditation decisions, and (5) electing representatives to the SACS Board. The College Delegate Assembly convenes for business during the Annual Meeting. For further information on the authority of the College Delegate Assembly, see Commission policy "Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly" at [www.sacscoc.org](http://www.sacscoc.org).

**Appeals Committee of the College Delegate Assembly.** The Appeals Procedures of the College Delegate Assembly is an administrative process approved by the College Delegate Assembly of the Commission on Colleges allowing applicant, candidate, and member institutions to appeal adverse decisions taken by the Board of Trustees. As such, the appeals process is not subject to legal rules of evidence and legal procedures. Throughout the appellate process, the institution bears the burden of proof.

An institution may appeal only the following decisions made by the Board of Trustees or its standing committees regarding an institution's status of recognition: (1) Denial of Candidacy for Initial Accreditation; (2) Removal from Candidacy for Initial Accreditation; (3) Denial of Initial Membership; and (4) Removal from Membership.

The Appeals Committee shall consist of twelve persons elected by the College Delegate Assembly and who have served on the Board of Trustees: eight chief executive officers, two faculty/academic personnel, and two public members. A minimum of five members of the Appeals Committee shall constitute a quorum. A decision will be based on majority vote.

**Board of Trustees (BOT).** The seventy-seven elected members of the SACSCOC Board of Trustees are primarily administrators and faculty from member institutions; however, eleven (one from each state in the region) are public members from outside the academy. Each state has at least three trustees; the remaining thirty-three are at-large positions. The Board is responsible for (1) recommending to the College Delegate Assembly standards for candidacy and for membership, (2) authorizing special visits to institutions, (3) taking final action on the accreditation status of Applicant, Candidate, and Member institutions, (4) nominating to the CDA individuals for election to the SACSCOC Board of Trustees, (5) electing the Executive Council, (6) appointing *ad hoc* study committees as needed, and (7) approving the policies and procedures of the Commission on Colleges. The Board meets twice a year. For further information on the selection of trustees and their duties, see Commission policy "Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly" at [www.sacscoc.org](http://www.sacscoc.org).

**Executive Council (EC).** The thirteen-member Executive Council (one trustee from each of the region's eleven states, one public member, and the chair of the SACSCOC Board of Trustees) is the executive arm of the Commission and functions on behalf of the

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SACSCOC Board and the CDA between meetings; however, the actions of the Executive Council are subject to review and approval by the SACSCOC Board. The Executive Council (1) interprets Commission policies and procedures, (2) develops procedures for and supervises the work of *ad hoc* and standing committees of the Commission on Colleges, (3) approves the goals and objectives of the Commission on Colleges, (4) reviews and approves the Commission’s budget, (5) oversees and annually evaluates the work of its president, and (6) initiates new programs, projects, and policy proposals. The Executive Council meets three times a year. For further information on its composition, selection, and duties, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

**Committees on Compliance and Reports (C & R).** Standing committees of the SACSCOC Board of Trustees, the Committees on Compliance and Reports (C&R Committees) review (1) Applications for Membership and some substantive changes, (2) reports prepared by evaluation committees, (3) institutional responses to reports prepared by evaluation committees, (4) monitoring reports, and (5) other reports requested by the Board of Trustees. C&R Committee recommendations resulting from the analysis of these documents are forwarded to the Executive Council for review. To ensure consistency in the application of SACSCOC standards to Applicant and Candidate institutions, C&R Committee A has been designated to review all materials from institutions seeking initial accreditation. In addition to the elected Trustees who serve on C&R Committees, membership may be expanded to include appointed special readers whose expertise – typically in the areas of finance, institutional effectiveness, and library/learning resources – is germane to the compliance issues under review. C&R Committees meet twice a year prior to the meetings of the SACSCOC Board of Trustees. For further information on the composition and duties of the C&R Committees, see Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).

## SACSCOC Philosophy

The adoption in 2001 of the *Principles of Accreditation* by the SACSCOC introduced significant changes in its approach to accreditation. The institution’s effectiveness and its ability to create and sustain an environment that enhances student learning became the focus of a process designed to determine the quality of an institution within the framework of its mission, its goals, and an analysis of and response to crucial institutional issues.

The success of the reaffirmation process depends upon four paramount concepts: (1) the belief that the accreditation of institutions should be determined through a system of **peer review** whereby institutional effectiveness and quality are evaluated primarily by individuals from institutions of higher education, professional educators whose knowledge and experience enable them to exercise professional judgment, (2) **institutional integrity** evidenced by all information disseminated by institutions seeking reaffirmation being truthful, accurate, and complete and all institutional interactions with constituencies and the public being honest and forthright, (3) commitment to **quality enhancement and**



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**continuous improvement**, and (4) **focus on student learning** and on institutional effectiveness in supporting and enhancing student learning.

In summary, the philosophy presented in *The Principles of Accreditation* requires an institution to recognize the centrality of peer review to the effectiveness of the accreditation process. The process of accreditation outlined there is based on the expectation that each accredited institution has made a commitment to:

- Comply with the Principle of Integrity (PR), Core Requirements (CR), Comprehensive Standards (CS), and Federal Requirements (FR) contained in *The Principles of Accreditation* and with the policies/procedures of the SACS Commission on Colleges.
- Enhance the quality of its educational programs.
- Focus on student learning.
- Ensure a “culture of integrity” in all of its operations.

The reaffirmation process also assumes that *all* participants in the process -- not just institutional personnel, but also off-site and on-site reaffirmation committee members, Commission staff, and SACSCOC trustees -- will conduct their responsibilities with integrity, objectivity, fairness, and confidentiality.

## **Benefits of the Internal Institutional Analysis**

An institution can derive numerous benefits from its internal assessment and determination of the extent of its compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements contained in *The Principles of Accreditation*. Among these benefits are the institution’s opportunities to:

- Examine its mission statement to determine whether it accurately reflects its values, aspirations, and commitments to constituent groups.
- Review its goals, programs, and services to determine the extent to which they reflect its mission.
- Use the analysis of its compliance with *The Principles of Accreditation* to evaluate the effectiveness of its programs, operations, and services.
- Strive for a level of performance that will challenge it to move beyond the status quo or beyond simply accepting a level of performance that constitutes compliance with the *The Principles of Accreditation*.
- Build or enhance its databases to provide ongoing documentation of its continuous improvement as well as evidence of its compliance with the Core Requirements, Comprehensive Standards, and Federal Requirements.
- Reinforce the concept of accreditation as an ongoing rather than an episodic event.

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- Develop a Quality Enhancement Plan that demonstrates promise of making a significant impact on the quality of student learning.
  - Strengthen the involvement of all members of its community in enhancing institutional quality and effectiveness.
  - Demonstrate its accountability to constituents and the public.

## Key SACSCOC Policies and Materials

The SACSCOC website ([www.sacscoc.org](http://www.sacscoc.org)) is a rich repository of materials that can assist institutions as they move through the reaffirmation process. From the perspective of compliance, *The Principles of Accreditation: Foundations for Quality Enhancement* and SACSCOC policies and procedures are binding documents for member institutions. Guidelines, good practices, and position statements are advisory and consultative in nature. Forms provide templates for moving through the initial accreditation process. Materials can be accessed through “Institutional Resources” and “Policies and Publications.” The Glossary and Reference Guide in the Appendix of this handbook provides a lexicon of accreditation terminology with cross-references to sections of this handbook and to resources on the SACSCOC website.

***The Principles of Accreditation: Foundations for Quality Enhancement.*** Because it provides the Commission’s formal statement of its accreditation process and standards, *The Principles of Accreditation: Foundations for Quality Enhancement* is the Commission’s primary source document for the reaffirmation review process. Multiple copies of the *Principles* are mailed to each member institution prior to the Orientation Meeting for Institutional Leadership Teams; the document is also available online at [www.sacscoc.org](http://www.sacscoc.org). Participants in the review process should consult *The Principles of Accreditation* throughout the reaffirmation process. Its four sections contain the (1) Principle of Integrity, (2) Core Requirements, (3) Comprehensive Standards, and (4) Federal Requirements with which institutions must comply in order to be reaffirmed.

Section 1, the Principle of Integrity, establishes the foundation for the relationship between the SACSCOC Commission on Colleges and its member institutions.

Integrity, essential to the purpose of higher education, functions as the basic contract defining the relationship between the Commission and each of its member and candidate institutions...The Commission’s requirements, policies, processes, procedures, and decisions are predicated on integrity...The Commission on Colleges expects integrity to govern the operation of institutions and for institutions to make reasonable and responsible decisions consistent with the spirit of integrity in all matters.

In order to be reaffirmed, member institutions must be deemed compliant with the Principle of Integrity. The Commission’s expectations for integrity include:

- Ensuring that all documents submitted to the Commission are candid and provide all pertinent information, whether complimentary or not.

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- Responding in a timely manner to requests for additional information.
  - Ensuring that information contained in the Application for Membership and in the Compliance Certification is complete, accurate, and current.
  - Cooperating in the preparation for visits, receiving all committees in a spirit of collegiality, and maintaining an attitude of openness and cooperation during visits.
  - Reporting accurately to the public its status with the SACS Commission on Colleges.

The *Principles of Accreditation* distinguishes the significance of the Core Requirements from the position of the Comprehensive Standards and the Federal Requirements in the reaffirmation process. Because Core Requirements are “basic, broad-based, foundational requirements,” documentation of compliance with Core Requirements 1-11 is necessary for reaffirmation. Failure to document compliance with the Core Requirements will result in sanction or adverse action. (“Sanctions, Denial of Reaffirmation, and Removal from Membership” is available under Policies at [www.sacscoc.org](http://www.sacscoc.org).) The *Principles of Accreditation* notes, however, that compliance with the Core Requirements alone will not result in reaffirmation. Institutions must also document compliance with the standards in Sections 3 and 4, the Comprehensive Standards and the Federal Requirements, and, as noted above, with the Principle of Integrity in Section I.

More specific than the Core Requirements, the Comprehensive Standards “establish a level of accomplishment expected of all member institutions” in four specific areas: (1) institutional mission, governance, and effectiveness; (2) programs; (3) resources; and (4) institutional responsibility for Commission policies. Federal Requirements reflect several of the criteria outlined in the U.S. Secretary of Education’s Criteria for Recognition that are not addressed elsewhere in the standards.

**Policies and Procedures.** A policy is a **required** course of action to be followed by the Commission on Colleges or its member institutions. SACSCOC policies may also include procedures, which are likewise a **required** course of action to be followed by the Commission on Colleges or its member institutions. *The Principles of Accreditation* requires that an institution comply with the policies and procedures of the Commission. (See Comprehensive Standards 3.12 and 3.13.) Available at [www.sacscoc.org](http://www.sacscoc.org), SACSCOC policies are updated twice annually following the meetings of the SACSCOC Board. Immediately relevant to some institutions seeking reaffirmation are two policies that address special circumstances involving two Core Requirements -- “Documenting Core Requirement 2.3: Documenting an Alternative Approach” and “Documenting Core Requirement 2.7.4: Documenting an Alternative Approach.” In addition, “Integrity and Accuracy in Institutional Representation” provides helpful insight into the Commission’s Integrity Principle, and the “Distance and Correspondence Education” policy assists institutions in identifying compliance considerations embedded in these modes of delivery. Taking the time to become acquainted with SACSCOC policies early in the reaffirmation process is recommended, for doing so can help to ensure that the institution has adequate time to build a documented history of compliance with Comprehensive Standard 3.13 (Policy compliance).

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**Guidelines.** Approved by the Executive Council, a guideline is an **advisory** statement describing recommended educational practices for documenting compliance. As such, guidelines are examples of commonly accepted practices that constitute compliance with a standard. Depending on the nature and mission of the institution, however, other approaches may be more appropriate and also provide evidence of compliance. Guidelines are available at [www.sacscoc.org](http://www.sacscoc.org).

**Good Practices.** Good practices, which are commonly-accepted practices for enhancing institutional quality, may be formulated by outside agencies and organizations. Good practices that have been endorsed by the Executive Council or the SACSCOC Board of Trustees are available at [www.sacscoc.org](http://www.sacscoc.org).

**Position Statements.** A position statement examines an issue (such as diversity or transfer of credit) facing the Commission's membership, describes appropriate approaches, and states the Commission's stance on the issue. Position statements endorsed by the Executive Council or the SACSCOC Board are available at [www.sacscoc.org](http://www.sacscoc.org).

**Forms.** Forms play an important role in the reaffirmation process. Some templates, such as the Compliance Certification, organize the presentation of information about an institution and its documentation of compliance with SACSCOC standards; others, such as the Report of the Reaffirmation Committee, organize the findings of the peer evaluation of the institution. Some forms, such as the Faculty Roster form, help institutions format information for presentation to the Commission. Others, such as the Information Outline for a Committee Visit, enable institutions to format logistical information for visiting committees. SACSCOC forms are available at [www.sacscoc.org](http://www.sacscoc.org).

## **Documents of the Reaffirmation Process**

Five documents are key elements of the reaffirmation process; four (Compliance Certification, Institutional Summary Form, Quality Enhancement Plan, and Focused Report) are prepared specifically for the reaffirmation process, and the institutional profiles are completed on an annual basis.

1. **Compliance Certification.** The Compliance Certification is the document completed by the institution to demonstrate its compliance with Core Requirements (except for 2.12), Comprehensive Standards (except for 3.3.2), and Federal Requirements. Principle 1.1 is also an exception. Part II of this handbook addresses preparation of the Compliance Certification. The signatures of the chief executive officer and the accreditation liaison attest to the institution's honest, forthright, and comprehensive institutional analysis and the accuracy and completeness of its findings. The completed Compliance Certification is forwarded to the Off-Site Reaffirmation Committee and to the institution's Commission staff representative. The template for the Compliance Certification is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

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2. **Institutional Summary Form Prepared for Commission Review.** The Institutional Summary Form provides evaluators and Commission staff the following information: a list of educational programs and degrees offered, identification of governance control, a brief history and institutional characteristics, a list of off-campus sites and distance learning modalities, accreditation status with other agencies, and the institution's relationship with the U.S. Department of Education. It is provided to Commission staff at the time of the Orientation Meeting, revised for inclusion with the Compliance Certification, and updated and forwarded to the On-Site Reaffirmation Committee. Available at [www.sacscoc.org](http://www.sacscoc.org) under "Institutional Resources," this document is used to help plan the reaffirmation visit as well as to provide an official record of the programs, sites, and delivery modes included in the reaffirmation review.
  3. **Quality Enhancement Plan.** The Quality Enhancement Plan (QEP) describes a course of action for enhancing educational quality. Core Requirement 2.12 requires that an institution develop an acceptable Quality Enhancement Plan that focuses on learning outcomes and/or the environment supporting student learning. Comprehensive Standard 3.3.2 requires that the institution ensure that it has the capacity to implement and sustain the QEP, that a broad base of stakeholders was involved in the process, and that the QEP identifies goals and a plan to assess their achievements. Part IV of this handbook addresses the development of the QEP, which is forwarded to the On-Site Reaffirmation Committee prior to its campus visit and to the SACSCOC Board of Trustees prior to action on the institution's reaffirmation.
  4. **Focused Report.** Although preparation of the Focused Report is optional, most institutions prepare one to provide updated or additional documentation in response to a judgment by the Off-Site Reaffirmation Committee regarding requirements or standards with which the committee found the institution to be in non-compliance or which the committee did not review. The Focused Report is prepared for the On-Site Reaffirmation Committee. Part IV of this handbook addresses development of the Focused Report.
  5. **Institutional Profiles.** Institutional Profiles are submitted annually to the Commission to provide updates of general institutional information, financial information, and enrollment data. This information is maintained by the Commission and is made available to the Off-Site Reaffirmation Committee to use in identifying financial and enrollment trends and other indicators of institutional stability.

## Steps in the Reaffirmation Process

Nine steps in the reaffirmation process involve the institution, the Off-Site and On-Site Reaffirmation Committees, the Commission, and Commission staff. Each step may include several components that are addressed in more detail elsewhere in this handbook. These nine steps cluster around four phases of the reaffirmation process: (1) preparation, (2)

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the off-site review, (3) the on-site review, and (4) action by the SACSCOC Board of Trustees. The general timeframe for these steps is addressed in the next section of Part I.

### **Phase 1: Preparation**

1. **The Orientation Meeting.** Commission staff conduct an Orientation Meeting for the institution's Leadership Team. This orientation explores critical issues pertaining to the completion of the Compliance Certification and the development of the Quality Enhancement Plan and provides time to discuss timelines and other reaffirmation issues with the institution's assigned Commission staff representative.
2. **Advisory Visit.** The institution's assigned Commission staff representative may conduct an optional advisory visit as a follow up to the Orientation Meeting. This consultation may take the form of a telephone conference call, videoconference, or in-person. The timing of this consultation is determined in conversations between the SACSCOC staff representative and the institution's liaison. There is a fee for this service.

### **Phase 2: Off-Site Review**

3. **Compliance Certification.** The institution prepares and submits its Compliance Certification, relevant supporting documentation, and an updated "Institutional Summary Form Prepared for Commission Reviews" to Commission staff and to the Off-Site Reaffirmation Committee. Part II of this handbook addresses preparation of the Compliance Certification.
4. **Off-Site Review and Report.** The Off-Site Reaffirmation Committee remotely reviews the institution's Compliance Certification and then meets to finalize the report of its findings. Part III of this handbook discusses the role and responsibilities of this committee, the materials to be sent to each member, and the report that it writes.
5. **Review of the Report.** Commission staff transmit the Off-Site Reaffirmation Committee report to the institution and invite the Leadership Team to schedule a telephone conference call or videoconference with them to discuss the findings.

### **Phase 3: On-Site Review**

6. **Materials for the Committee.** The Commission sends the On-Site Reaffirmation Committee a copy of the Off-Site Reaffirmation Committee's report. The institution submits its updated Institutional Summary Form Prepared for Commission Reviews, Compliance Certification (narratives only), catalog(s), written response to Third Party comment (if applicable), Quality Enhancement Plan, and Focused Report (if one is prepared) to the Commission and to the On-Site Reaffirmation Committee members. Part IV of this handbook provides guidelines for developing the Focused Report and the Quality Enhancement Plan.
7. **On-Site Visit and Report.** The On-Site Reaffirmation Committee visits the institution, including a selection of off-campus sites, if applicable, to evaluate and determine the acceptability of the QEP, to review areas of non-compliance noted by the Off-Site



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Reaffirmation Committee, to review standards and requirements related to the criteria established by the U.S. Department of Education, and to review any areas of concern that may surface during the visit. The On-Site Reaffirmation Committee completes the Report of the Reaffirmation Committee, which is submitted to the Commission. The institution's Commission staff representative transmits the Committee's final report to the institution. Part V of this handbook discusses the role and responsibilities of this Committee, the materials to be sent to each member, and the report that it writes. Part V also provides information about hosting the Committee during its campus visit.

### **Phase 4: Board of Trustees Review**

8. **Response to the Visiting Committee Report.** The institution prepares a response to the recommendations in the Report of the Reaffirmation Committee, if any, and submits it to the Commission along with a copy of the QEP. The Commission staff representative sends a copy of the response to the Chair of the On-Site Reaffirmation Committee for evaluation. Part VI of this handbook describes the Board of Trustees's three-step review process, addresses preparation of the materials to be submitted for Board review, and provides guidance for responding to requests for subsequent monitoring and for preparing the Fifth-Year Interim Report.
9. **Board of Trustees Action.** After review of the three primary reaffirmation documents -- Report of the Reaffirmation Committee, the QEP, and the institution's response -- and two analyses of the institution's response, one by Chair of the On-Site Reaffirmation Committee and one by the institution's Commission staff representative, the SACSCOC Board of Trustees takes action on the institution's reaffirmation.

## **Timeline and Reporting Deadlines**

Each year approximately eighty institutions are reviewed for reaffirmation of accreditation. In an effort to maintain a manageable and efficient review process, institutions are divided into classes that are named to reflect the year of reaffirmation and status as an undergraduate institution or an institution that awards graduate degrees. The Track A timeline, which schedules Commission action on reaffirmation in June, applies to Level I and II institutions that offer undergraduate degrees only. The Track B timeline, which schedules Commission action on reaffirmation in December, applies to Level III-VI institutions that offer both undergraduate and graduate degrees or only graduate degrees. Thus, the Class of 2009A was composed of undergraduate institutions whose reaffirmation was acted on by the SACSCOC Board of Trustees in June 2009; the Class of 2009B was composed of graduate institutions whose reaffirmation was acted in December 2009. Institutions should plan to follow the timeline for their class and to submit reports on the deadlines specified. Dates for the current three active reaffirmation classes are available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

### ***Track A—Undergraduate Degrees Only***

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**Year One:**

Last Monday in January.....Orientation of Leadership Teams (Institutional Summary Form due)

**Year Two:**

March 15.....Compliance Certification and updated Institutional Summary Form due

Second full week in May.....Off-site review conducted

Six weeks prior to

on-site review..... Quality Enhancement Plan, optional Focused Report, and updated Institutional Summary Form due

September to Thanksgiving.....On-site review conducted

**Year Three:**

Five months after visit.....Response due, if applicable

Third week in June.....Review by the SACSCOC Board of Trustees

***Track B—Undergraduate and Graduate Degrees or Graduate Degrees Only***

**Year One:**

First Monday in June..... Orientation of Leadership Teams (Institutional Summary Form due)

**Year Two:**

September 10..... Compliance Certification and updated Institutional Summary Form due

First full week in November...Off-site review conducted

Six weeks prior to

on-site review..... Quality Enhancement Plan, optional Focused Report, and updated Institutional Summary Form due

Mid-January through the

third week of April.....On-site review conducted

**Year Three:**

Five months after visit.....Response due, if applicable

First week in December.....Review by SACSCOC Board of Trustees

**Responsibilities During the Reaffirmation Process**

Reaffirmation not only forges bonds among various campus groups but also draws the institution to the SACSCOC through on-going support and communication provided by SACSCOC staff representatives and through the work of the numerous peers who provide the off-site, on-site, and Commission review of the institution’s Compliance Certification, Quality Enhancement Plan, and institutional response, respectively.

Depending upon the size and complexity of an institution, the number of individuals who contribute to the development of the two primary accreditation documents – the Compliance Certification and the Quality Enhancement Plan – will vary considerably.



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Nonetheless, the reaffirmation process is the same for all institutions, regardless of size or mission, and the SACSCOC believes that the process functions most effectively when the Leadership Team, the Chief Executive Officer, and the Accreditation Liaison work together to guide the institution towards reaffirmation.

**Institutional Leadership Team.** The Commission on Colleges requires that institutions establish a Leadership Team to manage and validate the internal institutional assessment of compliance with all Core Requirements, Comprehensive Standards, and Federal Requirements. The team should include individuals who have the skills, knowledge, and the authority to lead in this total institutional effort and who have access to the required data and information. Some institutions elect to give responsibility for conducting this analysis of compliance to an existing committee/council; others form an ad hoc group for this particular purpose. This team should not be large, but its membership would normally include the chief executive officer, chief academic officer, accreditation liaison, and a representative faculty member. The responsibilities of the Leadership Team include, but are not limited to:

- Coordinating and managing the internal review process, including developing the structure and timelines for ensuring the timely completion of all tasks and attending the Orientation Meeting conducted by the Commission on Colleges. The Orientation Meeting is limited to five people from each institution, including the institution's finance officer.
- Coordinating the completion of the Compliance Certification by overseeing the institutional review of the extent of compliance with the *Principles of Accreditation* and the documentation of evidence supporting the extent of compliance. (Leadership for the Compliance Certification is detailed in Part II of this handbook.)
- Ensuring that the institutional community is engaged in the review process and is informed of the progress of the review.
- Overseeing the completion and ensuring the accuracy of the Institutional Summary Form submitted at the time of the Orientation Meeting, included with the Compliance Certification, and updated for the On-Site Reaffirmation Committee.
- Developing the Focused Report, if the institution so chooses.
- Overseeing the development and implementation of the Quality Enhancement Plan. (Leadership for the development of the QEP is detailed in Part IV of this handbook.)
- Overseeing arrangements for the on-site visit.
- Ensuring that the appropriate follow-up activities are in place to address compliance issues cited by the Off-Site Reaffirmation Committee, recommendations written by the On-Site Reaffirmation Committee, if any, and requests for subsequent monitoring reports by the SACSCOC Board of Trustees, if any.

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**Institutional Chief Executive Officer.** The chief executive officer is expected to provide active leadership and ensure continuing support for the reaffirmation process. Additionally, the CEO is responsible for the following:

- Ensuring the integrity of the internal review process and the accuracy of all submissions.
- Providing adequate personnel and financial resources to support the review process.
- Reviewing progress reports and providing feedback.
- Informing the institution's governing board on a periodic basis concerning matters related to reaffirmation.
- Ensuring on-going compliance with the *Principles of Accreditation* and with Commission standards, policies, and procedures.

**Institutional Accreditation Liaison.** Each institution is required to have an accreditation liaison, normally someone other than the chief executive officer. This individual has an important role in the reaffirmation process. Serving as a resource person for the development of the reaffirmation documents, the accreditation liaison assists the chief executive officer in ensuring the accuracy of all information submitted to the Commission. In addition, the Accreditation Liaison is the individual who seeks consultation from the institution's assigned Commission staff representative on questions that arise on campus regarding interpretations of SACSCOC standards and policies and the preparation of the various documents required during the reaffirmation process.

Serving as the campus authority on regional accreditation, the accreditation liaison can assist faculty, staff, and administrators in maintaining compliance with Commission requirements when institutional policies and procedures are adopted and revised. In the intervening years between reaffirmation reviews, the accreditation liaison coordinates the timely submission of annual institutional profiles and other reports as requested by the Commission. Additionally, a major responsibility of the liaison is to monitor and report substantive changes consistent with SACSCOC policy. A complete description of the responsibilities of the accreditation liaison is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

**Institutional Governing Board.** The governing board must assume responsibility for supporting the reaffirmation process by ensuring adequate financial resources to cover both direct and indirect costs. While Board members do not engage in the drafting of the institution's reaffirmation documents, the Compliance Certification and the Quality Enhancement Plan, they should become familiar with both the process for reaffirmation and the content of the primary documents. One or more representative of the Board may be asked to schedule time to talk with representatives of the On-Site Review Committee during the visit to campus.

**SACSCOC Staff.** Throughout the decennial review cycle, Commission staff serve as an on-going source of information about Commission standards and procedures. Their

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relationship with their institutions during the reaffirmation process begins with the one-day Orientation Meeting for the Leadership Teams conducted by the staff. That relationship continues to develop as the Commission staff representative assigned to the institution assumes responsibility for:

- Establishing a working relationship with the institution's Leadership Team.
- Providing information to the institution that it will need in carrying out its responsibilities during the reaffirmation process.
- Providing appropriate advisory services related to the reaffirmation process.
- Serving as liaison between the Off-Site Reaffirmation Committee, On-Site Reaffirmation Committee, and institution.
- Conveying the Off-Site Reaffirmation Committee's report to the institution's leadership and responding to questions about the Committee's concerns.
- Selecting, structuring, and advising the On-Site Reaffirmation Committee and assisting the committee during its visit.
- Consulting with the institution as it prepares its response to the Report of the Reaffirmation Committee, if appropriate.
- Being available for consultation with the institution if the Commission requires a Monitoring Report related to compliance issues and/or the QEP and when the institution prepares its Fifth-Year Interim Report.

Commission staff do not set accreditation standards, nor do they approve SACSCOC policies and procedures, but they are expected to assist in ensuring a just and equitable review process for all institutions in accordance with the policies and procedures adopted by the SACSCOC Board of Trustees. They are also charged with advising and informing the Board and its committees on matters relative to an institution.

**SACSCOC Evaluation Committees.** Two discrete evaluation committees, the Off-Site Reaffirmation Committee and the On-Site Reaffirmation Committee, share responsibility for assessing institutional compliance prior to action on reaffirmation by SACSCOC Board of Trustees. The Off-Site Reaffirmation Committee, which reviews several institutions that have submitted Compliance Certifications, is charged with determining whether each institution is in compliance with the Core Requirements (except for 2.12), Comprehensive Standards (except for 3.3.2), and Federal Requirements. The assessment by the Off-Site Reaffirmation Committee is conducted in two phases. First, a preliminary remote review of each institution is completed by individual committee members, who post their comments electronically for review by the rest of the committee. Second, the committee meets to reach consensus about its preliminary findings and develop its final report.

The On-Site Reaffirmation Committee is charged with determining whether an institution is in compliance (1) with Core Requirement 2.12 and Comprehensive Standard

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3.3.2 (QEP); (2) with all other relevant Core Requirements, Comprehensive Standards, and Federal Requirements for which the report of the Off-Site Reaffirmation Committee indicated “non-compliance” or “not reviewed,” (3) with standards and requirements related to the criteria established by the U.S. Department of Education, (4) with Third Party comments, if applicable, and (5) with other compliance concerns that may arise during the on-site visit. Even though the Compliance Certification reviewed by the Off-Site Reaffirmation Committee included narration and documentation relevant to all instructional programs – on-campus, off-campus, and electronic – the On-Site Reaffirmation Committee will visit a sample of off-campus sites at which fifty percent or more of a program is offered.

Additional information about the specific tasks of each committee and the review process followed by each one can be found in Parts III and V of this handbook and in the *Handbook for Review Committees*.

**SACSCOC Board of Trustees.** During the reaffirmation process, the SACSCOC Board of Trustees reviews the Report of the Reaffirmation Committee and takes action on the institution’s reaffirmation. Whether the Trustees are serving on Committees on Compliance and Reports or on the Executive Council, they are expected to bring to their tasks informed review, thoughtful analysis, and reasoned decision-making. Trustees are expected to maintain complete confidentiality and conduct themselves with professional integrity. For further information about their review process, see Commission policy “Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators,” which is available at [www.sacscoc.org](http://www.sacscoc.org).

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## Preparing for the Off-Site Review

*During the reaffirmation of accreditation process and in all other relationships with the Commission and with their other constituencies, member institutions are expected to maintain integrity, to abide by The Principles of Accreditation and all Commission policies and procedures, to provide the Commission complete and accurate information about institutional operations, to be candid and thorough in their self-evaluations, to accept an honest and forthright peer assessment of institutional strengths and weaknesses, and to cooperate fully with the Commission during all aspects of the process of evaluation....*

***Reaffirmation of Accreditation and Subsequent Reports Policy (June 2008)***

## Preparing for the Off-Site Review

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## **Part II**

# **COMPLIANCE CERTIFICATION**

As noted in Part I of this handbook, institutions complete the Compliance Certification to document their compliance with each of the Core Requirements, Comprehensive Standards, and Federal Requirements (except PR 1.1, CR 2.12, and CS 3.3.2). Since this important document is the foundation for the off-site review, a well-written and properly documented Compliance Certification can be a powerful tool for increasing the efficiency of the reaffirmation process by reducing the amount of follow-up required by the On-Site Reaffirmation Committee during its visit. This opportunity to limit subsequent follow-up pays dividends to the institution in terms of both time and money; not only does it reduce the amount of time and effort required to prepare for the on-site review (which generally entails development of the optional Focused Report), it also has the potential to reduce the cost of the on-site review by eliminating the need to expand the size of the On-Site Reaffirmation Committee sent to campus.

Completion of the Compliance Certification requires three actions by the institution for each of the standards: (1) determining the level of compliance, (2) attaching documentation that supports the level of compliance indicated, and (3) developing a narrative that summarizes, links, and interprets the documentation as it builds a case in support of the level of compliance indicated. These actions are addressed in detail in subsequent sections of Part II.

The Compliance Certification includes a page for the signatures of the institution's chief executive officer and the accreditation liaison. By signing the document, these individuals certify that the process of the institutional self-assessment has been thorough, honest, and forthright and that the information contained in the document is truthful, accurate, and complete. An electronic copy of the Compliance Certification is available on the Commission's website at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources. On that same page of the website is the ATS Compliance Certification Document for member institutions that are scheduled for a joint reaffirmation review by the Commission on Colleges and the Association of Theological Schools. To review sections of recently reviewed Compliance Certifications that have been selected by Commission staff as good illustrations of well-designed narratives with appropriate documentation; attendees are invited to stop by the Resource Room during the Commission's Annual Meeting.

## **Leadership for Institutional Analysis of Compliance**

Part I of this handbook addresses the role of institutional leadership in the reaffirmation process and establishes that the institution's Leadership Team has the responsibility for overseeing the entire institutional review, including the production of the

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Compliance Certification and the QEP. Early in its review, the institution should outline the process for conducting the Compliance Certification review and for developing the QEP, establish a timeline for the completion of tasks, and select individuals and groups to be involved in the process.

Institutions tend to organize the work of reaffirmation in one of two ways. Some choose to give the responsibility for conducting the institutional analysis of compliance to a committee formed specifically for this purpose; others assign this task to an existing committee or council. In either case, the group charged with this responsibility should include an identified leader and a relatively small number of members. Typically, these groups involve the institution's accreditation liaison in either an oversight or support role, and individuals who have access to the data and information required to prepare a report that substantiates the institution's assessment of compliance. A review of the sub-sections of Section 3 (Comprehensive Standards) of *The Principles of Accreditation* -- governance/administration, institutional effectiveness, educational programs, library, student affairs, financial resources, and physical resources -- suggests the range of expertise that should be sought in identifying individuals for service as developers of the Compliance Certification. The goal should be to select individuals who understand the institution's mission and who have extensive knowledge of its history, culture, practices, policies, procedures, and data sources, as well as access to the relevant documentation.

## **Developing the Compliance Certification**

Writing a Compliance Certification involves working through the process of responding to one general question about the format of submission -- Will this Compliance Certification be an electronic document, a paper document, or a hybrid electronic/paper document? -- and three questions about each standard:

1. What does this standard mean?
2. What documentation of compliance is available?
3. What should be included in the narrative?

Answers to all of these questions need not be developed in a vacuum. The SACSCOC Annual Meeting is a rich source of information; for example, Commission staff present sessions on sections of the standards, and institutions report on their successful internal review processes and formats for meeting documentation requirements. Conversations with the institution's Commission staff representative during the optional staff advisory visit can also be helpful. The rationales for each standard in *The Resource Manual for the Principles of Accreditation: Foundations for Quality Enhancement* provide a philosophical context for each standard, and the sample documentation listed there can point institutions in the right direction in seeking appropriate supporting materials. Care must be taken, however, in reviewing the questions for consideration provided in the *Resource Manual*; intended as a catalyst for thinking about the issue(s) embedded in each standard, these questions were never intended to function as a checklist for either determining compliance or for defining the organization of the narrative in the Compliance Certification.



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## Determining the Method of Submission

Institutions have chosen a variety of methods for delivering their Compliance Certifications to the Commission and the off-site reviewers. Some institutions create and maintain documents on their websites; others store their electronic files on a thumb drive, CD, or DVD. Many submit some information in electronic form and some in paper format. Other institutions submit the entire Compliance Certification in paper format.

All of these methods of submission are acceptable, and each, of course, has its own set of advantages and disadvantages. For example, paper copies may be easy to assemble but can become quite lengthy (and consequently appear a bit overwhelming for the off-site reviewer), so care must be taken in excerpting critical passages to support the argument for compliance without expanding the length with unnecessary verbiage. Electronic submissions, on the other hand, can accommodate vast amounts of documentation, but they can be plagued by malfunctioning hyperlinks that make the documentation inaccessible to the off-site reviewer. Ultimately, the decision regarding which method of submission to choose should rest on the institution's ability to produce a reader-friendly Compliance Certification in the format selected. Making this decision early will eliminate re-work by ensuring that documentation collected and narratives written will initially be stored in the format selected for submission.

Documents that must be printed for submission to the Off-Site Reaffirmation Committee are listed in Part III of this handbook. **Regardless of format used, at least a single paper copy of the Compliance Certification (not including actual supporting materials) must be submitted to the Commission.**

## Understanding the Standard

Like all good processes everywhere, the process of developing a Compliance Certification begins with establishing a foundation of understanding. Even the most diligent and conscientious writers will fail to develop a convincing argument for compliance if they do not first understand the meaning of the standard within the context of an institution with their unique mission.

**Identifying the Compliance Components.** The lives of Compliance Certification Committee members would be less stressful if all of the Commission's standards were as simple and straightforward as CR 2.1 (Degree-granting Authority) – “The institution has degree-granting authority from the appropriate government agency or agencies.”

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Generally, however, the Commission’s standards combine multiple compliance components in the same statement. A methodical approach to these standards can tease out the components that must be addressed.

- Look for numbers (CR 2.5 Institutional Effectiveness) – “...(1) incorporate a systematic review of institutional mission, goals, and outcomes; (2) result in continuing improvement in institutional quality; and (3) demonstrate the institution is effectively accomplishing its mission.”
- Look for commas (CR 2.5 Institutional Effectiveness) –“The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes....”
- Look for compound modifiers (CR 2.5 Institutional Effectiveness) -- “**institution-wide research-based** planning and evaluation processes.”

Investing time at the outset to identify how many issues must be addressed in order to document compliance with each standard is well worth the effort. Not only will doing so provide a basis for the institution’s determination of its level of compliance with each standard, it will also assist in the organization of the narrative and increase the probability that the narrative is comprehensive and complete. Many findings of non-compliance at off-site reviews are the result of an institution’s having addressed in its narrative most, but not all, of the variables. Appendix II-1 provides a guide to the compliance components in the Core Requirements, Comprehensive Standards, and Federal Requirements.

**Reviewing Relevant Commission Policies.** Another approach to understanding the meaning of the standards is to be certain to review relevant Commission policies, which can be accessed at [www.sacscoc.org](http://www.sacscoc.org). These relevant policies, whose names are provided at the ends of the standards themselves, fall into two categories.

1. For some standards, such as CR 2.3 (Chief Executive Officer) and CR 2.7.4 (Course Work for Degrees), the Commission has developed a policy for documenting an alternative approach to establishing compliance with the standard as written. Since a number of member institutions award baccalaureate degrees but offer no freshman or sophomore courses, for example, the policy interpretation of CR 2.7.4 provides those institutions with an alternative method for documenting control over the entire baccalaureate curriculum. Whenever an institution’s characteristics demand documenting an alternative approach, the institution must document that alternative approach in the institution’s Compliance Certification. This documentation must be provided at the time of each reaffirmation.
2. For others, such as CS 3.4.4 (Acceptance of academic credit) and CS 3.12 (Responsibility for compliance with the Commission’s substantive change procedures and policy), the Commission has a policy that details requirements related to the same issue covered by the standard. In these instances, the institution should review the policy to confirm that the institution’s policies and procedures on the issue are compliant with the policy’s requirements. Awareness of this connection between

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some of the Commission's standards and some of its policies assists the institution to expand its understanding of the standard, and helps the institution maintain compliance with CS 3.13 (Responsibility for compliance with other Commission policies). The institution's Compliance Certification should explicitly address the specified policies that are listed at CS 3.13 on the form, if they are applicable.

See Appendix II-2 for a list of the nine standards that cross-reference Commission policies.

## **Documenting Compliance**

After the institution is satisfied that it understands each standard, it is ready to identify documentation of compliance to be submitted for each. Most of this documentation should already exist and simply needs to be located. In some instances, however, such as when an institution realizes that its governing board's policy for dismissing members does not describe the process for dismissal as required by CS 3.2.5, the institution may need to take formal action in order to develop evidence of compliance with one or more of the variables in a standard.

All materials must be presented in English, and all financial documents must exhibit amounts in U.S. dollars.

**Finding Documentation.** The institution might begin its identification of the documentation to be included in its Compliance Certification by inventorying available records, documents, databases, policy manuals, curriculum files, assessment records, committee minutes, board of trustee minutes, planning documents, reports to external audiences, case studies, and other sources of information relevant to assessing compliance with the requirements and standards.

Some of the more obvious sources of evidence are documents such as the following, which typically provide evidence of compliance with multiple Core Requirements, Comprehensive Standards, and Federal Requirements:

- Standard publications, such as the catalog, student handbook, faculty handbook, departmental policy manuals, organizational chart, bylaws of the governing board, and class schedules
- Standard administrative lists and inventories of buildings, equipment, library holdings, faculty resources, etc.
- Institutional effectiveness policies, calendars, handbooks, and reports
- Personnel files containing credentials and evaluations
- Contracts and consortial agreements for providing instruction or sharing resources
- Financial audits, management letters, and financial aid audits for the current and recent fiscal years, as well as any other relevant financial statements

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More difficult to pinpoint is documentation of compliance that is embedded in large documents (such as years of minutes of the governing board or an institutional committee), in letters or memoranda about which institutional memory has grown vague, and in e-mails residing in unknown computers. Nonetheless, searching through board and committee minutes frequently yields important documentation of discussions engaged in and decisions taken, and memoranda and e-mails may provide important evidence, for example, of improvements made as a result of assessment.

**Evaluating Evidence.** An institution determines its compliance with the standards by making an honest evaluation of the evidence it possesses at the time it has chosen to make that determination. Because the Compliance Certification requires that the institution demonstrate that it has based its compliance decisions on compelling and appropriately documented evidence, the institution needs to evaluate the evidence it has assembled to support a claim of compliance with a requirement or standard. This evaluation should be based on a careful interpretation of the Core Requirements, Comprehensive Standards, and Federal Requirements and on the cogency of the evidence to be presented supporting compliance with them. Evidence should not be viewed simply as a mass of facts, data, or exhibits. Instead, it should be viewed as a coherent and focused body of information supporting a judgment of compliance.

Institutions should ensure that all evidence presented to support assertions of compliance is:

- **Reliable.** The evidence can be consistently interpreted.
- **Current.** The information supports an assessment of the current status of the institution.
- **Verifiable.** The meaning assigned to the evidence can be corroborated, and the information can be replicated.
- **Coherent.** The evidence is orderly, logical, and consistent with other patterns of evidence presented.
- **Objective.** The evidence is based on observable data and information.
- **Relevant.** The evidence directly addresses the requirement or standard under consideration and should provide the basis for the institution's actions designed to achieve compliance.
- **Representative.** Evidence must reflect a larger body of evidence and not an isolated case.

Additionally, the body of evidence provided throughout the Compliance Certification should (1) be shaped, through reflection and interpretation, to support the level of compliance cited by the institution for each standard, (2) represent a combination of trend and "snapshot" data, and (3) draw from multiple indicators.

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## Sampling

1. There is a clear expectation that an institution is required to be able to demonstrate institutional effectiveness for all its undergraduate and graduate educational programs. This includes certificate and degree programs.
2. An institution may provide a sampling of its programs as long as it is representative of its mission and includes a valid cross-section of programs from every school or division. This sampling, however, does not preclude the institution from having effectiveness data/analysis available on all programs in case evaluators request to review it. It is the evaluators' prerogative to conduct a more in-depth review of an institution's data/findings/analysis on the effectiveness of all its educational programs.
3. It is the institution's responsibility to make a compelling case as to why the sampling and assessment findings are an appropriate representation of the institution's programs.
4. Institutional effectiveness can be achieved in a variety of ways and the mentality that "one size fits all" is inappropriate and diminishes the individual missions of institutions.

**Presenting Documentation.** For some requirements and standards, a single document or two or an excerpt from a single document or two will constitute sufficient evidence of compliance. For example, compliance with the Core Requirement 2.3, which specifies that the institution have a president who is not simultaneously the chair of the governing board, might be supported by a written policy covering this issue or by documentation that two different individuals serve in those capacities.

For standards that are more complex, such as CR 2.5 (Institutional Effectiveness) and the related Comprehensive Standards (3.3.1 Institutional Effectiveness and 3.5.1 College-level competencies), several sources of relevant evidence may need to be identified in order to justify a claim of compliance. When documenting compliance with multiple compliance components related to two or more standards, an institution should look for a pattern of evidence -- a set of multiple measures/indicators that exhibit coherence and a unifying theme -- to support its argument for compliance. Although patterns of evidence will differ according to the standard and the nature of the institution, a pattern of evidence that could demonstrate compliance with Core Requirement 2.5 might focus on strategic planning as the driving force behind the setting of priorities that not only provide the direction for systematic mission-driven, institution-wide evaluation and use of the results for continuous improvement but also guide resource allocation. Skillful meshing of separate measures/indicators -- such as trend data, student satisfaction indices, institutionally developed or commercially available surveys like NSSE or CCSSE, licensure/certification rates, and focus group findings -- into a pattern of evidence can be a powerful tool for documenting compliance.

Reliable, current, verifiable, coherent, objective, relative, and representative evidence that is not presented in a reader-friendly format, however, may fail to produce the anticipated

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finding of compliance. Documentation must not only be easy to access, it must also be easy to read. Off-site evaluators should not be expected, for example, to strain to read poor quality reproductions of academic transcripts, to re-arrange documents that are collated out of order, or to read through an entire page or document in search of the relevant sentence or paragraph. They expect institutions to organize documentation so that, for example, the trends embedded in pages and pages of assessment results or columns of operational expenses are efficiently displayed in easily digested summary tables. In short, after identifying the best evidence of compliance for each standard, the institution needs to design a presentation that will display that documentation in a reader-friendly fashion. Building a reader-friendly format can often be accomplished quite easily through small actions -- highlighting relevant passages in a paragraph or on a page, for example, or using boldface, shading, and color-coding to impose order on a complex table. To assist institutions in the presentation of information, the Commission has developed a number of templates that institutions may use to display expected evidence of compliance. Use of these templates, which are available on the Commission's website, [www.sacscoc.org](http://www.sacscoc.org), under Institutional Resources, is optional and the institution may modify the templates as needed. Adding narrative to the template is a good idea.

## Writing the Narrative

On the Compliance Certification, the institution must make two entries for every Core Requirement, Comprehensive Standard, and Federal Requirement (except PR 1.1, CR 2.12, and CS 3.3.2). The first records the institution's assessment of its level of compliance; the second presents the narrative - the institution's argument in support of that assessment of compliance.

**Determining Compliance.** An institution's determination of its level of compliance reflects its honest evaluation of the pattern emerging from the body of evidence it has assembled. Some of those patterns will be strong and convincing; others may be incomplete or, in rare instances, so insubstantial as to be virtually non-existent. For this reason, the institution has three alternatives in describing its determination of compliance:

- **Compliance.** The institution concludes that it complies with each aspect of the requirement or standard. Appendix II-3 presents a narrative that asserts compliance.
- **Partial Compliance.** The institution judges that it complies with some but not all aspects of the requirement or standard. When an institution selects this option, the narrative must justify the partial compliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to be presented to support compliance and a date for completing the plan. Appendix II-4 presents a narrative that asserts partial compliance.
- **Non-Compliance.** The institution determines that it does not comply with any aspect of the requirement or standard. When an institution selects this option, the narrative must justify the non-compliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to



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be presented to support compliance and a date for completing the plan. Appendix II-5 presents a narrative marked non-compliance.

**Building the Case for Compliance.** Narratives should provide a clear, succinct, and convincing justification for the level of compliance identified by the institution. A good narrative folds the assembled documentation -- the publications, policies, processes, inventories, evaluations, financial documents, etc. -- into a description of the individuals and processes that create or implement or manage the documentation in a manner that addresses the compliance components previously identified for the standard. By summarizing attached documentation, linking it to the variables in the standard, and interpreting complex documentation, an institution builds its case for compliance. Building a case for compliance means making copious use of past tense verbs to describe actions previously taken by the institution and present tense verbs to describe current policies and procedures that support the maintenance of compliance. Because future tense verbs signal an action not yet taken, future tense is typically found only in the action plans included for standards marked **Partial Compliance** or **Non-Compliance**.

**Finding the Right Length.** Throughout the Compliance Certification, the length of individual narratives varies widely from standard to standard. Those standards that are crisp and focused, such as CR 2.6 (Continuous Operation), may require just a sentence or two; those that are broad and complex, such as CR 2.5 (Institutional Effectiveness), may require several pages. The challenge is to find the “right size” for each standard. To minimize the possibility of writing too little, institutions should keep an eye on the list of compliance components developed for each standard and ensure that the narratives address them. To minimize the possibility of losing the off-site evaluator in a lengthy narrative addressing a complex issue, the institution might employ the following techniques: (1) using various levels of sub-heads to separate key ideas and show relationships among component parts, (2) creating flow charts to illustrate complex processes, (3) using summary tables to provide an overview of masses of data, and (4) interpreting extensive or complex documents.

Because the individuals who develop Compliance Certifications focus so very intently on the language of the Core Requirements, Comprehensive Standards, and Federal Requirements, many institutions submit Certifications that have not adequately addressed the special documentation requirements established for standards that mandate a policy or procedure, such as CS 3.2.3 (Conflict of Interest). Often overlooked because it is placed above the first numbered standard in Sections 2, 3, and 4, rather than being embedded within any of the applicable standards, this special documentation requirement specifies that the policy or procedure be (1) in writing, (2) approved through appropriate channels, (3) published in appropriate documents accessible to those affected by it, (4) implemented, and (5) enforced.

Institutions that are a part of a system or corporate structure and those that engage in off-site instruction and/or distance education must incorporate additional narrative and documentation of compliance as they seek the “right” size for their submission. If an institution is part of a system or corporate structure, the Commission policy “Reaffirmation of Accreditation and Subsequent Reports,” which is available at [www.sacscoc.org](http://www.sacscoc.org), requires that a description of the system be submitted as part of the Compliance Certification so that

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the evaluators can understand the mission, governance, and operating procedures of the system and the institution's role within that system. Since the Core Requirements, Comprehensive Standards, and Federal Requirements apply to the entire institution, a Compliance Certification must include the evaluation of not only all services and programs offered on the main campus but also those programs offered off-campus, by correspondence, or through electronic distance learning. The Commission has two documents to assist institutions in addressing these programs under relevant standards -- "*Distance and Correspondence Education* and *Best Practices for Electronically offered Degrees and Certificate Programs.*" Both documents can be found at [www.sacscoc.org](http://www.sacscoc.org).



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## **Part III**

## **OFF-SITE REVIEW**

Conducted in three stages over a period of approximately fifteen months, the reaffirmation of an institution involves review by three sets of evaluators – the Off-Site Reaffirmation Committee, the On-Site Reaffirmation Committee, and the SACSCOC Board of Trustees. Understanding the role of each group in evaluating the institution’s compliance with Commission standards and knowing how to prepare for each step in the reaffirmation review are critical to ensuring a smooth reaffirmation experience.

### **Role of the Off-Site Reaffirmation Committee**

The Off-Site Reaffirmation Committee’s responsibility is to evaluate the Compliance Certification that was described in Part II of this handbook. Each Off-Site Reaffirmation Committee is typically responsible for a cluster of three institutions, which have been grouped by similarity in level of degrees offered and type of control (public/private). The Off-Site Reaffirmation Committee’s role is to make a determination of compliance for each of the standards addressed in the Compliance Certification.

The majority of the work of the Off-Site Reaffirmation Committee is completed remotely during the two months prior to its two-day group meeting to finalize the findings. During those two months, Committee members devote approximately two weeks to the review of each institution in the cluster. Through e-mail exchanges, telephone conversations, and postings of initial evaluations of compliance, the Committee forges a draft report for final review. During the group meeting, the Committee devotes approximately a half-day to achieving consensus on the preliminary findings for each standard for each institution and to ensuring consistency in the application of the standards to all institutions. All of the findings of the Off-Site Reaffirmation Committee are based solely on the content of an institution’s Compliance Certification; no contact between the evaluators and the institutions is permitted at this stage of the reaffirmation review.

### **Composition of the Off-Site Reaffirmation Committee**

An Off-Site Reaffirmation Committee is composed of a Chair and evaluators for finance, institutional effectiveness, organization and administration, student support services, learning support services, and two or more evaluators for educational programs, depending on the size and complexity of the institutions in the cluster. None of these evaluators may be from institutions in the same states as the home campuses of the institutions in their cluster. When they accept a position on an Off-Site Reaffirmation Committee, evaluators are asked to

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attest to having no conflict of interest with the institutions included in the cluster. (See Commission policy “Ethical Obligations of Evaluators” at [www.sacscoc.org](http://www.sacscoc.org).)

## Materials for the Off-Site Review

Reminders about the submission requirements are e-mailed to institutions by appropriate members of the Commission staff shortly before the due date for the Compliance Certification. Approximately ten weeks prior to the meeting of the Off-Site Reaffirmation Committee, the institution receives the roster of its Off-Site Reaffirmation Committee. By no later than March 15 for Track A institutions and September 10 for Track B institutions, the institution should send to the Committee and to the institution’s Commission staff representative the documents outlined below. Although institutions may submit the Compliance Certification and most other required documents in either paper or electronic form, a few documents (as outlined below) must be distributed in paper form.

**Submission Requirements for Paper Compliance Certifications.** Institutions that have chosen to submit paper Compliance Certifications should send ***one copy*** of the following ***to each committee member*** and ***two copies to the institution’s Commission staff representative***:

- Compliance Certification with appropriate supporting documents (One copy sent to the Commission staff representative must be signed.)
- catalog(s)
- updated Institutional Summary Form Prepared for Commission Reviews
- organization chart

**Submission Requirements for Electronic Compliance Certifications.** Institutions that have chosen to submit electronic Compliance Certifications should send ***one copy*** of the following ***to each committee member*** and ***two copies*** of the following ***to the institution’s Commission staff representative***:

- electronic file(s) of the Compliance Certification document with appropriate supporting documents (One copy sent to the Commission staff representative must be signed.)
- an instruction sheet that includes (a) clear directions on how to access the electronic documents, (b) the name and contact numbers of the technical support person who can assist an evaluator who may have trouble accessing electronic information, and (c) the name and contact numbers of the person who will provide print materials of documents if any evaluators request them
- catalog(s) – either paper or electronic
- updated Institutional Summary Form Prepared for Commission Reviews – either paper or electronic

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- organization chart – either paper or electronic

**Submission Requirements for All Institutions.** The Commission requires that all institutions mail *one paper copy* of the signed Compliance Certification (with narrative but without the supporting documentation) and two paper copies of the audit and management letter for the most recently completed fiscal year to the institution's *Commission staff representative*. A paper copy of the most recent audit and management letter should also be sent to the *Chair of the Off-Site Reaffirmation Committee* and to the *Committee's finance evaluator*. See Appendix III-1 for a distribution matrix for off-site materials.

After the due date for submission of materials to the Off-Site Reaffirmation Committee and to Commission staff, no additional information, other than the financial statements for the most recent year, may be submitted to the Committee. Similarly, no additional information to be used by the Off-Site Reaffirmation Committee, other than the financial statements for the most recent year, may be added to an institution's website that has been designated as support for the Compliance Certification. If the most recent audit and management letter are unavailable at the time that the Compliance Certification is submitted, the institution should inform their assigned Commission staff representative of the omission of these items. Omitted financial statements for the most recently completed fiscal year should be submitted as soon as they become available, and they may be submitted as late as ten working days prior to the meeting of the Off-Site Reaffirmation Committee. Preliminary or draft audits are not acceptable substitutions for final audits and should not be submitted for consideration. If the most recent audit and management letter are not available in time for review by the Off-Site Reaffirmation Committee, they may be sent to the On-Site Reaffirmation Committee as late as ten working days prior to the on-site visit for consideration.

## **Report of the Off-Site Reaffirmation Committee**

For each Core Requirement, Comprehensive Standard, and Federal Requirement addressed in the Compliance Certification, the Off-Site Reaffirmation Committee determines to what extent the narrative and its supporting documentation support a finding of compliance with the standard. The report prepared by the committee contains two important elements of their judgment: the declaration of compliance or non-compliance with the requirement or standard and the narrative providing the details that support that declaration.

**Compliance Status.** Much as the institution was asked to record its level of compliance with each standard in the Compliance Certification, the Off-Site Reaffirmation Committee chooses one of the following four options to record its overall judgment of the level of compliance documented for each standard:

1. When the Off-Site Reaffirmation Committee determines that the institution has presented a convincing and appropriately documented case for compliance with the standard, it marks **Compliance**.

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2. When the Off-Site Reaffirmation Committee determines that the institution has not presented a convincing and/or appropriately documented case for compliance with all of the compliance components in the standard, it marks **Non-Compliance**.
  3. When no documentation of compliance is available for review by the Off-Site Reaffirmation Committee, it marks **Did Not Review**.
  4. When a standard addresses an issue that is outside the purview of an institution's mission (for example, when an institution has no intercollegiate athletics or offers no graduate programs), the Off-Site Reaffirmation Committee marks **Not Applicable**.

A quick review of these declarations of compliance status gives an institution an immediate sense of the amount of work that remains to be done for reaffirmation. A thorough understanding of additional tasks that must be undertaken to complete the documentation of compliance with *The Principles of Accreditation*, however, cannot be achieved without a close reading of the narratives accompanying the standards that were not marked **Compliance**.

**Narrative.** Narratives briefly describe the facts that support the Committee's judgment of the institution's documented level of compliance. In doing so, they summarize and/or reference the policies, procedures, processes, publications, organizations, and assessment results that provide primary evidence of complying with the components in the standard. For those standards marked **Compliance**, the narratives prepared by the Off-Site Reaffirmation Committee provide the historical record of how the institution documented compliance during the current reaffirmation; the On-Site Reaffirmation Committee generally makes very few, if any, changes to these narratives. Of more interest to the institution immediately after the off-site review are the narratives written for the standards marked **Non-Compliance**, for these narratives not only summarize the extent of any partial compliance that was documented in the Compliance Certification, but more importantly, they identify which components in the standards require further documentation of compliance to be assembled for review on site. Narratives for standards marked **Did Not Review** are a clear sign either to present to the On-Site Reaffirmation Committee all of the documentation that the Off-Site Reaffirmation Committee was unable to access or to develop documentation for an applicable standard that the institution had not addressed in the Compliance Certification. Appendix III-2 provides examples of narratives for these three levels of compliance.

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## Preparing for the On-Site Review

*Federal regulations require visits to institutional off-campus sites and other campuses as a part of the institution's decennial review. The Commission staff representative will select a representative sample of sites at which fifty percent or more of a program is offered.... These visits will be completed either before or during the visit of the On-Site [Reaffirmation] Committee to the main campus.*

***Reaffirmation of Accreditation and Subsequent Reports Policy  
(June 2008)***

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## Preparing for the On-Site Review

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## Part IV

# FOCUSED REPORT AND THE QUALITY ENHANCEMENT PLAN

Although optional, an institution is strongly encouraged to submit a Focused Report in order to allow the On-Site Reaffirmation Committee to review remaining compliance issues in advance of its visit so that the Committee has ample time on campus to concentrate on evaluating the acceptability of the institution's Quality Enhancement Plan, which is presented for initial review at that time. Both of these documents are sent to the On-Site Reaffirmation Committee four to six weeks prior to the campus visit, and two copies are sent to the institution's Commission staff representative. See Section V of this handbook for a complete listing of materials to be sent to the On-Site Reaffirmation Committee.

## Focused Report

This optional report, which may be distributed in print or electronically, addresses the non-compliance issues cited by the Off-Site Reaffirmation Committee for further review.

## Compliance Issues Cited for Further Review

The portion of the Focused Report that addresses issues of insufficient documentation of compliance is essentially a mini-Compliance Certification that differs from the document submitted to the Off-Site Reaffirmation Committee in two important ways:

1. Not all of the standards included in the Compliance Certification are addressed. The Focused Report addresses **only** those standards that the Off-Site Reaffirmation Committee marked **Non-Compliance** or **Did Not Review**.
2. Generally, for standards marked **Non-Compliance**, not all of the compliance components must be addressed in the Focused Report. The Focused Report addresses **only** those compliance components in each standard that were identified by the Off-Site Reaffirmation Committee as insufficiently documented in the Compliance Certification.

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Because the Focused Report addresses identified compliance components in a limited number of standards, it is substantially smaller than the Compliance Certification that was reviewed by the Off-Site Reaffirmation Committee.

Generally, comprehensive documentation of compliance is required only for those standards marked **Did Not Review** and those **Non-Compliance** findings for which the Off-Site Reaffirmation Committee indicated that all of the documentation was inaccessible at the time of the review; the narrative and documentation for all other items marked **Non-Compliance** should focus on the missing documentation cited in the Committee's report. Typically, the narratives should not exceed three pages per standard, and in each narrative, institutions should develop a case for compliance in the same fashion established in Part II of this handbook for narratives in the Compliance Certification. The Focused Report provides an opportunity not only to submit available documentation that was not included in the Compliance Certification, but also to provide new documentation that was generated after the submission deadline for the Compliance Certification. In other words, through additional and/or updated documentation, the Focused Report gives institutions a second opportunity to present a convincing argument for compliance.

## **USDE Issues**

Several standards and requirements that directly parallel the criteria of the USDE must be reviewed on campus and are marked by an asterisk on the Report of the Reaffirmation Committee. These items include two Core Requirements (2.8 Faculty and 2.10 Student Support Services), six Comprehensive Standards (3.2.8 Qualified administrative/academic officers, 3.3.1 Institutional effectiveness, 3.4.3 Admissions policies, 3.4.11 Academic program coordination, 3.10.3 Financial aid audits, and 3.11.3 Physical facilities), and all of the Federal Requirements. If the Off-Site Reaffirmation Committee marked any of these standards **Non-Compliance** or **Did Not Review**, institutions address them in the section of the Focused Report on compliance issues cited for further review. Since institutions are required to send the On-Site Reaffirmation Committee a copy of their Compliance Certification (narrative only), the narratives for the remaining USDE issues, those the Off-Site Reaffirmation Committee marked **Compliance**, are included in that enclosure. Institutions need to ensure that the relevant documentation for these standards is also provided. Of course, institutions may update their narratives and supporting documentation of compliance to reflect recent changes.

## **Quality Enhancement Plan**

The Quality Enhancement Plan (QEP) is the component of the reaffirmation process that reflects and affirms the commitment of the Commission on Colleges to enhancing the quality of higher education in the region and to focusing attention on student learning. The QEP describes a carefully designed course of action that addresses a well-defined and focused topic or issue related to enhancing student learning and/or the environment supporting student learning and accomplishing the mission of the institution. The QEP should be embedded within the institution's ongoing integrated institution-wide planning and



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evaluation process and may very well evolve from this existing process or from other processes related to the institution's internal reaffirmation review.

Developing a QEP as a part of the reaffirmation process is an opportunity for the institution to enhance overall institutional quality and effectiveness by focusing on an issue or issues the institution considers important to improving student learning. The on-site evaluators will expect the Quality Enhancement Plan to present a clear and comprehensive analysis of the crucial importance to the institution of the selected topic. Responding to this reaffirmation requirement may also provide an impetus for focusing critical and creative energy. Institutions report that the QEP "has caused us to become much more intentional and focused about an important element of our mission" and "helped us put in motion our creativity." Appendix IV-1 provides additional comments from institutions concerning their experiences developing their QEPs.

As noted in Part II of this handbook, narratives in the Compliance Certification focus on the past and the present; the QEP, however, looks to the future. Core Requirement 2.12 requires, among other things, an institution to develop a plan for increasing the effectiveness of some aspect of its educational program relating to student learning and/or the environment supporting student learning and accomplishing the mission of the institution. Comprehensive Standard 3.3.2 mandates that the institution demonstrate institutional capability for completion of the QEP, involve institutional constituencies in both planning and implementation of the QEP, and establish goals and an assessment plan. These requirements launch a process that can move an institution into a future characterized by the development and/or modification of creative, engaging, and meaningful learning experiences for students.

## **Leadership for Institutional Development of the QEP**

The institution's Leadership Team is charged with providing oversight for both the development of the Compliance Certification and the development of the Quality Enhancement Plan. After the institution has identified the topic for the QEP, the Leadership Team may wish to assign the day-to-day responsibility for its development to a select group representing those individuals who have the greatest knowledge about and interest in the ideas, content, processes, and methodologies to be developed in the QEP along with expertise in planning and assessment and in managing and allocating institutional resources. Since the QEP addresses enhancing student learning and/or the environment supporting student learning, faculty typically play a primary role in this phase of the reaffirmation process.

Many institutions charge a QEP Steering Committee with the task of drafting a document for review. Steering Committees frequently establish sub-committees that focus on particular aspects of the development process; for example, one group might conduct the literature review, another flesh out the strategies for professional development, a third develop the assessment plan, a fourth detail the budget, and yet another work on a marketing plan.

To assist in the process of developing a QEP, institutions occasionally employ consultants, although doing so is not required, nor may it be necessary. However, since the

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QEP is expected to be a document developed by the institution that includes (1) an institutional process for identifying key issues and (2) broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP, the Commission would expect that a consultant would not assume a leadership role in the QEP development.

**Institutional Support.** The development of a QEP that successfully addresses the quality of student learning requires significant commitment from the institutional community. Recently reaffirmed institutions note that they wish that they had realized earlier just how many people need to be involved in the development and implementation of their QEPs and the hours required for connecting with people.

An institution's support of the Quality Enhancement Plan should be evident through:

- Consensus among key constituency groups that the QEP, rather than being merely a requirement for reaffirmation of accreditation, can result in significant, even transforming, improvements in the quality of student learning.
- Broad-based institutional participation of all appropriate campus constituencies in the identification of the topic or issue to be addressed by the QEP.
- Careful review of research and best practices related to the topic or issue.
- Allocation of adequate human and financial resources to develop, implement, and sustain the QEP.
- Implementation strategies that include a clear timeline and assignment of responsibilities.
- A structure established for evaluating the extent to which the goals set for the plan are attained.

Review committees expect an institution to demonstrate its commitment to the QEP by providing a realistic operational plan for implementing, maintaining, and completing the project.

## **Developing the Quality Enhancement Plan: Suggested Steps**

Processes for developing the QEP will differ among institutions, depending on such factors as size, campus culture, internal governance structures, mission, the focus of the QEP, physical and human resources, and numerous other variables that may determine what is appropriate or even possible. These same factors affect the length of time necessary to develop the plan for on-site review. Institutions need to build into their development process sufficient time for extensive investigation, discussion, and refinement of the topic as well as time for drafts to be circulated, debated, and revised in ways that continue to gather and build support for the QEP. While On-Site Reaffirmation Committee members recognize the role

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that institutional culture plays in shaping the development process, they do expect the process to have been methodical, logical, and inclusive.

Developing a QEP is a recursive rather than a linear process, much like any other important, deliberative, and reflective planning and writing project. An institution should expect the focus and framework for the QEP to shift and evolve as the research, writing, talking, and campus participation occur. Over time, the focus will become sharper, the outline more certain, and the goals better defined. These considerations and reconsiderations are instrumental in the development of greater confidence in the QEP. In fact, a substantial amount of ambiguity is to be expected during the creative phase of the development process.

An important distinction for institutions to understand at the outset is that the QEP is an action plan; it is not a timeline for subsequent planning. Planning needs to be completed during the months prior to the arrival of the On-Site Reaffirmation Committee on campus. Several years ago, a task force of experienced on-site reviewers identified nine steps in the development of the QEP. These steps, which are presented below, help to guide an institution through a comprehensive planning process that can result in an effective action plan. Institutions may choose, however, to organize their QEP development process in whatever manner suits their culture and resources; additionally, institutions may sequence the following steps in whatever order that best communicates the intent of their QEP.

### **Step One: Selecting a Topic**

One way to begin the process of selecting the QEP topic is to explain the nature and purpose of the QEP to members of the institutional community. Before institutional constituents can be expected to support the development and implementation of the QEP, they must understand what it is, how it relates to other accreditation requirements, and what impact it can have on the future of the institution and its students. Some institutions tap the expertise of their public relations office in finding creative ways to get the message out; others tap the ingenuity of their faculty in establishing avenues for educating the internal community. Websites, rallies, contests -- institutions need to identify the vehicles that will work within their campus culture.

Some institutions conduct initial exploration and research that engages a limited number of faculty, administrators, and students in thinking about the topics for the QEP before involving the larger campus community. Others engage a wide cross-section of the institution's constituents to discuss potential topics and then convene a smaller working group to determine the more focused topic(s). Institutions need to identify a process that harmonizes with their size and governance structure. Whatever the process used for selecting the topic for the QEP, one of the Commission's primary concerns is that the institution ensure widespread participation by all pertinent institutional constituent groups – faculty, administrators, students, staff, and perhaps even alumni and trustees. Broad-based involvement needs to be self-evident to on-site evaluators, who expect institutions to demonstrate that various institutional constituencies have been involved in the identification of the topic for the QEP.

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Since faculty members shoulder responsibility for student learning, they should be appropriately represented throughout the development of the QEP. Faculty members, in particular, need to agree that the issues identified for the QEP are sufficiently significant to engage individuals in implementation and follow-through, not only for enhancing student learning and/or the environment for supporting student learning on an institutional level, but also for engaging the long-term commitment of faculty and other individuals on whom the implementation and continuation of the plan will depend.

**Sources of Inspiration.** Since Core Requirement 2.12 requires “a broad-based institutional process identifying key issues emerging from institutional assessment,” an exploration of the institution’s culture, strategic planning, goals, mission, and assessment results is a good place to begin the search for an appropriate topic, one that links to the institution’s mission/vision and fits into the institution’s strategic plan. Tapping into issues centered on student learning where shared interests, concerns, and aspirations have already surfaced or where data have already been collected and analyzed may prove fruitful. The topic for the QEP need not be a brand new idea. For example, institutions might develop a QEP that extends, modifies, redirects, or strengthens an improvement that is already underway. Institutions might also develop a QEP around a project for which initial planning commenced shortly before the start of preparations for reaffirmation. Institutions may not, however, submit a QEP that describes initiatives that are fully realized.

Institutions are encouraged to base their selection of the topic for the QEP on an analysis of empirical data. The institution may wish to examine studies that have been done on best practices in higher education and other national and peer group data derived from carefully designed research. A QEP topic based on a needs assessment, for example, will have more validity and credibility than one stemming from anecdotal evidence. Recognized, substantive issues will likely have a good chance of getting the institutional stakeholders to support both the development and implementation of the plan.

Whatever the source of inspiration, institutions should ensure that the QEP clearly establishes the importance of the topic so that on-site evaluators can understand its value and appropriateness to the institution. The On-Site Reaffirmation Committee will expect the institution to have selected an issue of substance and depth.

**Scope.** A critical factor in the selection of the topic is the determination of the scope of the initiative. While the QEP is not expected to touch the life of every student at the institution, the topic does need to be perceived as significant to the institution and as a major enhancement to student learning. On the other hand, it also needs to be focused enough to provide a manageable framework for development and implementation. One might argue that an institution has the right to select a broad, complex issue for its QEP, and certainly it does. Doing so, however, demands that extra care be taken in demonstrating to the On-Site Reaffirmation Committee the institution’s capacity for implementing and sustaining the initiative. Successful QEP topics skillfully balance significance and institutional capacity, and they stem from a realistic assessment of what the institution can afford and what the institution can expect to achieve in the time allotted. Of particular importance to on-site evaluators is a clear and concise description of the critical issue(s) to be addressed.

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Viable QEP topics may focus on areas such as enhancing the academic climate for student learning, strengthening the general studies curriculum, developing creative approaches to experiential learning, enhancing critical thinking skills, introducing innovative teaching and learning strategies, increasing student engagement in learning, and exploring imaginative ways to use technology in the curriculum. In all cases, goals and evaluation strategies must be clearly and directly linked to improving the quality of student learning. Titles of QEPs submitted for Commission review in 2004 and 2005 and summaries of QEPs from later classes are available at [www.sacscoc.org](http://www.sacscoc.org) under “Institutional Resources.”

Before institutions move on to the second step, crystallizing student learning outcomes, they need to pause and consider whether or not the selected topic requires definition. The appropriateness of topics such as “Critical Thinking” and “Academic Literacy,” for example, may be self-evident, but the precise meaning of these terms may not be quite so apparent because both topics include a range of knowledge and skills. Taking the time now to develop operational definitions of terms such as these will pay dividends when establishing student learning outcomes and assessment plans.

## **Step Two: Defining the Student Learning Outcomes**

Within the context of the QEP as a requirement for reaffirmation, the Commission on Colleges broadly defines student learning as changes in (1) knowledge, (2) skills, (3) behaviors, or (4) values. Within the context of its own particular Quality Enhancement Plan, an institution must specify realistic, measurable student learning outcomes appropriate for its topic.

As the critical issue identified by the institution is refined into a QEP topic with a narrow, manageable scope, the institution needs to begin investing energy in the establishment of specific student learning outcomes. This first draft of outcomes, which identifies the benefits to be derived from the QEP, will, no doubt, undergo refinement as the institution’s understanding of current best practices relevant to the critical issue matures. Nonetheless, this first stab at setting the QEP’s learning goal(s) is an important step in setting the parameters for the research of the literature.

Keeping colleagues focused on student learning outcomes at this stage sometimes requires a conscious effort to distinguish between the process of enhancing student learning and the resulting product of enhanced student learning. Initial excitement about the QEP topic frequently results in enthusiasm about actions that might be taken -- developing a freshman seminar, for example, or establishing learning communities. While the freshman seminar and learning communities may be viewed as outcomes of the QEP (after all, they do not exist now, but they will after the QEP is rolled out), they are not student learning outcomes. Rather, as elements of a new process (the “action” portion of the QEP), they are strategies to be employed to enhance student learning.

Notice how the process outcomes listed below describe what institutions will do as they implement their QEPs rather than what students will be able to do as a result of the implementation of the QEP.

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- The college will establish baseline performance measures for mathematics skills
  - The faculty will use technology resources to develop and implement at least twelve web-enhanced classes over a five-year period.
  - The Graduate School will provide professional development opportunities for faculty and staff.

Actual student learning outcomes stem from the impact of strategies such as these on the knowledge, skills, behaviors, and values of students. What should students know post-implementation of the QEP that they don't know now? What should students be able to do then that they can't do now? How should their behavior change? What changes in values are anticipated? Institutions whose student learning outcomes have been reviewed favorably by visiting committees and the Commission presented statements such as the following:

- “Graduates will be able to describe the fundamental elements of the social, political, and economic reality of a country or region other than [their own].”
- “Graduates will be able to describe a single event from their own cultural point of view and from that of another culture.”
- “Students who take the developmental math courses will succeed in the next level math course.”
- “As the sender, the graduating student will generate respectful communications that have a clear purpose and are well organized, grammatically correct, and appropriate to the audience and mode of communication.”

These statements focus on changes in knowledge, skills, behaviors, or values. These statements are (1) specific, (2) focused, and (3) measurable. On-site evaluators expect a QEP to provide relevant and appropriate goals and objectives to improve student learning and student learning outcomes that can be expected to lead to observable results.

### **Step Three: Researching the Topic**

Like any good research proposal, the QEP should be grounded in a review of best practices and provide evidence of careful analysis of the institutional context in which the goals will be implemented and of consideration of best practices related to the topic. Nobody has time to reinvent the wheel (and the Commission does not expect that the QEP constitute “original” research), so the institution should take full advantage of the available literature on the topic. Library staff can offer valuable assistance in assembling a bibliography of current literature on the topic. Many institutions use this step as an opportunity to build a broad base of support for the initiative by engaging a wide range of colleagues in the development of executive summaries of the items on the bibliography. Many hands not only make the burden light, but they also provide an opportunity to build broad-based involvement into the process.



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Supplementing that paper review with conversations with current practitioners not only adds an interactive element to this part of the planning process, thereby confirming or refuting initial impressions, but also helps to uncover potential consultants for the professional development component of the QEP or to find that specialized QEP evaluator for the on-site review. Investing in attendance at conferences and workshops is a valuable strategy for involving key individuals in an immersion orientation to the identified topic and offers yet another opportunity to find the Lead QEP evaluator. Identifying this evaluator early on carries with it the obvious advantage of getting the on-site visit onto that individual's calendar. Many institutions that delay this search discover that their leading choices are already booked for the dates of their visits.

### **Step Four: Identifying the Actions to be Implemented**

Having developed a compendium of best practices related to the selected topic, institutions now need to sift through that research and identify the actions to be taken and the activities to be implemented on campus to bring about the desired enhancement of student learning. Of particular importance at this point is ensuring that the list is both complete and affordable. For example, On-Site Reaffirmation Committees expect institutions to provide professional development for participating faculty and staff when QEPs take an institution in a new direction. They also want to know that the institution has looked at each action from multiple perspectives (such as impact on students, impact on faculty and staff, cost, and complexity) and addressed all of the ramifications of the plan, such as modifications to related policies and procedures, adjustments to faculty work loads, re-allocations of funds, and development of a support infrastructure. Keeping an eye on costs as this action list is developed positions the institution to meet the expectations of the On-Site Reaffirmation Committee that the institution can afford to implement its QEP; monitoring costs this early in the planning also reduces the probability that sticker shock will derail one or more key activities. Having to trim the QEP's initiatives after some constituencies have developed strong commitments to the very activities that have been eliminated can seriously erode support for the project.

### **Step Five: Establishing the Timeline for Implementation**

The task of establishing the timeline for the actions identified needs to result from a thoughtful integration of the activities needed to produce the anticipated student learning outcomes and the realities of the human and financial resources that will be available throughout the life of the QEP. Because the length of time necessary to implement and refine the action plan will vary among institutions, the Commission has not prescribed a set timeframe for the duration of the QEP.

Institutions need to take care to ensure that all activities are included on the timeline and that they are rolled out in an orderly and manageable sequence. Evaluators need to feel confident not only that institutions have identified a series of actions with the potential to generate the desired learning outcomes, but also that institutions have developed realistic timelines whose schedules for implementation and assessment they will be able to meet. Activities need to be calendared in a logical sequence that positions development activities

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and assessment methodologies at optimum points in the process. Furthermore, Committees expect institutions to move with sufficient dispatch to have meaningful results to report to the Commission in the Fifth-Year Interim Report.

### **Step Six: Organizing for Success**

Early in the reaffirmation process, institutions tend to organize to *develop* the QEP. Evaluators, however, expect them also to have organized to *implement* the Quality Enhancement Plan, and this is a step that is frequently overlooked prior to the arrival of the On-Site Reaffirmation Committee. Institutions must take care to detail the infrastructure for the implementation and the continuation of the QEP. Who is responsible for each activity? Are they qualified and empowered to fulfill those responsibilities? Who is responsible for keeping within budget, for monitoring progress, or for modifying the plan? Do these individuals have sufficient time to complete their task? Will they be appropriately compensated for their efforts?

### **Step Seven: Identifying Necessary Resources**

An important step in the development of the QEP is estimating the financial, physical, and human resources necessary for developing, implementing, and sustaining the plan. The QEP need not require substantial investment; certainly, no QEP should require more resources than the institution can commit, no matter how valuable the plan and its results might be. Every plan, however, does require identification of personnel time, money, and materials necessary for its successful implementation. Institutions need to examine carefully the actions identified for implementation so that they can anticipate all of the personnel costs (stemming from both time commitment to the project and investment in professional development activities), all of the costs for instructional and testing materials, and all of the other related expenses. Requesting that strategies for faculty development be specified and that budgets for their implementation be detailed, for example, is a common theme in recommendations written by On-Site Reaffirmation Committees that believe all of the costs embedded in the project have not been fully anticipated. On-site evaluators do not hesitate to cite circumstances where hardware, software, personnel, and infrastructure costs have not been sufficiently detailed or where adequate learning resources have not been included in the budget.

On-site evaluators look holistically at the institution's capacity to implement and sustain the QEP and must be convinced that the institution possesses the financial, physical, and human resources to implement, sustain, and complete the QEP. Frequently underestimated by institutions, QEP budgets should stem from a realistic analysis of what is both desirable and possible. Often overlooked in initial budget submissions are such items as the cost of time commitments from full-time personnel and the re-direction of current line-item allocations to sustain the QEP. Many institutions also tend to underestimate the workload issues stemming from the management of the QEP. For others, a reluctance or inability to predict continuing costs in subsequent years can lead to sticker shock as the QEP gears up to full speed. As resource issues are explored and preliminary budgets developed,



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therefore, institutions may need to distinguish between “essentials” and “desirables” and then scale their expectations to match their capacity.

In addition to developing an appropriately detailed budget, the institution should identify the sources of the funds. How much is new money and where will it come from? How much is a re-allocation? Evaluators are interested not only in the budget detail and source of funding, however, but also in the institution’s commitment to fund the project as described. Institutions should consider how to demonstrate that the estimated budgets will be funded in the succeeding years.

### **Step Eight: Assessing the Success of the QEP**

The institution’s evaluation of its QEP should be multifaceted, with attention both to key objectives and benchmarks to be achieved in the implementation of the QEP as well as to the overall goals of the plan. Initially, evaluation strategies need to focus on the implementation process and provide crucial feedback to those with primary responsibility for the QEP.

In evaluating the overall goals of the QEP, primary emphasis is given to the impact of the QEP on the quality of student learning. Since On-Site Reaffirmation Committees must be convinced that institutions have developed the means for assessing the success of their QEPs, they expect details -- names of assessment instruments, timelines for their administration, processes for the review of the assessment results -- rather than general descriptions of intentions to develop instruments at some point in the future. Multiple strategies using both quantitative and qualitative, as well as internal and external, measures should be employed. The identified student learning outcomes will require careful analysis for consistency of results across different measures and for understanding variation among the outcomes. The chosen measures need to be both valid and reliable, and the comprehensive assessment plan should be flexible enough to accommodate, if necessary, subsequent changes made to implementation activities and timelines as a result of the analysis of previous assessment results. On-Site Reaffirmation Committees also expect institutions to have developed a system for monitoring progress in implementing its QEP and to describe the process by which the results of evaluation will be used to improve student learning.

### **Step Nine: Preparing the QEP for Submission**

The QEP should be clear, succinct, and ready for implementation. It may not exceed one hundred pages of size 11 Arial font, including a narrative of no more than seventy-five pages and appendices of no more than twenty-five pages. A page header, right aligned, should identify the institution; the footer should center the page number. The title of the QEP, the name of the institution, and the dates of the on-site review should be prominently displayed on the title page.

Institutions have traditionally organized their QEPs according to two formats. Several years ago, a task force composed of experienced on-site evaluators suggested that the

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Table of Contents for the Quality Enhancement Plan generally include the following components:

- I. **Executive Summary** (*one page*)
- II. **Process Used to Develop the QEP:** Evidence of the involvement of all appropriate campus constituencies (*providing support for compliance with CS 3.3.2 “includes a broad-based involvement of institutional constituencies in the development...of the QEP”*)
- III. **Identification of the Topic:** A topic that is creative and vital to the long-term improvement of student learning (*providing support for compliance with CR2.12 “focuses on learning outcomes and/or the environment supporting student learning”*)
- IV. **Desired Student Learning Outcomes:** Specific, well-defined goals related to an issue of substance and depth, expected to lead to observable results (*providing support for compliance with CS 3.3.2 “identifies goals”*)
- V. **Literature Review and Best Practices:** Evidence of consideration of best practices related to the topic (*providing support for compliance with CS 3.3.2 “institutional capability for the initiation, implementation, and completion of the QEP”*)
- VI. **Actions to be Implemented:** Evidence of careful analysis of institutional context in designing actions capable of generating the desired student learning outcomes (*providing support for compliance with CS 3.3.2 “institutional capability for the initiation, implementation, and completion of the QEP”*)
- VI. **Timeline:** A logical calendaring of all actions to be implemented (*providing support for compliance with CS 3.3.2 “institutional capability for the initiation, implementation, and completion of the QEP”*)
- VIII. **Organizational Structure:** Clear lines of responsibility for implementation and sustainability (*providing support for compliance CS 3.3.2 “institutional capability for the initiation, implementation, and completion of the QEP”*)
- IX. **Resources:** A realistic allocation of sufficient human, financial, and physical resources (*providing support for compliance CS 3.3.2 “institutional capability for the initiation, implementation, and completion of the QEP”*)
- X. **Assessment:** A comprehensive evaluation plan (*providing support for compliance with CS 3.3.2 “a plan to assess their achievement”*)
- XI. **Appendices** (*optional*)

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This presentation became popular with institutions that followed the suggestions in the *QEP Handbook* posted on the SACSCOC website. Other institutions, however, organized their Quality Enhancement Plan around five fundamental issues:

- I. **Executive Summary** (*one page*)
- II. **Broad-based institutional process identifying key issues:** *Evidence of the involvement of all appropriate campus constituencies; identification of a topic that is creative and vital to the long-term improvement of student learning (providing support for compliance with CR 2.12 “an institutional process for identifying key issues” and CS 3.3.2 “broad-based involvement of institutional constituencies in the development...of the QEP”)*
- III. **Focus:** *Specific, well-defined goals related to an issue of substance and depth, expected to lead to observable results (providing support for compliance with CR2.12 “focuses on learning outcomes and/or the environment supporting student learning”)*
- IV. **Capability:** *Evidence of careful analysis of institutional context in designing actions capable of generating the desired student learning outcomes; a logical calendaring of all actions to be implemented; a realistic allocation of sufficient human, financial, and physical resources (providing support for compliance CS 3.3.2 “institutional capability for the initiation, implementation, and completion of the QEP”)*
- V. **Broad-based involvement in development and implementation:** *Evidence of consideration of best practices related to the topic: clear lines of responsibility for implementation and sustainability (providing support for compliance with CS 3.3.2 “broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP”)*
- VI. **Assessment:** A comprehensive evaluation plan

Ultimately, which format to use is an institutional choice; there is no one “best” format applicable to every plan. It is imperative, however, that the plan provide full coverage of all the component parts of the QEP standard, regardless of organization.

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## Part V

## ON-SITE REVIEW

Conducted four to six months after the off-site review, the on-site review typically consists of a three-day visit to campus. Under some circumstances (such as when the Off-Site Reaffirmation Committee has identified an abundance of issues for further review on campus or when additional time is required to visit off-campus sites), the length of the visit is expanded to provide sufficient time for the On-Site Reaffirmation Committee to complete all of its work. Institutions should invite a representative of their governing board to be on campus at the time of the visit; they may also invite representatives of their coordinating board or other state agencies. Further information on institutions' responsibilities to governing and coordinating boards and to other state agencies during reaffirmation is available in Commission policy "Governing, Coordinating, and Other State Agencies: Representation on Evaluation Committees" at [www.sacscoc.org](http://www.sacscoc.org).

### Role of the On-Site Reaffirmation Committee

The On-Site Reaffirmation Committee's responsibilities are more varied than the singular role filled by the Off-Site Reaffirmation Committee. As pointed out in Section IV of this handbook, the optional Focused Report provides the foundation for the On-Site Reaffirmation Committee's subsequent review of standards for which compliance has not yet been documented. Like the Off-Site Reaffirmation Committee, the On-Site Reaffirmation Committee is expected to examine and evaluate, as appropriate, the institution's mission, policies, procedures, programs, resources, services, and other activities as they support compliance with these remaining standards. The on-site reviewers move beyond the parameters of the off-site review, however, to address the institution's compliance with Core Requirement 2.12 and CS 3.3.2, which address the Quality Enhancement Plan. Where applicable, this Committee performs two additional tasks – (1) visiting a sample of off-campus sites at which fifty percent or more of a program is offered and (2) reviewing issues stemming from Third-Party comments. Unlike the Off-Site Reaffirmation Committee, the On-Site Reaffirmation Committee presents its findings to the institution during an Exit Conference.

**Completing the Review of the Compliance Certification.** Much of this work of the On-Site Reaffirmation Committee is begun during the month prior to the visit. Because the optional Focused Report enables the evaluators to review documentation of compliance prior to arriving on campus, a well-prepared Focused Report can reduce, sometimes quite dramatically, the number of interviews that must be scheduled during the Committee's visit. During the Committee's conference call approximately two to three weeks prior to the visit, the evaluators identify additional documentation for those standards for which compliance is not yet obvious and begin to construct a list of individuals to interview. The Chair of the Committee forwards that list of additional documentation to the institution so that the documents can either be sent to the Committee members immediately or be assembled for

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review later at the hotel or on campus. The Chair also forwards to the institution the requests for interviews so that a preliminary schedule for Day One of the visit can be drafted.

**Addressing the Quality Enhancement Plan.** The Committee's conference call also provides an opportunity for the evaluators to share initial perceptions of the Quality Enhancement Plan and to identify the composition of the groups to be interviewed on campus during the morning of the second day of the visit. The Committee Chair works with the institution to ensure that the groups developed for the QEP interviews meet the Committee's expectations. Although the precise composition of these groups depends upon the topic of the institution's QEP, committees typically want to talk with small groups representative of the constituencies involved in creating and implementing the plan, such as the QEP Committee, faculty responsible for the QEP's implementation, administrators responsible for providing support, students, institutional research and assessment personnel, and staff in related student services.

**Visiting Off-Campus Sites.** For most institutions with off-campus sites that offer fifty percent or more of an educational program, the review of a representative sample of these locations is usually scheduled for the day before the On-Site Reaffirmation Committee arrives on campus or for the morning of the first day of the visit. For institutions with many off-campus sites that must be visited or with scheduled visits to off-campus sites abroad, the review of some or all of these locations may be scheduled earlier than the week of the Committee's visit to the main campus. In all instances, the institution's Commission staff representative selects the sites, which are generally visited by two members of the Committee to determine whether the institution has adequate personnel, facilities, and resources to operate the sites. Further information about these off-campus visits is available in Commission policy "Reaffirmation of Accreditation and Subsequent Reports" at [www.sacscoc.org](http://www.sacscoc.org).

**Reviewing Third-Party Comments.** Two years in advance of an institution's scheduled reaffirmation of accreditation, the Commission posts on its website a call for third-party comments. For Track A institutions, third-party comments are due on August 30 prior to the on-site visit; for Track B institutions, third-party comments are due on January 15 prior to the on-site visit. In both instances, the comments are forwarded to the institution. The institution is then invited to prepare a written response to the comments for review during the institution's on-site visit. Additional information is available in Commission's policy "Third-Party Comment by the Public" at [www.sacscoc.org](http://www.sacscoc.org).

**Conducting the Exit Conference.** The last responsibility of the On-Site Reaffirmation Committee is to conduct an Exit Conference with key institutional personnel. At that time, the Committee presents any recommendations included in its report and discusses with the institution the strengths and weaknesses of the Quality Enhancement Plan, along with a sampling of its other observations and comments. The SACSCOC staff representative outlines the timetable for transmittal of the committee's report to the institution and describes the process for submitting appropriate documents to the SACSCOC Board of Trustees for the Board's action regarding reaffirmation.

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## Composition of the On-Site Reaffirmation Committee

An On-Site Reaffirmation Committee includes a minimum of seven members: the Chair and evaluators in the areas of organization and governance, faculty, educational programs, student support or library services, institutional effectiveness, and the Quality Enhancement Plan. If the most recent audit was not available in time for off-site review, a finance evaluator is often added. The Commission staff representative may expand the size of the committee even further if the Off-Site Reaffirmation Committee has identified an abundance of issues for further review on campus or if the institution has numerous off-campus sites that must be visited. None of the Committee members may be from institutions in the same state as the home campus of the institution being visited. At a meeting approximately one year prior to the dates for the on-site visits, Commission staff identify Committee Chairs for all of the institutions in the class scheduled for review during that term; institutions are asked to confirm that the identified individuals have no conflict of interest before staff invite them to assume leadership for the on-site reviews. Approximately six months prior to the visit, Commission staff representatives individually fill the remaining slots on the Committee.

When evaluators accept positions on On-Site Reaffirmation Committees, they are asked to attest to having no conflict of interest with the institution. (See Commission policy “Ethical Obligations of Commission Evaluators” at [www.sacscoc.org](http://www.sacscoc.org). That same policy establishes an expectation that individuals with a vested interest in the institution scheduled for review will refrain from attempting to influence an evaluator’s judgment or otherwise influence the upcoming visit. Institutions need to refrain from contacting members of the On-Site Reaffirmation Committee for reasons other than providing necessary information about logistical arrangements for the visit, distributing the required institutional materials for the review, responding to inquiries for additional materials, or for clarification about materials provided.

At least three months prior to the on-site review, the institution is responsible for nominating an individual to serve as the lead evaluator for the QEP. Generally an individual with expertise in the topic selected for the QEP, the Lead QEP Evaluator works with the other Committee members under the supervision of the Chair in the evaluation of the acceptability of the Quality Enhancement Plan and in the development of the narrative for Part III (Assessment of the Quality Enhancement Plan) of the *Report of the Reaffirmation Committee*. Details on identifying and nominating a Lead QEP Evaluator can be found in the Commission’s policy “Quality Enhancement Plan: Lead Evaluator Nomination Process” at [www.sacscoc.org](http://www.sacscoc.org).

An individual with a leadership role in the reaffirmation of an institution that is just beginning its decennial review process may accompany an On-Site Reaffirmation Committee as an observer. As the label implies, this observer is not another evaluator; the observer’s role is to take home insight into the activities of an On-Site Reaffirmation Committee and pointers about preparing for reaffirmation gleaned from conversations with persons at the host institution. Like the evaluators on the On-Site Reaffirmation Committee, the observer cannot be from an institution located in the same state as the home campus of the host



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institution. Before placing an observer on a Committee, the Commission staff representative obtains the approval of the host institution's chief executive officer. Expenses incurred by the observer are the responsibility of the observer's institution. Further information is available in the Commission's policy "Observers on Reaffirmation On-Site Reaffirmation Committees" at [www.sacscoc.org](http://www.sacscoc.org).

Although the institution's Commission staff representative is available on site to facilitate the work of the Committee, the Commission staff does not function as a member of the On-Site Reaffirmation Committee and does not make the determinations of institutional compliance that will be recorded in the Report of the Reaffirmation Committee. The SACSCOC staff representative will, however, listen closely to deliberations among Committee members to help ensure that the SACSCOC standards and policies are consistently applied. Part of the staff representative's role is to provide historical information on similar institutions, as well as procedural and substantive advice on how Commission policies and standards have been interpreted and could be applied to the current situation.

## **Materials for the On-Site Review**

Commission staff representatives work with their institutions to complete the "Information Outline for a Visit," which includes such details as dates of the visit, contact numbers, information regarding transportation and housing accommodations during the visit, and the times and locations of the first and last committee meetings during the visit. A copy of the template for this document, which is mailed to the On-Site Reaffirmation Committee, can be found at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

Four to six weeks prior to the on-site visit, institutions should send to each member of the On-Site Reaffirmation Committee, including the observer (if one has been included), and to the Commission staff representative *print or electronic* copies of the following materials:

- Quality Enhancement Plan,
- Focused Report, if one has been prepared by the institution,
- Compliance Certification (for paper copies, only the narrative)
- Catalog(s),
- Updated Institutional Summary Form Prepared for Commission Reviews, and
- Written response to third-party comment, if applicable.

In order to acquaint the Committee members with additional characteristics of their institution and their region, some institutions expand this mailing to include institutional publications and newsletters and regional promotional materials. These supplementary materials often enable evaluators to form a more balanced and comprehensive picture of the institution than may be apparent from the Committee's focus on limited compliance issues and the QEP.

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## Hosting the On-Site Review

Because the Chair of the On-Site Reaffirmation Committee is responsible for organizing and managing the work of the Committee, the institution needs to begin establishing a working relationship with the Chair several months prior to the visit. The institution's CEO and/or Accreditation Liaison should not hesitate to initiate contact with the Chair after they have been notified of the Chair's acceptance of the appointment. The Chair may choose to conduct a preliminary visit to the institution to get acquainted with the campus, culture, and preparation for the visit, but many chairs rely on conference calls and e-mails to establish a relationship with the campus Leadership Team and to make arrangements for the site visit. Often, the Chair arrives on site the day before or morning of the start of the on-site review.

Since a key responsibility of the Accreditation Liaison is to coordinate reaffirmation visits, the Accreditation Liaison serves as the institution's contact person for the Chair. To anticipate meeting the Chair's expectations for the visit, the Accreditation Liaison should begin working with the Leadership Team months in advance of the visit to consider addressing the Committee's transportation, accommodation, and dining needs. The Accreditation Liaison should also work with the institution's business office to arrange payment for expenses, such as hotel accommodations and meals, incurred by Committee members during their time on site.

**Transportation.** Institutions are expected to provide safe, reliable transportation to and from the airport, to and from off-campus locations, between the main campus and the hotel, and between the hotel and restaurants. Meeting expectations for safe drivers includes a proper license and a safe driving record. Meeting expectations for reliable transportation may entail securing cell phone numbers for Committee members so that they can be contacted if their pick-up at the airport is unavoidably delayed. Providing a step-up stool is very helpful.

**Hotel Accommodations.** The Commission expects that hotel rooms will contain desks and lighting appropriate for working in private. Efforts by the institution to secure rooms in the quieter sections of the hotel are generally appreciated. Many institutions make a positive impression on Committee members by checking them into the hotel prior to their arrival and handing them the key as they enter the lobby. Some institutions house institutional staff (Accreditation Liaison, computer support technician, or local arrangements coordinator) at the hotel to address the Committee's needs during the evening and early morning hours.

The hotel conference room must be of sufficient size to enable the committee to conduct extended meetings and to provide ample additional tabletop space for documents, computers, snacks, and other materials and equipment. Generally, the display of the documents provided in the conference room at the hotel is a duplicate of the display provided in the workroom on campus. Institutions should poll Committee members to determine how



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many laptop computers must be provided for use at the hotel. Institutions also generally poll Committee members several weeks prior to the visit to determine their preferences for snacks and beverages. The conference room should also contain a heavy duty paper shredder, a photocopier machine, and at least two printers, along with a variety of general office supplies, such as staplers, pens, thumb drives, ink cartridges, and a generous supply of paper for the printers and photocopier machines. Committee members also expect an Internet connection, at the very least in the conference room and preferably also in their hotel room. A restaurant on premises or within walking distance is desirable.

**Campus accommodations.** The Commission expects the institution to provide private, dedicated space on campus for the Committee's work. Like the conference room at the hotel, this room needs to be large enough to conduct extended meetings and should be spacious enough for documents, computers, snacks, beverages, a photocopier machine, a paper shredder, and a variety of general office supplies. Resource materials on display should include a complete copy of the institution's Compliance Certification and supporting documentation, copies of the Focused Report and supporting documentation, additional materials requested by Committee members prior to the visit, and other materials that the institution believes are appropriate. Whatever the configuration, this dedicated space needs to be viewed as off-limits to institutional staff during the visit. Many institutions staff an assistance station not far from the entrance to the Committee's work room to ensure that someone is always readily available to secure materials or make appointments for Committee members.

**Dining.** Generally, institutions should plan on providing meal service beginning with lunch on Day One and ending with breakfast on Day Three. These parameters need to be expanded, of course, when visits to off-campus locations require that extra days or early starts for Day One be added to the visit. To ensure that meals provided by the institution meet the dietary needs of the Committee, institutions should survey the Committee members to determine if any dietary restrictions need to be met.

### **Day One:**

**Lunch** – Since On-Site Reaffirmation Committees convene at the hotel for their Organizational Meeting on the morning of Day One, they typically have lunch at the hotel, often in the conference room during the meeting. If the hotel does not offer food service and lunch must be brought in, some institutions solicit orders from Committee members during the week prior to the visit.

**Dinner** – Dinner on Day One is taken at a local restaurant selected by the Chair. Since some Committee members may have begun their day with an early departure from home, a nearby restaurant with good food and efficient service is desirable. Many institutions reserve a private dining room for this meal and have the drivers eat elsewhere in the restaurant so that transportation back to the hotel is available as soon as the Committee is finished dining.

### **Day Two:**

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**Breakfast** – Breakfast on Day Two is often a breakfast meeting with the campus leadership, at which time the institution makes a presentation on the Quality Enhancement Plan. Generally, this meeting takes place on campus, although some institutions choose to hold it at the hotel or in a local restaurant.

**Lunch** – Lunch on Day Two is eaten on campus, either in the workroom or in a private dining room.

**Dinner** – The location for dinner on Day Two depends, to a large extent, on the Committee's progress thus far in developing its report and its preference for completing the task. Transportation to a nearby restaurant may be the choice of some or all of the Committee, or they may choose to work at their own pace and dine individually or in small groups in the hotel or at a restaurant within walking distance whenever they finish or desire a break. Oftentimes, the dining plan for this evening does not emerge until late in the day, so the institution needs to remain flexible in scheduling transportation and making reservations for this meal.

### **Day Three:**

**Breakfast** – Breakfast on Day Three is taken at the hotel, sometimes during an Executive Session in the conference room.

**Billing Procedures.** Committee members generally cover their transportation costs and are reimbursed by the Commission for mileage, parking, meals en-route, and airfare after the on-site review is completed. Due to the cost of international airfares, however, institutions are encouraged to purchase these tickets for the Committee when visits to international locations are required. Committee members may fly business class to international sites if the institution approves. Institutions are also encouraged to arrange for hotel accommodations and hotel food service to be billed directly to the institution. Most institutions also arrange payment for evening meals at restaurants.

During the reaffirmation process, institutions receive two invoices from the Commission. The first, which covers the cost of the off-site review, is sent shortly before the group meeting of the Off-Site Reaffirmation Committee. The second, which covers the cost of the on-site review, is sent after all of the reimbursements for the On-Site Reaffirmation Committee have been processed by the Commission's business office.

## **Daily Schedule for the On-Site Review**

The length of time that an On-Site Reaffirmation Committees typically spends on site extends from late morning of Day One through mid-morning of Day Three. Each of these three days has a distinctive character. On Day One, the Committee focuses on completing its review of all of the compliance issues stemming from standards marked **Non-Compliance** or **Did Not Review** by the Off-Site Reaffirmation Committee and its confirmation of compliance with the USDE standards and requirements. At this time, the Committee also addresses third-party comments, if applicable. On Day Two, the Committee focuses on

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reviewing the institution's Quality Enhancement Plan. Lastly, on Day Three, the Committee presents its findings to the institution's leadership in the Exit Conference.

**Day One.** Scheduling appropriate interviews and assembling additional documentation when requested to do so are the two primary responsibilities of institutions in supporting the work of the Committee during Day One. As noted earlier in this section of the handbook, On-Site Reaffirmation Committees typically create an initial list of persons to interview approximately two to three weeks prior to the visit. For this reason, most of the scheduling of meetings for the afternoon of Day One can be completed prior to the Committee's arrival on campus. Institutions should anticipate, however, that changes will be made to this schedule after the Committee completes its Organizational Meeting at the hotel because additional materials requested by individual members and either mailed to them the week before or left for review in the hotel conference room sometimes eliminate the need for a scheduled conversation. However, because review of the Committee's draft report during the Organizational Meeting occasionally raises a question, follow-up on campus may be required. A flexible approach to making last-minute adjustments to the schedule is an important attribute for institutions to cultivate as they build a working relationship with the Committee. The afternoon of Day One is also the time when Committees frequently identify the need to review materials that have not previously been made available to them. For this reason, institutions want to ensure that sufficient staff are available to secure these materials quickly so that they can be considered by the Committee before the focus shifts to the Quality Enhancement Plan on Day Two.

**Day Two.** Making a presentation on the Quality Enhancement Plan and assembling the groups for the QEP interviews are the two primary responsibilities of institutions in supporting the work of the Committee during Day Two. As a kick-off to the day when the Committee will focus intently on the QEP, Leadership Teams are invited to make a formal presentation of approximately twenty minutes on their plans for improving student learning, with an equivalent amount of time for questions from the Committee. Of course, having read the document sent to them, Committee members will already be acquainted with the QEP; this formal presentation, therefore, is not only an opportunity for institutions to convey their excitement about the project and show their commitment to following through, but also an opportunity to update the Committee on progress made since the drafting of the document that was mailed and to provide details that may have been eliminated from that draft. As noted earlier in this section of the handbook, On-Site Reaffirmation Committees typically create the groupings for the QEP interviews approximately two to three weeks prior to the visit. For this reason, the schedule of QEP interviews can be completed prior to the Committee's arrival on campus, and unlike the interview requests for the afternoon of Day One, this schedule is unlikely to change.

**Day Three.** Getting its leadership assembled for the Exit Conference, which may be scheduled either on campus or at the hotel, is the primary responsibility of institutions in supporting the work of the Committee during Day Three. The institution's chief executive officer determines which representatives from the institution will be invited to the exit conference.

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As should be evident from the above description of the Committee's activities on Days One through Three, on-site reviews are rigorous and do not allow time for campus tours (except to verify information regarding a requirement or standard) or for large or lengthy social gatherings. Since a great deal of work must be completed in a short amount of time, Committees appreciate the time and effort required to provide the timely transportation, quick turnaround on requests for documents, ready accommodation of schedule changes, and reliable equipment and appropriate supplies necessary to enable completion of the Report of the Reaffirmation Committee.

## Report of the Reaffirmation Committee

Because the On-Site Reaffirmation Committee builds its report from the draft prepared by the Off-Site Reaffirmation Committee, much of the wording of the final Report of the Reaffirmation Committee is familiar to institutions. For example, few, if any, changes are made to narratives for those standards that were marked **Compliance** during the off-site review. In addition, even portions of the narratives for standards marked **Non-Compliance**, specifically those portions that describe compliance with some of the requirements in the standard, may be retained.

Typically, the On-Site Reaffirmation Committee, however, makes three major changes to the Report of the Reaffirmation Committee.

1. Labels signifying **Compliance** and **Non-Compliance** are removed. In the final report, a narrative with a positive tone and no recommendations signals compliance. A narrative that highlights a shortcoming and follows with a recommendation signals non-compliance. Appendix V-1 provides sample narratives.
2. Narratives for standards previously marked **Non-Compliance** are expanded to reference additional documentation provided in the optional Focused Report or made available on-site. If the additional materials fail to document compliance, the narrative, as illustrated in Appendix V-1, identifies the shortcoming and includes a recommendation. Institutions then have the opportunity to provide additional documentation of compliance in a subsequent report, the Response to the Visiting Committee Report, which is due five months after the Exit Conference. For further details on developing this response to the Committee's recommendations, see Section VI of this handbook.
3. A detailed analysis of the Quality Enhancement Plan is written for Part III (Assessment of the Quality Enhancement Plan) and a notation regarding the acceptability of the QEP is provided in the narrative for 2.12. On-Site Reaffirmation Committees provide two types of feedback on the QEP: (1) recommendations, which are indicative of non-compliance with CR 2.12 or CS 3.3.2 and must be addressed in the Response to the Visiting Committee Report and (2) consultative advice, which reflects the Committee's observations for strengthening the QEP but requires no further reporting to the Commission.

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Because recommendations are clearly labeled and numbered, and frequently bolded, too, institutions should have no difficulty distinguishing the first from the second. Appendix V-2 provides illustrations of both.

The On-Site Reaffirmation Committee may also provide comments in Part II E (Additional Observations regarding strengths and weaknesses of the institution). Institutions should not address these observations in the Response to the Visiting Committee Report; the response is designed to convey additional documentation of compliance on recommendations written by the Committee.

Under some circumstances, such as when the reality at the institution contradicts the documentation of compliance reviewed by the Off-Site Reaffirmation Committee or when the On-Site Reaffirmation Committee has new information (perhaps stemming from a third-party comment or from a recent natural disaster), the On-Site Reaffirmation Committee may write a recommendation for a standard that was previously marked **Compliance** during the off-site review.

By the morning of Day Three, the Committee's report is complete, but a hard copy of this draft is not given to institutions during the Exit Conference. In general, the Chair edits the draft report and e-mails it to the Committee and to the Commission staff representative for their final review the week after the visit. Before finalizing the report, the Chair also e-mails a copy to the institution for review of its factual accuracy. At this time, the institution should review the factual references in the report (such as dates, names of campuses and committees, position titles, enrollment numbers, and financial figures) and confirm their accuracy or provide corrections. Institutions must limit their review to representations of fact and avoid suggesting changes to the Committee's interpretation and analysis of those facts. After the Chair has incorporated final edits and factual corrections, the final copy of the Report of the Reaffirmation Committee is sent to the institution's Commission staff representative, who then forwards a hard copy to the institution.

## **Exit Conference**

The Exit Conference is designed as a dialogue between two small groups of individuals – the On-Site Reaffirmation Committee and the institution's leadership. As the name, Exit Conference, implies, the Committee conveys its findings orally; it does not provide a paper or electronic copy of its draft report at this time. To simplify the transportation of Committee members and their luggage to the airport, the Exit Conference is frequently held in the hotel conference room.

Prior to the Exit Conference, the Committee Chair and the Commission staff representative meet with the CEO to preview the Committee's findings. At the Exit Conference, the On-Site Reaffirmation Committee reports any recommendations that have been written and shares additional observations about the institution in general and the Quality Enhancement Plan in particular. To ensure that the institution understands issues of non-compliance presented by the Committee, the institutional leadership has the opportunity to ask questions of clarification about any recommendations that were reported. Since all

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recommendations must be addressed in a further report (the institution's Response to the Visiting Committee Report, which is due five months after the Exit Conference), attaining a clear understanding of the additional documentation of compliance that is required enables the institution to maximize the amount of time available for developing its response. Since Committees often provide consultative advice about the QEP, discussion of these suggestions for modifications or enhancements is not uncommon during the Exit Conference, even though the institution is under no obligation to address these issues in its response. The Commission staff representative then reviews the timeline for processing the Committee's draft report and the remaining steps in preparing the institution for review by the SACSCOC Board of Trustees.

On rare occasions, the CEO may invite the Committee Chair and the Commission staff representative to remain on campus to deliver the Committee's findings to a larger group at the institution. The CEO should inform the Commission staff representative about plans for such a session well in advance of the on-site visit.

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## Completing the Reaffirmation Process

*The Committees on Compliance and Reports (C&R), standing committees of the [SACSCOC Board of Trustees] review reports prepared by peer committees and the institutional responses to those reports. A C&R Committee's recommendation regarding an institution's reaffirmation of accreditation is forwarded to the Executive Council for review. The Executive Council recommends action to the full [SACSCOC Board of Trustees] which makes the final decision on reaffirmation and any follow-up activities that it requires of an institution. The full [SACSCOC Board] convenes twice a year.*

***The Principles of Accreditation: Foundations for Quality Enhancement (2010 edition)***

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## Completing the Reaffirmation Process

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## Part VI

# REVIEW BY THE SACSCOC BOARD OF TRUSTEES

The departure of the On-Site Reaffirmation Committee at the conclusion of the Exit Conference certainly signals significant progress in the journey to reaffirmation, but institutions still have a few more miles to travel before reaching their destination. Only the SACSCOC Board of Trustees has the power to reaffirm accreditation, and the Board's review of institutions seeking reaffirmation takes place approximately seven to ten months after the on-site review – in June for Track A institutions and in December for Track B institutions.

## Role of the Evaluators

SACSCOC has 77-elected Board of Trustees members who make the final decision on an institution's reaffirmation of accreditation. Of the 77, 13 are elected to the Executive Council of the Commission. The other 64 members serve on one of the Board's Compliance and Reports Committees (C&R Committees). Reaffirmation actions by the SACSCOC Board of Trustees stem from recommendations made to it by the Executive Council; the Executive Council's recommendations are based on recommendations that it receives from the Compliance and Reports Committees. Board members recuse themselves from decisions on institutions within their own states and from decisions on institutions with which they have a conflict of interest. Further information about the review process is available in the Commission's policies "Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators" and "Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly," which are available at [www.sacscoc.org](http://www.sacscoc.org). The role of the evaluators at each level of the Commission's review is described below.

**Committees on Compliance and Reports.** In addition to the 64 elected Trustees who serve on the C&R Committees, membership may be expanded to include appointed special readers whose expertise – typically in the areas of finance, institutional effectiveness, and library/learning resources – is germane to the compliance issues under review. C&R Committees have the authority to recommend action on reaffirmation, including denial of reaffirmation and the imposition of public sanctions.

Following review of the (1) Report of the Reaffirmation Committee, (2) the Response to the Visiting Committee Report and updated QEP provided by the institution, (3) an evaluation of the institution's response by the Chair of the on-site review, and (4) an analysis

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of the institution's response by the institution's Commission staff representative, C&R Committees make one of the following recommendations:

1. **Reaffirmation of accreditation**, with or without a Monitoring Report, or with a request for an additional report in five years. C&R Committees request Monitoring Reports on specific standards after determining that compliance has not yet been documented.
2. **Denial of reaffirmation**, continued accreditation for a maximum of one year, and imposition of a sanction. This action requires a Monitoring Report and may also require the authorization of a Special Committee visit.
3. **Removal from membership**. This appealable action usually, but not always, follows two years of monitoring.

The recommendations of the C&R Committees are forwarded to the Executive Council for review.

**Executive Council.** Seats on the 13-member Executive Council are designated for one Trustee from each of the 11 states in the region, for one public Trustee, and for a Chair. As the executive arm of the Commission, the Executive Council reviews and approves or modifies the recommendations of the Compliance and Reports Committees. To ensure the integrity of the Commission's review process, the Executive Council monitors the consistency of actions recommended by the various C&R Committees before sending its recommendations to the SACSCOC Board of Trustees.

**Board of Trustees.** The 77-member Board takes final action on the recommendations forwarded to it by the Executive Council and reports its decisions to the College Delegate Assembly at the annual business meeting in December.

## **Materials for the Review by the Board of Trustees**

Normally, the following materials are provided to the Board: Report of the Reaffirmation Committee; Response to the Visiting Committee Report; Chair's Evaluation of Institution's Response; and the QEP.

Institutions that received one or more recommendations from the On-Site Reaffirmation Committee are required to develop a Response to the Visiting Committee Report; all institutions are required to submit their Quality Enhancement Plan. The QEP and the response may be mailed to the Commission on paper or in electronic form. If audits are required, however, print copies of the financials must be submitted.

**Response to the Visiting Committee Report.** In preparation for review by the Commission, most institutions – all those that received one or more recommendations in the Report of the Reaffirmation Committee – must submit a Response Report addressing any recommendations. As noted in Section V of this handbook, Commission staff representatives

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transmit the final copy of the reaffirmation report to institutions. That mailing includes directions for completing the institution's response, and the transmittal letter specifies both the date that it is due and the number of copies required. Requirements for formatting the response are summarized in the Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org). To ensure that the formatting of the response meets the expectations of the members of the Compliance and Reports Committees, institutions should follow precisely the policy's directions under "Report Presentation."

Institutions are required to respond to all of the recommendations in the Report of the Reaffirmation Committee, but they are not required to address any of the Committee's additional observations or consultative comments. The Committee's recommendations are listed at the end of the Report of the Reaffirmation Committee in Appendix C, which provides a handy reference for organizing the response. As in Compliance Certifications and Focused Reports, the response should present both a narrative describing the institution's current status and documentation confirming that status. In short, the narrative should be clear, detailed, and comprehensive and should explain thoroughly the actions recently taken by the institution to ensure compliance, and the documentation should be appropriate for demonstrating achievement of compliance. The advice on writing the narratives and selecting the documentation for the Compliance Certification, presented in Section II of this handbook, applies as well to the development of the Response Report to the On-Site Reaffirmation Committee.

**Quality Enhancement Plan.** Commission approval of the institution's Quality Enhancement Plan lays the foundation for the Board's review of the implementation of the QEP five years later in the Fifth-Year Interim Report. Institutions that received no recommendations on their QEPs should submit copies of the same document that was mailed to the On-Site Reaffirmation Committee. For institutions that received recommendations relative to their Quality Enhancement Plans, however, ensuring that members of the Compliance and Reports Committees can easily determine how the text of the original QEP has been adjusted in response to those recommendations is a key consideration when formatting the Response to the On-Site Reaffirmation Committee Report. For this reason, institutions frequently submit two QEPs for Commission review -- the original version that was mailed to the On-Site Reaffirmation Committee and the revised version that clearly indicates and incorporates adjustments made to address recommendations.

## **Record of the Board of Trustee's Action**

Approximately three working days after the SACSCOC Board of Trustees takes action on reaffirmation decisions at either the Summer Meeting in June or the Annual Meeting in December, those decisions are posted on the Commission's website. Institutions that have been reaffirmed are identified at the top of the posting by name, city, and state. Institutions that have been denied reaffirmation, continued in accreditation, and placed on sanction are identified at the bottom of the list in the section addressing sanctions and other negative actions. For these institutions, the entry also identifies the standards with which the institution has not yet documented compliance. Approximately two weeks after the website posting, letters signed by the President of the Commission officially notify the CEOs of the

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action taken by the Board of Trustees and if further follow-up is required. Appendix VI-1 provides sample action letters.

## **Immediate Follow-Up**

All reaffirmed institutions are asked to submit a QEP Executive Summary; some institutions receive requests for a Monitoring Report. The due dates for these items and the number of copies to submit are specified in the action signed by the President of the Commission. Included in the mailing, where appropriate, is a set of directions for formatting Monitoring Reports.

**QEP Executive Summary.** Reaffirmed institutions are asked to submit an executive summary of their Quality Enhancements Plans, either by mail or e-mail, for posting on the Commission website. QEP Executive Summaries include (1) the title of the QEP, (2) the institution's name, (3) the name, title, and e-mail address of an individual who can be contacted regarding the QEP's development or implementation, and (4) the summary of the plan.

**Monitoring Reports.** As noted above in the section on C&R Committees, a Monitoring Report is requested when compliance with a standard has not yet been fully documented. Monitoring Reports are requested for consideration either at the Board's next meeting in six months or at its meeting one year hence.

The action letter specifies the precise due date for the report's submission, generally between two and three months prior to the Board's meeting. Occasionally, particularly when the most recent audit is requested, institutions cannot provide the required documents by the specified date; therefore, under extenuating circumstances, institutions may request an extension for submitting late-arriving documentation. Request for extensions must be made in writing to the President of the Commission at least two weeks in advance of the original due date.

Institutions are expected to achieve compliance as quickly as possible. The maximum period for routinely submitting Monitoring Reports is two years, but even during that two-year period, the Board of Trustees may impose a sanction if reasonable progress towards compliance is not documented or if the situation deteriorates. At the end of the two-year period, institutions that have still not documented compliance must either be removed from membership or continued in membership for good cause, placed on Probation, and asked to submit an additional Monitoring Report.

Like the Response to the On-Site Reaffirmation Committee Report, the Monitoring Report should present both a clear, detailed narrative describing the institution's current status and appropriate documentation confirming the institution's current status. The advice on writing the narratives and selecting the documentation for the Compliance Certification, presented in Section II of this handbook, applies as well to the development of the Monitoring Report. Like the materials previously sent to the Commission after the on-site review, the Monitoring Report may be submitted on paper or in electronic form. If audits

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are required, however, print copies of the financials must be submitted. Requirements for formatting the Monitoring Report are summarized in Commission policy “Reports Submitted for Committee or Commission Review,” available at [www.sacscoc.org](http://www.sacscoc.org). To ensure that the formatting of the Monitoring Report meets expectations, institutions should follow precisely the policy’s directions under “Report Presentation.”

## **Fifth-Year Interim Report**

Accrediting agencies that are recognized by the USDE must monitor their institutions often enough to ensure that institutions having access to federal funds maintain compliance with accreditation standards. Because many accrediting bodies reaffirm on five- or seven-year cycles, the Commission on Colleges has developed the Fifth-Year Interim Report to demonstrate to the USDE that the Commission monitors institutional compliance more frequently than once a decade. This report is required of all institutions five years in advance of the next reaffirmation of accreditation. Institutions that have expanded the number of off-campus sites since their last reaffirmation or have experienced rapid growth in off-campus offerings may also be required to host an on-site review of a sample of off-campus sites.

Eleven months prior to the due date for the Fifth-Year Interim Report, the President of the Commission notifies institutions of the dates for submission and review of the report and indicates whether a committee visit to a sample of off-campus locations will be required. Timetables for the notification, submission, and review of the Fifth-Year Interim Report are available at [www.sacscoc.org/FifthYear.asp](http://www.sacscoc.org/FifthYear.asp). Like the other documents previously submitted as part of the reaffirmation process, the Fifth-Year Interim Report may be submitted in paper or electronic form. General directions for the submission of paper or electronic documents are included in “The Fifth-Year Interim Report,” which is also available at [www.sacscoc.org/FifthYear.asp](http://www.sacscoc.org/FifthYear.asp).

In addition to the signature page (Part I, requiring the signatures of the CEO and the accreditation liaison to attest to the accuracy of the report) and the Institutional Summary Form (Part II, providing reviewers with a brief history and description of the institution), the Fifth-Year Interim Report contains three additional sections – the Compliance Certification (Part III), the Additional Report (Part IV), and the Impact Report of the Quality Enhancement Plan (Part V).

**Fifth-Year Compliance Certification (Part III).** For selected standards from *The Principles of Accreditation*, institutions are asked to indicate **Compliance** or **Non-Compliance**. Standards for which an institutions selected **Compliance** should be followed by a narrative that provides a convincing justification for the determination of compliance and by appropriate documentation that supports compliance; standards marked **Non-Compliance** should be followed by a narrative that provides a plan for coming into compliance and a list of documents that will be used to document compliance in the future. Institutions might develop the Fifth-Year Compliance Certification by extracting the corresponding text from the Compliance Certification submitted for the last reaffirmation and updating the narrative and documentation to reflect changes during the interim. Further guidance for the preparation of this document is provided in “Directions for Completion of

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Part III of the Fifth-Year Interim Report, ” available at [www.sacscoc.org/FifthYear.asp](http://www.sacscoc.org/FifthYear.asp), The section on preparing the Compliance Certification in Part II of this handbook provides a refresher on how to write narratives and select documentation.

**Additional Report (Part IV).** Unlike the other four parts of the Fifth-Year Interim Report, Part IV is not required of all institutions. Occasionally, the SACSCOC Board of Trustees will conclude that tenuous documentation of compliance merits confirmation of continued compliance at the fifth-year interval and will, therefore, request submission of a further report as part of the Fifth-Year Interim Report. Because these decisions are recorded in action letters, institutions know well in advance of the due date that an Additional Report will be required and which standard(s) it should address. Embedded in Section IV of “The Fifth-Year Interim Report” (available at [www.sacscoc.org/FifthYear.asp](http://www.sacscoc.org/FifthYear.asp)) is a list of elements to include and a set of guidelines for developing the narrative.

**Impact Report of the Quality Enhancement Plan (Part V).** The Impact Report, which addresses the extent to which the QEP has affected outcomes related to student learning, should include four elements: (1) the title and a brief description of the Quality Enhancement Plan approved by the SACSCOC Board of Trustees when the institution was reaffirmed, (2) a succinct list of the initial goals and intended outcomes of the QEP, (3) a discussion of significant changes made to the QEP and the reasons for making those changes, and (4) a description of the QEP’s direct impact on student learning, including not only the achievement of the original goals and anticipated outcomes, but also the achievement of unanticipated outcomes, if any. Because the Impact Report should not exceed ten pages, including appendices, the narrative needs to be direct, focused, and persuasive.

**Visits to Off-Campus Sites.** In preparation for these visits, institutions are asked to submit documentation of compliance with selected standards. Some of these standards are also included in the Fifth-Year Compliance Certification; however, the narratives and documentation for these standards should not be identical in both places. In the Fifth-Year Compliance Certification, the narratives/documentation should address the institution in total. In the documentation prepared for the committee visiting off-campus sites, the narratives/documentation should focus on only those sites scheduled for review. These standards are identified in The Fifth-Year Interim Report: Information, Forms and Timelines, which is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.

Like all visiting committees, the committee visiting off-campus sites will prepare a report that evaluates institutional compliance with the standards under review. If that report contains recommendations, institutions are expected to address those recommendations in a response. Requirements for formatting the response are summarized in Commission policy “Reports Submitted for Committee or Commission Review,” available at [www.sacscoc.org](http://www.sacscoc.org). To ensure that the formatting of the response meets the expectations of the members of the Compliance and Reports Committees, institutions should take pains to follow precisely the policy’s directions under “Report Presentation.”

**Review by the Board of Trustees.** The two fifth-year segments that apply to just some of the institutions in a particular class – the Additional Report (Part IV) and the Report of the committee visiting off-campus sites -- are sent directly to one of the Committees on



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Compliance and Reports for review. C&R Committees may recommend acceptance of these reports with no further monitoring or may request a Monitoring Report if documentation of compliance is not evident for all of the standards under review. Institutions are expected to achieve compliance as quickly as possible. The maximum period for routinely submitting Monitoring Reports is two years, but even during that two-year period, the SACSCOC Board of Trustees may impose a sanction if reasonable progress towards compliance is not documented. At the end of the two-year period, institutions that have still not documented compliance must either be removed from membership or be continued in membership for good cause, placed on Probation, and asked to submit an additional Monitoring Report.

Currently, the two fifth-year segments that apply to all institutions – the Fifth-Year Compliance Certification (Part III) and the Impact Report of the Quality Enhancement Plan (Part V) – are sent to the Committee to Review Fifth-Year Interim Reports, which is composed of experienced evaluators. Four sub-committees (each with a Coordinator and two academic program evaluators, one institutional effectiveness evaluator, and one support services evaluator) review reports from a cluster of institutions grouped by similarity of missions, programs, and/or governance. The Committee to Review Fifth-Year Interim Reports either determines that compliance with all standards has been documented or that additional documentation is required for one or more of the standards. If further documentation is required, the institution is asked to prepare a Referral Report for review by the Compliance and Reports Committee at one of the next two Board meetings. For further details of the review process, see “An Overview: The Fifth-Year Interim Report Review Process” at [www.sacscoc.org/FifthYear.asp](http://www.sacscoc.org/FifthYear.asp).



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## Appendix

*At the heart of the Commission's philosophy of accreditation, the concept of quality enhancement presumes each member institution to be engaged in an ongoing program of improvement and be able to demonstrate how well it fulfills its stated mission. Although evaluation of an institution's educational quality and its effectiveness in achieving its mission is a difficult task requiring careful analysis and professional judgment, an institution is expected to document the quality and effectiveness of all its programs and services.*

***The Principles of Accreditation: Foundations for Quality Enhancement (2010 edition)***

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## Appendix II-1

### Compliance Components

Separate compliance components that constitute discrete issues to be addressed in developing a convincing argument for compliance in the Compliance Certification are underlined for each applicable requirement and standard. A narrative that addresses and documents some, but not all, of the compliance components is incomplete.

**Suggestions:** The “suggestions” provided below are guides to developing and documenting a narration that thoroughly addresses these compliance components.

**Excerpts citing noncompliance:** The “excerpts” are provided to assist Applicants and Candidates in identifying typical shortcomings in the narratives and documentation presented in support of an institution’s assertion of compliance; taken from reports developed by SACSCOC review committees, these excerpts are all part of some committee’s explanation of its finding of noncompliance.

#### Core Requirements:

- 2.1 The institution has degree-granting authority from the appropriate government agency or agencies. (**Degree-granting Authority**)

***Suggestion:** Explain exemptions or unusual circumstances concerning approval.*

***Suggestion:** Remember to include approvals in foreign countries, if appropriate.*

***Suggestion:** If the expiration date on a letter or document signed by the appropriate agency or agencies is approaching, explain the status of the institution’s bid for renewal.*

- 2.2 The institution has a governing board of at least five members that is the legal body with specific authority over the institution.

The board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program.

The board is not controlled by a minority of board members or by organizations or interests separate from it.

Both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, or personal or familial financial interest in the institution.

***Suggestion:** Describe the means by which the board ensures that financial resources are adequate to provide a sound educational program.*

***Suggestion:** Create a table that indicates for each board member whether or not that individual has a contractual, employment, personal, or familial financial relationship with the institution; provide details of those relationships.*

**Excerpt citing noncompliance:** “Due to the role of the Congregation in the governance of the institution, the possibility of control by a minority of the Board and by a separate entity arises. Furthermore, an apparent contractual or employment interest by the Chairman of the Board of Directors is not in compliance with this Core Requirement.”

*[Notice that the remainder of this standard is applicable ONLY to military institutions.]*

A military institution authorized and operated by the federal government to award degrees has a public board on which both the presiding officer and a majority of the other members are neither civilian employees of the military nor active/retired military. The board has broad and significant influence upon the institution’s programs and operations, plays an active role in policy-making, and ensures that the financial resources of the institution are used to provide a sound educational program. The board is not controlled by a minority of board members or by organizations or interests separate from the board except as specified by the authorizing legislation. Both the presiding officer of the board and a majority of other voting board members are free of any contractual, employment, or personal or familial financial interest in the institution. **(Governing Board)**

2.3 The institution has a chief executive officer whose primary responsibility is to the institution and who is not the presiding officer of the board. **(Chief Executive Officer)** (See Commission policy “Core Requirement 2.3: Documenting an Alternative Approach.”)

2.4 The institution has a clearly defined, comprehensive, and published mission statement that is specific to the institution and appropriate for higher education.

The mission addresses teaching and learning and, where applicable, research and public service. **(Institutional Mission)**

**Excerpt citing noncompliance:** “Approved by the Board in July 2009, the mission presents a well-articulated statement that outlines institutional philosophy and aspirations, emphasizes unique characteristics of the institution, and appropriately addresses major functions. The components of the mission are operationally defined through strategic goals and corresponding objectives in the strategic plan. It is the old mission statement, however, that is published in the catalog, fact book, faculty/staff handbook, and strategic plan and is posted on the website.”

2.5 The institution engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that

(1) incorporate a systematic review of institutional mission, goals, and outcomes;

(2) result in continuing improvement in institutional quality; and

(3) demonstrate the institution is effectively accomplishing its mission. **(Institutional Effectiveness)**

**Suggestion:** At a minimum (1) describe the planning process used at the institutional level (including a list of persons and/or committees which play key roles in the process), (2) describe the process by which institutional goals and objectives are set, reviewed, and modified, and (3) identify who is responsible for setting and modifying

institutional goals. Provide a timeline by which the above occurs, the plans (such as a strategic plan) that have been developed, and the full complement of institution-wide goals/objectives, assessment results, and improvements resulting from the analysis of assessment results. Describe how the planning and evaluation process informs budgeting decisions.

**Excerpt citing noncompliance:** “Much of the institution’s narrative focuses on the historical struggle of the institution in attempting to understand and train employees on the role of institutional effectiveness in its operation. The narrative indicates that a consultant had been hired to assist in the review of the mission statement and development of the strategic plan. A sample template of a tracking sheet for institutional goals was provided as documentation, but there was only one document offered from the admissions office that showed actual results of one goal for the BBA program for 2008-2009. Further, the institution provided no evidence that the institutional planning and evaluation process is incorporated into the budget process.”

- 2.6 The institution is in operation and has students enrolled in degree programs. (**Continuous Operation**)

**Suggestion:** Provide a list of programs and the number of students enrolled in each.

- 2.7.1 The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level.

*[Notice that the remaining portions of this standard apply only under certain circumstances; consequently, they do not need to be addressed by all institutions.]*

**IF** an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency.

The institution also provides a justification for all degrees that include fewer than the required number of semester credit hours or its equivalent unit. (**Program Length**)

- 2.7.2 The institution offers degree programs that embody a coherent course of study that is compatible with its stated mission and is based upon fields of study appropriate to higher education. (**Program Content**)

**Excerpt citing noncompliance:** “While the programs listed throughout the two catalogs are compatible with the stated mission, the Off-Site Committee found it difficult to determine exactly which programs are being offered based on the evidence provided in the Compliance Document. For example, the chart in CS 2.7.2 lists programs similar to those listed on page 55 of the catalog. However, it does not list all of them and it does list what appears to be a major, teacher education, termed elementary education in the catalog. Further, elementary education is not listed as an available major in the catalog on page 55.”

- 2.7.3 In each undergraduate degree program, the institution requires the successful completion of a general education component at the collegiate level that

- 
- (1) is a substantial component of each undergraduate degree,
  - (2) ensures breadth of knowledge, and
  - (3) is based on a coherent rationale.

For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent.

These credit hours are to be drawn from and include at least one course from each of the following areas: humanities/fine arts; social/behavioral sciences; and natural science/mathematics.

***Suggestion:*** Create a table listing each degree program and the required general education course that satisfies the requirement for each of the three categories.

***Suggestion:*** Ensure that the humanities course is “pure” humanities. For purposes of meeting this standard, courses in basic composition that do not contain a literature component, courses in oral communication, and introductory foreign language courses are viewed as skills courses, not as “pure” humanities courses. Examples of “pure” humanities courses include literature, philosophy, art appreciation or art history, music appreciation or music history, and, at some institutions, history courses.

The courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession.

***[Notice that the remaining portions of this standard apply only under certain circumstances; consequently, they do not need to be addressed by all institutions.]***

**IF** an institution uses a unit other than semester credit hours, it provides an explanation for the equivalency.

The institution also provides a justification if it allows for fewer than the required number of semester credit hours or its equivalent unit of general education courses. (**General Education**)

***Excerpt citing noncompliance:*** “The Associate of Science and Associate of General Studies curricula require students to take three semester hours in the humanities and three semester hours in the fine arts. Most AAS programs, on the other hand, require only three semester hours in the humanities. Students may choose from a list of humanities courses that include offerings in foreign language and communications. According to the interpretation of Core Requirement 2.7.3 adopted by the SACSCOC Board of Trustees, such classes are skill courses and not pure humanities offerings. Furthermore, contrary to the institution’s stated core curriculum requirements for AAS programs, the Criminal Justice Administration curricula includes no humanities elective, while the Aviation Maintenance Technology program requires neither a humanities nor a fine arts course.”

- 2.7.4 The institution provides instruction for all course work required for at least one degree program at each level at which it awards degrees.

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*[Notice that the remaining portion of this standard applies only to institutions that do NOT teach all of the coursework for at least one degree program at a particular level (associate, baccalaureate, master's, specialist, doctoral), institutions such as those that teach only the upper-level courses for the baccalaureate program.]*

**IF** the institution does not provide instruction for all such course work and (1) makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia or (2) uses some other alternative approach to meeting this requirement, the alternative approach must be approved by the Commission on Colleges. In both cases, the institution demonstrates that it controls all aspects of its educational program. (See Commission policy “Core Requirement 2.7.4: Documenting an Alternate Approach.”)  
**(Coursework for Degrees)**

**Suggestion:** *If applicable, provide copies of contracts and consortia agreements along with a description of all of the coursework provided by other organizations or institutions and evidence of internal control over the quality of instruction.*

**Suggestion:** *When requesting approval for an alternative approach, address **all** of the issues identified in Commission policy “Core Requirement 2.7.4: Documenting an Alternate Approach.”*

*[This is NOT the place for a general discussion of all instruction offered through contracts or consortia. That discussion belongs in CS 3.4.7 (Consortial relationships/contractual agreements), which is NOT included in the Application for Membership. The only contracts or consortia to be discussed here are those used by institutions to enable students to fulfill degree requirements for the level(s) at which they do not provide all of the instruction for at least one degree.]*

- 2.8 The number of full-time faculty members is adequate to support the mission of the institution and to ensure the quality and integrity of its academic programs.

**Suggestion:** *Define “full-time” faculty. Remember that a full-time administrator who teaches a class or two is not considered to be a full-time faculty member.*

**Suggestion:** *List the expectations of the institution concerning duties of full time faculty. For example, what are the expected teaching loads? What are other expected duties, such as advising, committee service, directing of theses and dissertations, etc.?*

**Suggestion:** *Provide information for specific faculty members to include for specific terms the teaching load and, where applicable, advising loads, committee assignments, and other expected duties.*

**Excerpt citing noncompliance:** *“The number of faculty and the faculty/student ratios appear to be sufficient in most programs. The number of hours assigned to individual faculty persons also appears to be appropriate, generally 12 to 15 per term. However, several programs appear to have few or no full time faculty involved in the program.”*

- 2.9 Upon application for candidacy, an applicant institution demonstrates that it meets the comprehensive standard for faculty qualifications. **(Faculty)**  
The institution, through ownership or formal arrangements or agreements, provides and supports student and faculty access and user privileges to adequate library collections and services and to other learning/information resources consistent with the degrees offered.



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Collections, resources, and services are sufficient to support all its educational, research, and public service programs. (**Learning Resources and Services**)

**Suggestion:** *Do more than simply list resources; relate resources (on campus or off campus, paper or electronic) to the educational programs offered.*

**Suggestion:** *Cross-reference assessment results in 3.3.1.3 to support access to adequate collections and services.*

**Excerpt citing noncompliance:** “The institution does not provide enough information to assess its compliance with this Core Requirement. No collections budget information is provided. No collection usage information is provided. No peer comparison information is provided for collections. No assessment data is provided in regards to the quality or quantity of the collections. No examples are provided that match collections to the curriculum. The institution provides no information of the its service offerings or indications of service usage.”

2.10 The institution provides student support programs, services, and activities consistent with its mission that promote student learning and enhance the development of its students. (**Student Support Services**)

**Suggestion:** *Cross-reference assessment results in 3.3.1.3 to support promoting student learning and enhancing the development of students.*

**Suggestion:** *Be certain to provide information concerning academic support services as well as other types of student support services.*

**Excerpt citing noncompliance:** “The Compliance Certification lists and describes most of the traditional essential student services including academic advising, tutorial services, judicial affairs, career services, counseling services, disability student services, health services, international and minority student services, housing and residential life, and the university center and student activities. However, evidence that the programs listed are both consistent with the mission and promote student learning and student is lacking.”

2.11.1 The institution has a sound financial base and demonstrated financial stability to support the mission of the institution and the scope of its programs and services.

**Suggestion:** *Develop a coherent narrative that presents a picture of adequate and stable financial support. Do not rely solely on the audited statements to create that image for the reader. The institution must provide evidence in its narrative that it is financially healthy and stable.*

The member institution provides the following financial statements: (1) an institutional audit (or Standard Review Report issued in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA for those institutions audited as part of a systemwide or statewide audit) and written institutional management letter for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide; (2) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year; and (3) an annual budget that is

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preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board. Audit requirements for applicant institutions may be found in the Commission policy “Accreditation Procedures for Applicant Institutions.” (**Financial Resources**)

- 2.11.2 The institution has adequate physical resources to support the mission of the institution and the scope of its programs and services. (**Physical Resources**)

***Suggestion:** Ensure that the narrative and documentation address all physical resources used by the institution, not just those owned by the institution.*

## Comprehensive Standards:

### 3.1 Institutional Mission

- 3.1.1 The mission statement is current and comprehensive, accurately guides the institution’s operation, is periodically reviewed and updated, is approved by the governing board, and is communicated to the institution’s constituencies. (**Mission**)

***Suggestion:** Take the time to confirm that all publications that contain the mission statement provide the current wording.*

***Suggestion:** If planning and evaluation documents presented in CR 2.5 and/or CS 3.3.1 are linked to elements of the mission, cross-reference them here in support of the mission’s role in guiding the institution’s operations.*

***Excerpt citing noncompliance:** “The institution did not provide evidence that the mission guides the institution’s operation. To demonstrate the role of the mission in making operational and academic planning decisions and allocating resources, the institution might provide evidence such as criteria for program review and approval, strategic planning documents, budget request procedures and forms, and minutes of curriculum and budget committees.”*

### 3.2 Governance and Administration

- 3.2.1 The governing board of the institution is responsible for the selection and the periodic evaluation of the chief executive officer. (**CEO evaluation/selection**)

***Suggestion:** Consider providing indirect documentation of the CEO’s evaluation through references to Board minutes.*

***Excerpt citing noncompliance:** “The Bylaws of the institution lack clarity regarding the authority, responsibilities, and roles of the religious order, the Chairman of the Board, and the Board of Trustees in the selection of the President. The College has not provided clear evidence that the Board selects the President of the institution.”*

- 3.2.2 The legal authority and operating control of the institution are clearly defined for the following areas within the institution’s governance structure. (**Governing board control**)

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3.2.2.1 institution’s mission;

3.2.2.2 fiscal stability of the institution

3.2.2.3 institutional policy, including policies concerning related and affiliated corporate entities and all auxiliary services; and

*Excerpt citing noncompliance: “The Committee has determined that the institution is not in compliance with CS 3.2.2.3 inasmuch as the authority over significant institutional policies is held by the religious order rather than by the Board of Trustees.”*

3.2.2.4 related foundations (athletic, research, etc.) and other corporate entities whose primary purpose is to support the institution and/or its programs.

*Suggestion: Provide mission statements for the foundations and entities in 3.2.2.4.*

*[Institutions should describe their relationships with state boards, system boards, and parent corporations, as appropriate.]*

*Excerpt citing noncompliance: “Although the institution has no foundations, two entities are identified as providing support to the institution: the Alumni Association and the Athletic Fund. The Compliance Certification did not provide adequate information concerning legal authority and operating control over these two organizations.”*

3.2.3 The board has a policy addressing conflict of interest for its members. **(Board conflict of interest)**

*For four standards – CS 3.2.3 (Board conflict of interest), CS 3.2.5 (Board dismissal), CS 3.7.5 (Faculty role in governance), and FR 4.5 (Student complaints) – institutions must explicitly document implementation and enforcement of the required policy in addition to publication.*

*Excerpt citing noncompliance: “The Board of Directors approved a Conflict of Interest Policy that appropriately defines and addresses conflicts of interest for directors and executive administrators. Directors and executive administrators must complete and sign an “Annual Employee and Board Member Conflict of Interest Disclosure Form” and an “IRS Form 990 Annual Disclosure Questionnaire” annually. A newly established Conflict of Interest Committee manages the process for the Board of Directors (Bylaws, Article VI, Section 8). The narrative of the Compliance Certification indicates that signed examples of the two forms are provided as evidence of implementation, but the linked document did not include those signed forms.”*

3.2.4 The governing board is free from undue influence from political, religious, or other external bodies and protects the institution from such influence. **(External influence)**

*Excerpt citing noncompliance: “The Bylaws of the Board of Trustees give the religious order what appears to be undue influence, if not controlling or governing powers, over the Board, including the appointment and removal of Board members, the selection or dismissal of the*

*President, the approval of capital and operating budgets, the approval of the institution's strategic and long-range plans, and the approval of policies to meet the institution's annual and long-range objectives and plans (Article II, Section 2)."*

- 3.2.5 The governing board has a policy whereby members can be dismissed only for appropriate reasons and by a fair process. **(Board dismissal)**

*For four standards – CS 3.2.3 (Board conflict of interest), CS 3.2.5 (Board dismissal), CS 3.7.5 (Faculty role in governance), and FR 4.5 (Student complaints) – institutions must explicitly document implementation and enforcement of the required policy in addition to publication.*

*[The “appropriate reasons” should be identified and the “fair process” fully described.]*

*Excerpt citing noncompliance: “Policy regarding the dismissal of members of the Board is stated in one sentence in the Bylaws. The Compliance Certification states that the Conflict of Interest Policy could apply, but that policy does not address dismissal of a Board member. The possible reasons for dismissal are not stated, nor is the process for dismissal provided. Therefore, without a more definitive dismissal policy, the Committee has determined that the institution is not in compliance with this Comprehensive Standard.”*

- 3.2.6 There is a clear and appropriate distinction, in writing and practice, between the policy-making functions of the governing board and the responsibility of the administration and faculty to administer and implement policy. **(Board/administration distinction)**
- 3.2.7 The institution has a clearly defined and published organizational structure that delineates responsibility for the administration of policies. **(Organizational structure)**
- 3.2.8 The institution has qualified administrative and academic officers with the experience, competence, and capacity to lead the institution. **(Qualified administrative/academic officers)**

***Suggestion:** Prepare a roster of qualifications of administrative and academic officers (i.e., members of the president's cabinet) that is similar to the one prescribed for faculty qualifications. Where academic credentials and previous experience do not reflect a typical alignment with the current position, justify the appointment.*

*Excerpt citing noncompliance: “Narrative summaries of administrative and academic officers' education and experience are provided in the Compliance Certification, but documentation of qualifications and previous experience is not provided for every officer. Hence, it is not possible to determine whether all academic and administrative officers have the experience and competence one would expect for their respective areas of responsibility.”*

- 3.2.9 The institution defines and publishes policies regarding appointment and employment of faculty and staff. **(Faculty/staff appointment)**

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*

- 3.2.10 The institution evaluates the effectiveness of its administrators on a periodic basis.  
**(Administrative staff evaluations)**

*Excerpt citing noncompliance: “The Compliance Certification does not provide any evidence that the institution is actually evaluating administrative staff. The narrative describes an evaluation process but does not offer any examples of how the process has been applied.”*

- 3.2.11 The institution’s chief executive officer has ultimate responsibility for, and exercises appropriate administrative and fiscal control over, the institution’s intercollegiate athletics program. **(Control of intercollegiate athletics)**

*Suggestion: Attack this standard from both sides. From the CEO’s perspective, use the job description, calendar of meetings, and record of actions to show “responsibility” and “control.” From the intercollegiate athletics perspective, use job descriptions, budgeting processes, and policies/procedures to show the flow through the CEO.*

*[Institutions that do not have intercollegiate athletics should mark this standard “Not applicable.”]*

- 3.2.12 The institution’s chief executive officer controls the institution’s fund-raising activities exclusive of institution-related foundations that are independent and separately incorporated.  
**(Fund-raising activities)**

*Excerpt citing noncompliance: “According to the “Solicitation Policy,” all solicitations for money or other gifts for the institution require the prior approval of both the President of the institution and the Executive Director of the Foundation for Excellence in Education. In addition, the President of the College and the Vice President of Institutional Advancement must approve all solicitation materials in association with the Executive Director. The President’s control in both of those instances is shared with Foundation for Excellence in Education, effectively giving the foundation a veto power that could limit the President’s authority.”*

- 3.2.13 Any institution-related foundation not controlled by the institution has a contractual or other formal agreement that

- (1) accurately describes the relationship between the institution and the foundation and
- (2) describes any liability associated with that relationship.

In all cases, the institution ensures that the relationship is consistent with its mission.  
**(Institution-related foundations)**

*[Institutions that do not have related foundations should mark this standard “Not applicable.”]*

*Excerpt citing noncompliance: “The institution has described in considerable detail grants received from its two related foundations and has fully disclosed the nature of those grants. The Compliance Certification, however, has neither described nor documented the contractual relationship and possible liabilities involved in the relationship between the foundations and the institution.”*

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- 3.2.14 The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property.

These policies apply to students, faculty, and staff. **(Intellectual property rights)**

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*

**Excerpt citing noncompliance:** "The Compliance Certification does not address how the policy is disseminated to students."

### 3.3 Institutional Effectiveness

- 3.3.1 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas **(Institutional Effectiveness)**:

**Suggestion:** *Cross-reference the narrative and documentation developed for CR 2.5 as appropriate. Note, however, that CR 2.5 refers to planning and evaluation for the over-all institution, while CS 3.1.1 refers to educational programs and other units at the institution.*

- 3.3.1.1 educational programs, to include student learning outcomes

**Suggestion:** *Ensure that data displays address all locations and both traditional and electronic delivery.*

**Suggestion:** *Ensure that there is evidence of review of both the education program itself and of the student learning outcomes for each educational program.*

**Suggestion:** *Ensure that goals/objectives and data gathered are meaningful.*

**Excerpt citing noncompliance:** "In most reports, assessment results are presented in very general terms – 'Students in most cases do well on their methodology and analysis courses.' Area reports do not typically provide evidence of the analysis of assessment results to inform plans for improvement."

- 3.3.1.2 administrative support services

**Suggestion:** *Create meaningful goals/objectives, not simple "to do" lists.*

**Excerpt citing noncompliance:** "Because the reviewed administrative support units did not list outcomes or intended effects of the activities facilitated by the units, it was not possible to confirm that the institution identifies expected outcomes for its administrative support units or assesses the extent to which it achieves expected outcomes."

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3.3.1.3 educational support services

*Excerpt citing noncompliance: “The institution provided a few examples of implemented and planned changes; however, the institution did not provide sufficient evidence of specific documented improvements in the educational support services based on analysis of the specific assessment results.”*

*[Notice that 3.3.1.4 and 3.3.1.5 do not need to be addressed by all institutions.]*

3.3.1.4 research within its educational mission, if appropriate

*Excerpt citing noncompliance: “Both research units identified three objectives, which are essentially unit activities. Expected outcomes (benefits for campus constituencies) are not identified.”*

3.3.1.5 community/public service within its educational mission, if appropriate

*Excerpt citing noncompliance: “Although it is evident that in recent years the institution has made some progress in developing an assessment program in public service/outreach units, evidence provided in the Compliance Certification indicates that implementation of the institution’s assessment requirements is uneven across the programs. Furthermore, information in section four of the institution’s assessment report (‘Describe how assessment results were used to improve the unit’) is frequently vague and/or refers to future actions. The institution simply did not provide sufficient evidence of improvement based on analysis of the results.”*

**3.4 Educational Programs: all Educational Programs (includes all on-campus, off-campus, and distance learning programs and course work) (See Commission policy “Distance and Correspondence Education.”)**

- 3.4.1 The institution demonstrates that each educational program for which academic credit is awarded is approved by the faculty and the administration. **(Academic program approval)**
- 3.4.2 The institution’s continuing education, outreach, and service programs are consistent with the institution’s mission. **(Continuing education/service programs)**
- 3.4.3 The institution publishes admissions policies that are consistent with its mission. **(Admissions policies)**
- 3.4.4 The institution has a defined and published policy for evaluating, awarding, and accepting credit for transfer, experiential learning, advanced placement, and professional certificates that is consistent with its mission and ensures that course work and learning outcomes are at the collegiate level and comparable to the institution’s own degree programs.

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*



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The institution assumes responsibility for the academic quality of any course work or credit recorded on the institution's transcript. (See Commission policy "The Transfer or Transcribing of Academic Credit.") **(Acceptance of academic credit)**

*[Commission policy "The Transfer or Transcribing of Academic Credit" has been replaced by "Collaborative Academic Arrangements."]*

- 3.4.5 The institution publishes academic policies that adhere to principles of good educational practice.

These are disseminated to students, faculty, and other interested parties through publications that accurately represent the programs and services of the institution. **(Academic policies)**

*For all standards that require a policy, institutions must document publication of the policy in appropriate institutional documents.*

- 3.4.6 The institution employs sound and acceptable practices for determining the amount and level of credit awarded for courses, regardless of format or mode of delivery. **(Practices for awarding credit)**

- 3.4.7 The institution ensures the quality of educational programs and courses offered through consortial relationships or contractual agreements,

ensures ongoing compliance with the comprehensive requirements,

and evaluates the consortial relationship and/or agreement against the purpose of the institution. **(Consortial relationships/contractual agreements)**

*[Institutions that do not have consortial relationships or contractual agreements for educational courses or programs should mark this standard "Not applicable."]*

*Excerpt citing noncompliance: "Because the institution did not provide the actual memoranda of agreement with the two universities, it was not possible for the Committee to conclude that the institution ensures the quality of the programs offered through these agreements."*

- 3.4.8 The institution awards academic credit for course work taken on a noncredit basis only when there is documentation that the non-credit course work is equivalent to a designated credit experience. **(Noncredit to credit)**

*["Not applicable" is not an adequate response; institutions that do not award credit for noncredit work should identify the policy, procedure, or catalog statement that establishes this position.]*

- 3.4.9 The institution provides appropriate academic support services. **(Academic support services)**

- 3.4.10 The institution places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty. **(Responsibility for curriculum)**

*Excerpt citing noncompliance: “Review of the Bill of Collective Rights, the Constitution and Bylaws of the Faculty Senate, and the Curriculum Committee’s Policies and Procedures Manual confirms that faculty hold authority and are primarily responsible for the content, quality, and effectiveness of the curriculum, limited only by state rules and regulations. A few key councils and committees comprised of designated representatives, including the Undergraduate Council, the Graduate Council, and the University Curriculum Committee, provide oversight of curriculum content, make decisions about new programs and areas of study, conduct program reviews and terminate programs. In addition, policy denotes that faculty in departments and programs are responsible for program assessment and review for the use of results from assessment to improve student learning at the course and program level. Yet there is insufficient evidence in the Compliance Certification to demonstrate the implementation of these policies on either the institution-wide or unit level.”*

- 3.4.11 For each major in a degree program, the institution assigns responsibility for program coordination, as well as for curriculum development and review, to persons academically qualified in the field.

In those degree programs for which the institution does not identify a major, this requirement applies to a curricular area or concentration. **(Academic program coordination)**

*Excerpt citing noncompliance: “The institution provided a Division Chairs and Coordinators Roster to demonstrate that program coordination as well as curriculum development and review are assigned to persons academically qualified in field; however, the institution did not provide any evidence to demonstrate that these persons are qualified.”*

- 3.4.12 The institution’s use of technology enhances student learning and is appropriate for meeting the objectives of its programs.

Students have access to and training in the use of technology. **(Technology use)**

*Excerpt citing noncompliance: “The institution presented insufficient details about its use of instructional technology. For example, it did not specify the number and types of labs available, the extent of its wireless network, or the prevalence of Blackboard usage. Furthermore, the Compliance Certification failed to address technology training available to students or provide any surveys or assessment data alluding to student access to and training in the use of technology.”*

## 3.5 Educational Programs: Undergraduate Programs

*[Institutions that do not have undergraduate programs should mark these standards “Not applicable.”]*

- 3.5.1 The institution identifies college-level general education competencies and the extent to which graduates have attained them. **(College-level competencies)**

**Suggestion:** Since this standard focuses on attainment of competencies by “graduates,” take

pains to ensure that the narrative and documentation move beyond measures of the performance of “students enrolled” in general education courses.

*Excerpt citing noncompliance: “The information provided did not include adequate direct measures of the extent to which graduates have attained the nine college-level competencies.”*

- 3.5.2 At least 25 percent of the credit hours required for the degree are earned through instruction offered by the institution awarding the degree.

*[Notice that the remaining portion of this standard applies only under certain circumstances; consequently, it does not need to be addressed by all institutions.]*

IN THE CASE OF undergraduate degree programs offered through joint, cooperative, or consortia arrangements, the student earns 25 percent of the credits required for the degree through instruction offered by the participating institutions. (See Commission policy “*The Transfer or Transcribing of Academic Credit*.”) **(Institutional credits for a degree)**

*[Commission policy “The Transfer or Transcribing of Academic Credit” has been replaced by “Collaborative Academic Arrangements.”]*

- 3.5.3 The institution defines and publishes requirements for its undergraduate programs, including its general education components.

These requirements conform to commonly accepted standards and practices for degree programs. **(Undergraduate program requirements)**

- 3.5.4 At least 25 percent of the discipline course hours in each major at the baccalaureate level are taught by faculty members holding the terminal degree – usually the earned doctorate – in the discipline, or the equivalent of the terminal degree. **(Terminal degrees of faculty)**

*Excerpt citing noncompliance: “The Compliance Certification does not provide sufficient documentation to determine the percentages of courses taught by terminally-credentialed faculty because the discipline areas for earned doctorates are not provided. Care should be taken to detail the credentials of faculty in both the traditional and the adult studies programs.”*

### **3.6 Educational Programs: Graduate and Post-Baccalaureate Professional Programs**

- 3.6.1 The institution’s post-baccalaureate professional degree programs, master’s, and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. **(Post-baccalaureate program rigor)**

*Excerpt citing noncompliance: “The table of Program Outcomes by Level defines the expectations for each program at the baccalaureate, master’s, and doctoral level. When undergraduate outcomes are compared with graduate outcomes, the graduate outcomes are more advanced and rigorous in their academic concepts and learning experiences. However, only two course syllabi were provided to validate the implementation of these delineated outcomes.”*

3.6.2 The institution structures its graduate curricula

- (1) to include knowledge of the literature of the discipline and
- (2) to ensure ongoing student engagement in research and/or appropriate professional practice and training experiences. (**Graduate curriculum**)

3.6.3 The majority of credits toward a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree.

*Excerpt citing noncompliance: “The institution has a policy on the maximum number of transfer hours allowed for a master’s degree (6 semester hours), but a similar policy that states a maximum for the doctoral degree was not provided. Even though the institution’s regulations for the doctoral degree state that students are expected to complete all coursework at the university, there is a provision for exceptions to be granted. When such exceptions are granted, there is no accompanying statement that indicates that the majority of the credit must be earned at the institution.”*

*[Notice that the remaining portion of this standard applies only under certain circumstances; consequently, it does not need to be addressed by all institutions.]*

In the case of graduate and post-baccalaureate professional degree programs offered through joint, cooperative, or consortial arrangements, the student earns a majority of credits through instruction offered by the participating institutions. (See Commission policy “*The Transfer or Transcribing of Academic Credit*.”) (**Institutional credits for a degree**)

*[Commission policy “The Transfer or Transcribing of Academic Credit” has been replaced by “Collaborative Academic Arrangements: Policy and Procedures.”]*

3.6.4 The institution defines and publishes requirements for its graduate and post-baccalaureate professional programs.

These requirements conform to commonly accepted standards and practices for degree programs. (**Post-baccalaureate program requirements**)

### 3.7 Faculty

3.7.1 The institution employs competent faculty members qualified to accomplish the mission and goals of the institution.

When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline.

The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes.

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**Suggestion:** *Ensure that the qualifications are directly and specifically linked to the courses assigned to the faculty member.*

For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines “Faculty Credentials.”) **(Faculty competence)**

**Suggestion:** *Support justifications of faculty qualifications and experience through third-party documentation, such as transcripts and letters of recommendation, rather than relying on faculty-generated documents, such as resumes and personal websites. However, do not include transcripts or letters of recommendation with the Application for Membership.*

**Suggestion:** *When developing justifications for faculty whose expertise derives from personal/professional experience rather than from degrees earned, use the compliance components provided in the standard as appropriate for competence, effectiveness, and capacity as the organizing principle for presenting the documentation.*

**Excerpt citing noncompliance:** *“The faculty roster was found to be incomplete. In some cases, courses taught were missing; in others, the academic degrees of the faculty member were not presented. Lacking a complete faculty profile, the Committee was unable to determine the competency of thirteen faculty members.”*

3.7.2 The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status. **(Faculty evaluation)**

**Suggestion:** *To protect the privacy of the faculty involved, remove the names of faculty members whose evaluations are submitted as documentation of compliance.*

**Suggestion:** *Provide a representative sample of evaluations from across the disciplines and across the spectrum of evaluative comments.*

**Excerpt citing noncompliance:** *“The full-time faculty evaluation system appears to be well developed. The evaluation processes for adjunct faculty and for adult studies faculty, however, do not appear to be definitive, for the Compliance Certification observes that faculty in these categories are “usually” evaluated every two years.”*

3.7.3 The institution provides ongoing professional development of faculty as teachers, scholars, and practitioners. **(Faculty development)**

**Suggestion:** *In addition to identifying opportunities for professional development, also document participation.*

**Excerpt citing noncompliance:** *“The institution provides faculty development through support for faculty to attend conferences and make presentations and releases faculty to serve as consultants and trainers for various agencies. However, the Compliance Certification does not address broad-based opportunities for faculty professional development as teachers, scholars, and practitioners. The identified budgetary allocations are specific to successful scholarly activities and do not address the overall professional development needs of the faculty, such as pedagogical*

*improvement, bolstering weak research areas, and exploration of cognate disciplines that might complement expertise.”*

- 3.7.4 The institution ensures adequate procedures for safeguarding and protecting academic freedom. **(Academic freedom)**

*For all standards that require a procedure, institutions must document publication of the procedure in appropriate institutional documents.*

*Excerpt citing noncompliance: “The institution’s Handbook of Policies and Procedures for Faculty and Staff clearly and narrowly defines the boundaries within which faculty and students are free to think, conduct research, and explore ideas. However, the institution’s published statements regarding academic freedom do not refer to any established procedures for protecting or safeguarding the freedom of inquiry that is granted.”*

- 3.7.5 The institution publishes policies on the responsibility and authority of faculty in academic and governance matters. **(Faculty role in governance)**

*For four standards – CS 3.2.3 (Board conflict of interest), CS 3.2.5 (Board dismissal), CS 3.7.5 (Faculty role in governance), and FR 4.5 (Student complaints) – institutions must explicitly document implementation and enforcement of the required policy in addition to publication.*

### 3.8 Library and Other Learning Resources

- 3.8.1 The institution provides facilities and learning/information resources that are appropriate to support its teaching, research, and service mission. **(Learning/information resources)**

*[Notice that this standard is not precisely the same as CR 2.9. CR 2.9 focuses on resources that are “sufficient” for supporting all “educational, research, and public service programs;” CS 3.8.1 addresses resources that are “appropriate” for supporting the “teaching, research, and service mission.”]*

***Suggestion:** Recast the CR 2.9 narrative about having “enough” library resources to support the institution’s educational, research, and public service programs to focus on how that adequate array of resources is “right” for the institution and provides a “proper” mix of resources to support the teaching, research, and service. Cross-reference the documentation in CR 2.9, as appropriate.*

*Excerpt citing noncompliance: “The Compliance Certification does not provide enough information on facilities to determine appropriateness. Missing are floor plans, square footage allocations, and a description of age and condition.”*

- 3.8.2 The institution ensures that users have access to regular and timely instruction in the use of the library and other learning/information resources. **(Instruction of library use)**

***Suggestion:** Cross-reference documentation presented in CS 3.3.1.3 concerning the effectiveness of instruction in the use of library and learning/information resources.)*

*Excerpt citing noncompliance: “Although the institution described its library orientation program, usage stats (number of classes taught, number of students reached, breakdown of classes by department) and assessment data were not presented.”*

- 3.8.3 The institution provides a sufficient number of qualified staff – with appropriate education or experiences in library and/or other learning/information resources – to accomplish the mission of the institution. **(Qualified staff)**

*Suggestion: Prepare a roster of library/learning resources staff similar to the faculty roster prepared for CS 3.7.1.*

*Excerpt citing noncompliance: “Two full time MLS qualified librarians, 1.5 FTE library assistants and one library evening coordinator (FTE not given) staff the library, which also employs an unknown number of student workers to round out its staffing needs. The library is open approximately fifty hours per week, including a three-hour shift on Sundays. There is no indication of how these hours are staffed, i.e. whether there is a professional on duty at all times or at what time and for how long the evening coordinator works. What are the specific duties assigned to each employee including student workers? The library also provides sixty Information Literacy instruction sessions each term and works with faculty to encourage participation in the IL program. Librarians also appear to be faculty members and serve on committees, which takes additional time away from their being in the library.”*

## 3.9 Student Affairs and Services

- 3.9.1 The institution publishes a clear and appropriate statement of student rights and responsibilities

and disseminates the statement to the campus community. **(Student rights)**

- 3.9.2 The institution protects the security, confidentiality, and integrity of student records

*[This standard applies to all types of student records, not just the transcripts typically managed by the registrar’s office.]*

and maintains special security measures to protect and back up data. **(Student records)**

*Excerpt citing noncompliance: “The Compliance Certification defines the purpose of FERPA, identifies offices that are likely to hold student records, defines ‘directory information,’ and references where confidentiality issues are described in institutional publications. It does not, however, state what specific safeguards or procedures are in place to protect student records and data.”*

- 3.9.3 The institution employs qualified personnel to ensure the quality and effectiveness of its student affairs programs. **(Qualified staff)**

*Suggestion: Prepare a roster of student affairs staff similar to the faculty roster prepared for CS 3.7.1.*



**Suggestion:** Cross-reference documentation presented in CS 3.3.1.3 concerning the effectiveness of student affairs programs.

*Excerpt citing noncompliance: “The various student services positions detailed in the table provided by the institution are mostly documented as qualified by education and/or experience to have the competence and capacity to perform their duties. One employee, however, a Financial Aid Counselor, is listed as having only a Diploma in Cosmetology; other qualifications for this particular individual were not provided. Furthermore, it is not clear whether the Director or other staff in the Counseling Center are licensed mental health providers qualified to offer the individual and group counseling provided there.”*

### 3.10 Financial Resources

- 3.10.1 The institution’s recent financial history demonstrates financial stability. **(Financial stability)**

*[Provide figures for a minimum of three years.]*

**Suggestion:** Cross-reference CR 2.6, as appropriate.

- 3.10.2 The institution provides financial profile information on an annual basis and other measures of financial health as requested by the Commission.

All information is presented accurately and appropriately and represents the total operation of the institution. **(Submission of financial statements)**

*[This standard refers to (1) the annual Profile for Financial Information submitted to the Commission on Colleges each July by Candidate and Member institutions and to (2) other formal requests for financial information, typically through Monitoring Reports stemming from action on the institution’s accreditation by the SACSCOC Board of Trustees.]*

- 3.10.3 The institution audits financial aid programs as required by federal and state regulations. **(Financial aid audits)**

*[Institutions that have recently qualified for federal financial aid programs through their Candidacy status with SACSCOC will have limited documentation of compliance with this standard available.]*

- 3.10.4 The institution exercises appropriate control over all its financial resources. **(Control of finances)**

*Excerpt citing noncompliance: “The audited financial statements and the report from the state examiner of public accounts revealed numerous deficiencies in internal control over financial reporting, such as accounting reconciliations, cash management, cash count reports, and construction contract administration. While most of these have been significant deficiencies, two were considered material weaknesses in the last audit.”*

- 3.10.5 The institution maintains financial control over externally funded or sponsored research and programs. **(Control of sponsored research/external funds)**

*Excerpt citing noncompliance: “The Business Office uses the same internal controls and accounting processes to account and report activity for externally funded or sponsored programs. The Standard Review Report issued in 2010 indicated that for the fourth consecutive year the institution did not maintain adequate internal control over student and federal receivables.”*

### 3.11 Physical Resources

- 3.11.1 The institution exercises appropriate control over all its physical resources. (Control of physical resources)
- 3.11.2 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community. (**Institutional environment**)
- 3.11.3 The institution operates and maintains physical facilities, both on and off campus, that appropriately serve the needs of the institution’s educational programs, support services, and other mission-related activities. (**Physical facilities**)

*[Notice that this standard is not precisely the same as CR 2.11.2. CR 2.11.2 focuses on “adequate” physical resources to support “the mission of the institution and the scope of its programs and services;” CS 3.11.2 addresses resources that “appropriately” support the “institution’s educational programs, support services, and other mission-related activities.”]*

**Suggestion:** Recast the CR 2.11.2 narrative about having “enough” physical resources to support the institution’s mission to focus on how that sufficient array of physical resources is “right” for the institution and provides a “proper” mix of physical resources to support the educational programs, support services, and other activities. Cross-reference the documentation in CR 2.11.2, as appropriate.

*Excerpt citing noncompliance: “Significant construction of new E & G space has taken place during the past decade, but when accounting for the student enrollment growth during this same period of time, the E & G space per FTE student has actually declined nearly 15%. Because this space ratio has decreased during the same period that the institution added space-intensive programs at both the master’s and the doctoral level, the Committee cannot conclude from the information provided in the Compliance Certification that current facilities appropriately serve the needs of the institution’s educational programs.”*

### 3.12 Responsibility for compliance with the Commission’s substantive change procedures and policy

- 3.12.1 The institution notifies the Commission of changes in accordance with the substantive change policy and, when required, seeks approval prior to the initiation of changes. (**Substantive change**)

**Suggestion:** Create a table to display a chronological listing of notification and approval dates for all substantive changes since the last reaffirmation. Document through correspondence with the Commission office.

*Excerpt citing noncompliance: “ The institution has notified the Commission of several substantive changes and has provided evidence of approval, but it has not received final approval for the Metro City of-campus instructional site. The institution was late in reporting the substantive change for the degree in Funeral Service Administration and was directed by the Commission to establish a policy to ensure proper notification. The institution is currently awaiting a response from the Commission on the acceptance of that policy.”*

### **3.13 Responsibility for compliance with other Commission policies**

- 3.13.1 The institution complies with the policies of the Commission on Colleges. **(Policy compliance)**

*[The institution should address the six policies enumerated in the Compliance Certification and address each, if applicable.]*

### **3.14 Representation of status with the Commission**

- 3.14.1 A member or candidate institution represents its accredited status accurately and publishes the name, address, and telephone number of the Commission in accordance with Commission requirements and federal policy. **(Publication of accreditation status)**

*(Note: The institution should make it very clear in publications used to represent its accreditation status with the Commission on Colleges that the three-fold purpose for publishing the Commission’s access and contact numbers is to enable interested constituents (1) to learn about the accreditation status of the institution, (2) to file a third-party comment at the time of the institution’s decennial review, or (3) to file a complaint against the institution for alleged non-compliance with a standard or requirement. Institutions should indicate that normal inquiries about the institution, such as admission requirements, financial aid, educational programs, etc., should be addressed directly to the institution and not to the Commission’s office.)*

*Excerpt citing noncompliance: “The Graduate Institute of Applied Linguistics has published its status with the Commission as required but has neglected to include address and telephone number for the Commission.”*

## **Federal Requirements:**

- 4.1 The institution evaluates success with respect to student achievement, including as appropriate, consideration of course completion, state licensing examinations and job placement rates. **(Student achievement)**

**Suggestion:** *These indicators should have already been addressed under CR 2.5 (Institutional Effectiveness), CS 3.3.1.1 (Institutional Effectiveness: Educational programs, to*

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include student learning outcomes) and/or CS 3.5.1 (College-level competencies). Cross-reference to data previously presented and/or create a brief summary table for FR 4.1.

*Excerpt citing noncompliance:* “The Compliance Certification provides longitudinal data on the completion rates of graduates; however, it does not provide longitudinal data on the job placement rates of graduates, nor does it document the claim that almost all graduates are employed in the Bible translation profession.”

4.2 The institution’s curriculum is directly related and appropriate to the purpose and goals of the institution and the diplomas, certificates or degrees awarded. (**Program curriculum**)

4.3 The institution makes available to students and the public current academic calendars, grading policies, and refund policies. (**Publication of policies**)

4.4.1 Program length is appropriate for each of the institution’s educational programs. (**Program length**)

*Suggestion:* Build upon the narrative and documentation developed for CR 2.7.1 (Program Length). Cross-reference as appropriate.

4.5 The institution has adequate procedures for addressing written student complaints and is responsible for demonstrating that it follows those procedures when resolving student complaints. (See Commission policy “Complaint Procedures Against the Commission or its Accredited Institutions.”) (**Student complaints**)

*Suggestion:* Include an example of an actual complaint (with personal information blacked out) followed by the policy and procedure for written student complaints.

*Suggestion:* If the institution has multiple complaint procedures for varying types of complaints, consider providing an illustration of the handling and resolution of a case of each type.

*Excerpt citing noncompliance:* “While the institution does adequately demonstrate that it has procedures in place for handling student complaints, it does not demonstrate in the Compliance Certification that it follows those procedures. Evidence of disciplinary reports is provided, but only the number of reports is presented, not documentation of implementation of the prescribed procedures.”

4.6 Recruitment materials and presentations accurately represent the institution’s practices and policies. (**Recruitment materials**)

*Excerpt citing noncompliance:* “The institution described a variety of recruitment materials but did not provide samples of these materials for review.”

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- 4.7 The institution is in compliance with its program responsibilities under Title IV of the *1998 Higher Education Amendments*. (In reviewing the institution's compliance with these program responsibilities, the Commission relies on documentation forwarded to it by the U.S. Secretary of Education.) **(Title IV program responsibilities)**

*Excerpt citing noncompliance: "During the period of FY 2005 through FY2009, Single Audit Reports reflected approximately \$682,000 in Questioned Costs associated with Student Financial Aid programs."*

## Appendix II – 2

### Standards that Cross-Reference Commission Policies

| Standard | Topic                              | Cross-referenced Policy  |
|----------|------------------------------------|--|
| 2.3      | Chief Executive Officer            | “Core Requirement 2.3: Documenting an Alternative Approach”                    |
| 2.7.4    | Course Work for Degrees            | “Core Requirement 2.7.4: Documenting an Alternative Approach”                  |
| 3.4      | Educational Programs               | “Distance and Correspondence Education”  |
| 3.4.4    | Acceptance of Academic Credit      | “Collaborative Academic Arrangements: Policy and Procedure.”                   |
| 3.5.2    | Institutional credits for a degree | “Collaborative Academic Arrangements: Policy and Procedure.”                   |
| 3.6.3    | Institutional credits for a degree | “Collaborative Academic Arrangements: Policy and Procedure.”                   |
| 3.12     | Substantive change procedures      | “Substantive Change for Accredited Institutions of the Commission on Colleges” |
| 3.13     | Commission policies                | All current Commission policies  |
| 4.5      | Student complaints                 | “Complaint Procedures Against the Commission or its Accredited Institutions”   |

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## Appendix II-3

### Compliance Certification Narrative: Example Asserting Compliance

*3.2.14 The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual Property Rights)*

#### Compliance

The first intellectual property policy, "Patents and Copyrights for Work Products," was developed in 1982, primarily for faculty in science and engineering. During the next two decades, the policy underwent several revisions, including a name change to "Policy on Intellectual Property," as it was expanded to encompass a broader range of academic pursuits and to extend to individuals in staff positions. In 2005, the policy was amended to cover property developed by students. At the time of the last revision in 2009, the policy was re-named "[Intellectual Property: Rights and Responsibilities](#)," definitions used throughout were updated, and the policy's organization was sharpened to ensure that it clearly addresses ownership of materials ([Section 1a](#)), compensation ([Section 3a](#)), copyright issues ([Section 1b](#)), and the use of revenue derived from the creation and production of intellectual property ([Section 3b](#)). This policy can be found in the *University Policy Manual*, the *Faculty Handbook*, and the *Student Handbook*.

Intellectual property includes, but is not limited to, any invention, discovery, creation, know-how, trade secret, technology, scientific or technological development, research data, works of authorship, and computer software, regardless of whether subject to protection under patent, trademark, copyright, or other laws. The intellectual property policy applies to all persons employed by the university, to undergraduates, to candidates for master's and doctoral degrees, and to postdoctoral and pre-doctoral fellows. The university has sole ownership of all intellectual property created as part of an institutional project. However, the institution does not assert its interests in the copyright of scholarly or educational materials, artworks, musical composition, or literary works related to the author's academic or professional field, regardless of the medium of expression.



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## Appendix II-4

### Compliance Certification Narrative: Example Asserting Partial Compliance

*3.2.15 The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual Property Rights)*

#### Partial Compliance

The first intellectual property policy, "Patents and Copyrights for Work Products," was developed in 1982, primarily for faculty in science and engineering. During the next two decades, the policy underwent several revisions, including a name change to "Policy on Intellectual Property," as it was expanded to encompass a broader range of academic pursuits and to extend to individuals in staff positions. At the time of the last revision in 2009, the policy was re-named "[Intellectual Property: Rights and Responsibilities.](#)" definitions used throughout were updated, and the policy's organization was sharpened to ensure that it clearly addresses ownership of materials ([Section 1a](#)), compensation ([Section 3a](#)), copyright issues ([Section 1b](#)), and the use of revenue derived from the creation and production of intellectual property ([Section 3b](#)). This policy applies to faculty and staff and can be found in the *University Policy Manual* and in the *Faculty Handbook*.

Intellectual property includes, but is not limited to, any invention, discovery, creation, know-how, trade secret, technology, scientific or technological development, research data, works of authorship, and computer software, regardless of whether subject to protection under patent, trademark, copyright, or other laws. The intellectual property policy applies to all persons employed by the university. The university has sole ownership of all intellectual property created as part of an institutional project. However, the institution does not assert its interests in the copyright of scholarly or educational materials, artworks, musical composition, or literary works related to the author's academic or professional field, regardless of the medium of expression.

**Action Plan:** A policy statement regarding intellectual property rights for students, including ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property, is currently under development by a committee composed of faculty, student services personnel, and students. The draft should be presented first to the Student Council and then to the Faculty-Staff Council for review and approval at their meetings in September. The policy will then be presented to the President for final approval prior to being considered by the Board of Trustees at the October Board meeting. After the Board has approved the policy, it will be incorporated into the *Student Handbook*.

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## Appendix II-5

### Compliance Certification Narrative: Example Marked Non-Compliance

*3.2.16 The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual Property Rights)*

#### Non-Compliance

The university is not currently in compliance with this requirement because it has no written and approved policy regarding ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of any intellectual property by faculty, staff or students.

**Action Plan:** A policy statement regarding ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property is currently under development by a committee composed of faculty, administrators, staff, and students. The draft should be presented to the Faculty-Staff Council for review and approval at its opening meeting in September. The policy will then be presented to the President for final approval prior to being considered by the Board of Trustees at the October Board meeting. After the Board has approved the policy, it will be incorporated into both the *Faculty-Staff Handbook* and the *Student Handbook*.

## Appendix III - 1

### Distribution Matrix for Off-Site Review Materials

#### Paper Compliance Certification

| Document  | Committee Members                                      | Commission staff representative |
|---|--|---------------------------------|
| Compliance Certification with supporting documentation                              | 1 copy to each member                                  | 2 copies                        |
| Catalog(s)  | 1 copy to each member                                  | 2 copies                        |
| Institutional Summary Form  | 1 copy to each member                                  | 2 copies                        |
| Organization chart  | 1 copy to each member                                  | 2 copies                        |
| Signed Compliance Certification with narrative but without supporting documentation |  | 1 copy                          |
| Most recent audit and management letter   | 1 copy to the chair<br>1 copy to the finance evaluator | 2 copies                        |

### Distribution Matrix for Off-Site Review Materials

#### Electronic Compliance Certification

| Document  | Committee Members  | Commission staff representative |
|---|--|---------------------------------|
| Compliance Certification with supporting documentation                              | 1 copy to each member  | 2 copies                        |
| Instruction sheet   | 1 copy to each member  | 2 copies                        |
| Catalog(s)  | 1 copy to each member  | 2 copies                        |
| Institutional Summary Form  | 1 copy to each member  | 2 copies                        |
| Organization chart  | 1 copy to each member  | 2 copies                        |
| Signed Compliance Certification with narrative but without supporting documentation |  | 1 paper copy                    |
| Most recent audit and management letter   | 1 paper copy to the chair<br>1 paper copy to the finance evaluator | 2 paper copies                  |

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## Appendix III-2

### Examples of Off-Site Report Narratives

**3.2.17** *The institution's policies are clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property. These policies apply to students, faculty, and staff. (Intellectual Property Rights)*

#### **Example 1: Compliance**

A clearly stated intellectual property rights policy that applies to all persons employed by the university and to undergraduate and graduate students is published in the *Student Handbook*, the *Faculty Handbook*, and the *University Policy Manual*. This policy, which was updated in 2009, is clear regarding the ownership of materials, copyright issues, compensation, and the use of revenue generated from the creation and production of all intellectual property. The policy was developed with input from faculty, students, and administration and was approved by the Board of Trustees.

#### **Example 2: Non-Compliance**

A clearly stated intellectual property rights policy that applies to all persons employed by the university is published in the *Faculty Handbook* and the *University Policy Manual*. This policy, which was updated in 2009, is clear regarding the ownership of materials, copyright issues, compensation, and the use of revenue generated from the creation and production of all intellectual property. The policy was developed with input from faculty and administration and was approved by the Board of Trustees. A policy statement regarding intellectual property rights for students is under development and expected to be approved by the Board in October. The On-Site Reaffirmation Committee should confirm its adoption and compliance with the provisions of this standard.

#### **Example 3: Non-Compliance**

In the Compliance Certification, the university marked non-compliance for this standard because it had just recently begun developing an intellectual property rights policy, which it expects the Board to approve in October. The On-Site Reaffirmation Committee should confirm that the Board has approved the policy; that the policy is clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property; that the policy applies to students, faculty, and staff; and that the policy is published in appropriate places.

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**Example 4: Did Not Review**

The narrative of the Compliance Certification alluded to a policy (“Intellectual Property: Rights and Responsibilities”), but the links to the documentation did not work. The On-Site Reaffirmation Committee should confirm that the policy is clear concerning ownership of materials, compensation, copyright issues, and the use of revenue derived from the creation and production of all intellectual property that the policy applies to students, faculty, and staff; and that the policy is published in appropriate places.

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## Appendix IV-1

### Institutional Feedback: Developing the QEP

#### Overview

“The deadline and requirement for developing a QEP as part of our SACS reaffirmation served as a crucial motivator in translating vision into reality. We are much farther along our chosen path than we would be otherwise.” (Level IV institution)

“For achieving the focus, it lends us the benefit of having made a promise to an external body that has a firm deadline.” (Level III institution)

#### Institutional Support

“The process of developing the plan has fostered an atmosphere of camaraderie, collaboration, and creative problem solving that continues during the project implementation.” (Level I institution)

“It has also been a good opportunity to involve faculty collectively on a project that has a direct impact on student learning.” (Level I institution)

“The development of the project was a bottom-up process. That is, a committee of faculty, staff, and students identified several possible areas of focus, based in part on a survey of various stakeholder groups. Then the final choices were submitted again for evaluation by the stakeholders. This process helped to establish a strong basis of support for our project. (Level VI institution)

#### Developing the QEP

“We wish we had had a clearer understanding of the scope and magnitude of developing the plan. We would advise institutions to allow themselves a great deal of time in selecting a topic, developing the plan, etc. We do feel that we came up with an excellent QEP; however, we would have appreciated the opportunity to have spent more time having a thoughtful dialogue about the process.” (Level IV institution)

“Additional research regarding the new technology which is available and discussions with personnel from other colleges which have similar programs could have assisted with determining the weaknesses involved with the original QEP.” (Level I institution)

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## Selecting the Topic

“Institutions should be advised...to develop well-planned communications campaigns about the QEP. Media relations offices could play a direct partnering [role].” (Level V institution)

“The College was so focused on including every office and program on campus in the planning and implementation of the QEP that our original QEP was far too broad and complicated.” (Level I institution)

“Keep it small! We wanted to solve all of our problems with one project, and that simply isn’t possible.” (Level I institution)

“At the inception of the QEP, it is essential to recognize the importance and timeliness of evaluating prospective external consultants, as well as having clearly defined expectations of their role in the process.” (Level V institution)

## Identifying Necessary Resources

“The eventual cost of the QEP to the institution over the next five years will likely be much greater than what we had planned.” (Level I institution)

“The time commitment! More financial support should have been built into the budget for learning communities and assessment efforts. In addition, employment of a full-time ‘director’ to manage and facilitate the process of plan development and the actual product would be advisable.” (Level I institution)

“As a college, we have discovered the amount of work required in both human resources and financial resources to implement the QEP. We are also finding that the QEP requires an ongoing commitment to be successfully accomplished.” (Level II institution)

“I wish we had had a clearer idea about the support resources necessary to sustain the project for the duration (staff infrastructure).” (Level V institution)

## Developing the Assessment Plan

“The college wishes it had fully appreciated the high level of assessment that would be required to make the QEP effective.” (Level II institution)



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## Appendix V-1

### Report of the Reaffirmation Committee: Sample Narratives

**A narrative with a positive tone and no recommendations signals compliance:**

*3.6.1 The institution's post-baccalaureate professional degree programs, and its master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. (Post-baccalaureate program rigor)*

The institution's search, interview, and hiring practices are designed to recruit qualified faculty members. Faculty members must hold the terminal degree in the teaching discipline in order to receive tenure-track appointments. Documentation of qualifications included transcripts, vitae, licensures, records of research and related professional experience, and publications. The institution provided well-written justifications of qualifications for all faculty with teaching assignments outside the discipline of their highest degree. The roster included full-time and adjunct faculty and covered all three campuses.

**A narrative that highlights a shortcoming and follows with a recommendation signals non-compliance / Narratives for standards previously marked Non-Compliance are expanded to reference additional documentation provided:**

Off-site finding:

*3.6.1 The institution's post-baccalaureate professional degree programs, and its master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. (Post-baccalaureate program rigor)*

Non-Compliance

The institution reported compliance; however, the program learning outcomes and selected syllabi cited were not accessible to the Committee.

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Report of the Reaffirmation Committee:

*3.6.1 The institution's post-baccalaureate professional degree programs, and its master's and doctoral degree programs, are progressively more advanced in academic content than its undergraduate programs. (Post-baccalaureate program rigor)*

In the Compliance Certification Report provided to the Off-Site Reaffirmation Committee, the institution reported compliance; however, the Committee was not able to access the program learning outcomes and selected syllabi. The On-Site Reaffirmation Committee reviewed the syllabi for all graduate programs along with the program requirements listed in the graduate catalog. For five of the programs reviewed ( [names] ), however, the Committee was unable to confirm post-baccalaureate program vigor because they make extensive use of undergraduate courses.

**(Recommendation 3) The Committee recommends that the institution document post-baccalaureate program rigor in all programs that include courses below the 5000 level.**

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## Appendix V-2

### QEP Recommendations and QEP Consultative Advice

#### Recommendations

*(requiring further documentation of compliance in the institution's Response to the Visiting Committee Report)*

##### **Focus:**

- The Committee recommends recrafting the focus of the plan to include additional detail clarifying its intent and how it is to be implemented.
- The Committee recommends that the institution re-focus its QEP on one specific and manageable aspect of the [topic selected for the QEP].
- The Committee recommends that the focus of the QEP be narrowed.

##### **Learning outcomes and/or the environment supporting student learning:**

- The Committee recommends that a comprehensive list of competencies be established for [topic selected for the QEP].
- The Committee recommends that the institution develop a focused description of the student learning outcomes relevant to each component of the chosen topic.
- The Committee recommends that learning outcomes appropriate to case-based learning be written in specific and measurable terms.

##### **Institutional capability for the initiation, implementation, and completion of the QEP:**

- The Committee recommends that the institution identify sufficient financial and personnel resources to sustain implementation of the QEP.
- The Committee recommends that the institution demonstrate that it has sufficient ongoing financial support and faculty resources to implement and sustain the QEP effectively.
- The Committee recommends that the institution develop a more detailed five-year budget plan for the QEP to reflect added faculty and administrative resources, equipment, supplies, and other items required for QEP implementation. The budget plan should reflect sources of funds by allocating new dollars, reallocating existing dollars, and in-kind support and should set forth priorities for expenditures.

##### **Goals and assessment plans:**

- The Committee recommends that the institution align its student learning objectives with specific methods of assessment.
- The Committee recommends that the institution identify and focus on specific assessment tools that will be used to evaluate the goals of the QEP and demonstrate how those tools will provide adequate evaluation of the learning outcomes.
- The Committee recommends that the institution demonstrate how it will assess the overall success of its QEP and describe how the results of this evaluation will be used to improve student learning.

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### **Unacceptable QEP:**

- The Committee finds the institution's QEP unacceptable in its current form and recommends that it be re-written to address the concerns expressed in the five other recommendations written for 2.12.
- The Committee recommends that the institution submit an acceptable revised Quality Enhancement Plan that adequately addresses the five numbered requirements in 2.12.

### **Consultative Advice**

*(requiring no further action by the institution)*

- The QEP plan identifies a commitment to faculty development through the teaching and learning center. The QEP Committee might consider developing comparable staff development and training for professional and support staff. Through on-site interviews, campus personnel shared excellent examples of how the QEP student learning outcomes are and will be implemented in the co-curriculum. A comprehensive staff development program will enhance consistency in the implementation and assessment of the QEP.
- The QEP Committee might consider how to engage juniors and seniors who are proficient in writing and speaking as mentors for freshmen and transfer students
- The QEP Committee might consider the development of a concise "student-friendly" executive summary of the QEP to be disseminated to current, new, and prospective students.
- During conversations with staff it was observed that many co-curricular initiatives, programs, services, and activities support the goals and student learning outcomes in the QEP. The QEP Committee in collaboration with Student Affairs might consider developing tools to document the effectiveness of co-curricular involvement and the QEP student learning outcomes. In addition, the QEP committee might consider integrating the QEP student learning outcomes with student employment opportunities for on-campus positions.
- During the conversations on campus about use of external instruments, it was discovered that the institution already administers the NSSE for other purposes. This may be another valuable instrument to use as part of the QEP assessment plan as many of the items relate specifically to the goals of the QEP. Further, the institution may want to consider local administration of that instrument to writing and communication intensive courses.

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## Appendix VI-1

### Sample Action Letters

#### Reaffirmation / No Further Report

Dear [CEO]:

The following action regarding your institution was taken at the **[date]** meeting of the Board of Trustees of the Commission on Colleges:

The Commission on Colleges reaffirmed the institution's accreditation. No additional report was requested.

Please submit to your Commission staff representative a **one-page** executive summary of your institution's Quality Enhancement Plan. The summary is due **[date]**, and also should include: (1) the title of your Quality Enhancement Plan, (2) your institution's name, and (3) the name, title, and e-mail address of an individual who can be contacted regarding its development or implementation. This summary will be posted to the Commission's website as a resource for other institutions undergoing the reaffirmation process.

All institutions are requested to submit an "Impact Report of the Quality Enhancement Plan on Student Learning" as part of their "Fifth-Year Interim Report" due five years after their reaffirmation review. Institutions will be notified one year in advance by the President of the Commission regarding its specific due date.

We appreciate your continued support of the activities of the Commission on Colleges. If you have questions, please contact the staff representative assigned to your institution.

Sincerely,

President  
SACS Commission on Colleges

## Reaffirmation / Monitoring Report Requested

Dear [CEO]:

The following action regarding your institution was taken at the [date] meeting of the Board of Trustees of the Commission on Colleges:

The Commission on Colleges reaffirmed the institution's accreditation with a request for a First Monitoring Report due [date], addressing the visiting committee's recommendations applicable to the following referenced standards of the *Principles*:

**CS 3.2.10 (Administrative Staff Evaluations), Recommendation 1**

Demonstrate that the institution evaluates .... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

**CS 3.3.1.2 (Institutional Effectiveness: administrative support services), Recommendation 3**

Provide evidence of assessment of the outcomes of .... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

**CS 3.10.4 (Financial Resources), Recommendation 5**

Provide external evidence of the effectiveness of the .... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

Please submit to your Commission staff representative a **one-page** executive summary of your institution's Quality Enhancement Plan. The summary is due [date], and also should include: (1) the title of your Quality Enhancement Plan, (2) your institution's name, and (3) the name, title, and e-mail address of an individual who can be contacted regarding its development or implementation. This summary will be posted to the Commission's website as a resource for other institutions undergoing the reaffirmation process.

All institutions are requested to submit an "Impact Report of the Quality Enhancement Plan on Student Learning" as part of their "Fifth-Year Interim Report" due five years after their reaffirmation review. Institutions will be notified one year in advance by the President of the Commission regarding its specific due date.

Guidelines for the additional report are enclosed. Because it is essential that institutions follow these guidelines, **please make certain that those responsible for preparing the report receive the document. If there are any questions about the format, contact the Commission staff representative assigned to your institution.** When submitting your report, please send **four copies** to your Commission staff representative.

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Please note that Federal regulations and Commission policy stipulate that an institution must demonstrate compliance with all requirements and standards of the *Principles of Accreditation* within two years following the Commission's initial action on the institution. At the end of that two-year period, if the institution does not comply with all the standards and requirements of the *Principles*, representatives from the institution may be required to appear before the Commission, or one of its standing committees, to answer questions as to why the institution should not be removed from membership. If the Commission determines good cause at that time, the Commission may extend the period for coming into compliance for a minimum of six months and a maximum of two years and must place the institution on Probation. If the institution has been placed on Probation within the two-year period, extension of accreditation beyond the two-year period for good cause is dependent on the amount of time the institution has already been on Probation. An institution may be on Probation for not more than two years. If the Commission does not determine good cause or if the institution does not come into compliance within two years while on Probation, the institution must be removed from membership. (*See enclosed Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership."*)

We appreciate your continued support of the activities of the Commission on Colleges. If you have questions, please contact the Commission staff representative assigned to your institution.

Sincerely,

President  
SACS Commission on Colleges



## Reaffirmation Denied / Sanction Imposed / Monitoring Report Requested

Dear [CEO]:

The following action regarding your institution was taken at the [date] meeting of the Board of Trustees of the Commission on Colleges:

The Commission on Colleges continued accreditation, denied reaffirmation of accreditation, placed the institution on Warning for twelve months for failure to comply with Core Requirement 2.5 (Institutional Effectiveness), Comprehensive Standard 3.3.1.1 (Institutional Effectiveness/ Academic Programs), Comprehensive Standard 3.3.1.2 (Institutional Effectiveness/ Administrative Support Services), and Comprehensive Standard 3.5.1 (College-level competencies) of the *Principles of Accreditation*.

The Commission requested that the institution submit a First Monitoring Report due [date], addressing the visiting committee's recommendations applicable to the following referenced standards of the *Principles*:

**CR 2.5 (Institutional Effectiveness), Recommendation 1**

Demonstrate the existence of a .... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

**CS 3.3.1.1 (Institutional Effectiveness: educational programs, to include student learning outcomes), Recommendation 4**

Describe specific student learning outcomes for .... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

**CS 3.3.1.2 (Institutional Effectiveness: administrative support services), Recommendation 5**

Document appropriate assessment results in .... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

**CS 3.5.1 (College-level competencies), Recommendation 6**

Provide evidence of the extent to which graduates .... **[This entry identifies the issue to be addressed in the Monitoring Report and describes weaknesses in the institution's documentation.]**

The Commission on Colleges did not authorize a Special Committee to visit the institution.

Guidelines for the additional report are enclosed. Because it is essential that institutions follow these guidelines, **please make certain that those responsible for preparing the**

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**report receive the document. If there are any questions about the format, contact the Commission staff representative assigned to your institution.** When submitting your report, please send **four copies** to your Commission staff representative.

Because your institution has been placed on a sanction, the Commission calls to your attention the enclosed policy “Sanctions, Denial of Reaffirmation, and Removal from Membership.”

Please note that Federal regulations and Commission policy stipulate that an institution must demonstrate compliance with all the standards and requirements of the *Principles of Accreditation* within two years following the Commission's initial action on the institution. At the end of that two-year period, if the institution continues on Probation and does not comply with all the standards and requirements in the *Principles*, representatives from the institution will be required to appear for a meeting on the record before the Commission, or one of its standing committees, to answer questions as to why the institution should not be removed from membership. If the Commission determines good cause at that time, the Commission may extend the period for coming into compliance for a minimum of six months and a maximum of two years and must place the institution on Probation. If the Commission does not determine good cause, the institution must be removed from membership. (See enclosed Commission policy “Sanctions, Denial of Reaffirmation, and Removal from Membership.”)

If you have any questions regarding this letter or the process, please contact the Commission staff representative assigned to your institution.

Sincerely,

President,  
SACS Commission on College

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## Glossary and Reference Guide

This lexicon of accreditation terminology and of SACSCOC components and policies includes cross-references to applicable sections of this handbook and to related resources on the SACSCOC website.

-- A --

**Accreditation Committee:** The **Accreditation Committee** visits a Candidate institution to verify compliance with the Principle of Integrity, the Core Requirements (except for 2.12 Quality Enhancement Plan), the Comprehensive Standards (except for 3.3.2 (Quality Enhancement Plan), and the Federal Requirements contained in *The Principles of Accreditation*.

**Accreditation Contact:** The **Accreditation Contact** is the member of the Applicant institution's Leadership Team who works closely with SACSCOC staff during review of the Application for Membership and with the Chair of the Candidacy Committee to prepare for the institution's first on-site review.

**Accreditation Liaison:** Each Candidate and Member institution appoints an **Accreditation Liaison** to serve as the resource person on campus for SACSCOC accreditation questions and as an institutional contact person for SACSCOC personnel. [See Part I of this handbook. A complete description of the responsibilities of the accreditation liaison is available at [www.sacscoc.org](http://www.sacscoc.org) under Institutional Resources.]

**Annual Meeting:** Each December, the Commission's business meeting caps a four-day **Annual Meeting** agenda of pre-session workshops, general sessions, break-out meetings, and round-table discussions about current issues in higher education and topics related to accreditation processes. [Information about the upcoming Annual Meeting is available at [www.sacscoc.org](http://www.sacscoc.org) under Meetings and Events.]

**Appealable Actions:** Four decisions made by the Commission or its standing committees – (1) Denial of Candidacy for Initial Accreditation, (2) Removal from Candidacy for Initial Accreditation, (3) Denial of Initial Membership, and (4) Removal from Membership – are considered **appealable actions**. [Details of the appeals process can be found in Commission policy "Appeals Procedures of the College Delegate Assembly of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Appeals Committee:** Consisting of twelve persons who have served on the SACSCOC Board of Trustees, the **Appeals Committee** is elected by the College Delegate Assembly to enable Applicant, Candidate, and Member institutions to appeal adverse decisions taken by the SACSCOC Board. [Information on the membership of the committee and its operating procedures is available in Commission policy "Appeals Procedures of the College Delegate Assembly of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Applicant Institution:** After a prospective member institution submits an initial Application for Membership for review, it is identified on the SACSCOC website as an *Applicant institution*. An Applicant institution has no formal status with the Commission on Colleges nor does submission of an Application for Membership imply that the institution will attain Candidacy or Membership.

**Application for Membership:** The first document submitted by institutions as they begin the process of securing Initial Accreditation, the *Application for Membership* describes institutional characteristics in Part A (history, control, organization, educational programs, methods of delivery, enrollment, faculty qualifications, library/learning resources, financial resources, and physical resources) and documents compliance with selected sections of *The Principles of Accreditation* in Part B (Core Requirements 2.1-2.11: Comprehensive Standards 3.3.1, 3.5.1, and 3.7.1; and Federal Requirements 4.1-4.7). [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org). The template for the Application for Membership is also available at [www.sacscoc.org](http://www.sacscoc.org) under Application Information.]

**Authorization of a Candidacy Committee Visit:** The Commission's first official action in its procedure for securing Initial Accreditation is the *authorization of a Candidacy Committee visit*, which results from a determination that the *revised* Application for Membership appears to document compliance with the relevant Core Requirements, Comprehensive Standards, and Federal Requirements. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

-- B --

**Branch Campus:** A *branch campus* is an instructional site located geographically apart and independent of the main campus of the institution. A location is independent of the main campus if the location is (1) permanent in nature, (2) offers courses in educational programs leading to a degree, diploma, certificate, or other recognized educational credential, (3) has its own faculty and administrative or supervisory organization, and (4) has its own budgetary and hiring authority.

-- C --

**Candidacy Committee:** The *Candidacy Committee* visits an Applicant institution to verify compliance with the selected standards and requirements addressed in the Application for Membership. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Candidacy Status:** An institution Initial Accreditation is granted four years of *Candidacy status* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has demonstrated compliance with the requirements addressed in the Application for Membership and that this compliance has been verified by a Candidacy Committee during a visit to the institution. Candidate institutions move into membership after demonstrating compliance with the remaining Comprehensive Standards. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Coherent Evidence:** *Coherent evidence* of an institution’s level of compliance with SACSCOC standards and requirements is orderly and logical and consistent with other patterns of evidence presented. [See Part II of this handbook for information on documenting compliance.]

**Collaborative Academic Arrangements:** *Collaborative academic arrangements* are agreements by institutions accredited by SACSCOC and accredited or non-accredited degree-granting institutions of higher education throughout the world for purposes of awarding academic credits and/or educational program completion credentials, e.g., certificates, diplomas, degrees or transcripts. Institutions describe collaborative academic arrangements in many different ways, most commonly identifying them as dual or joint educational programs, affiliations, partnerships, and consortial agreements. [See Commission policy “Collaborative Academic Arrangements: Policy and Procedures,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**College Delegate Assembly:** Comprised of one voting representative from each member institution, the *College Delegate Assembly* elects the SACSCOC Board of Trustees, the Appeals Committee, and representatives to the SACS Board and approves revisions to the accrediting standards and the dues schedule. [See Part I of this handbook. Further information on the authority of the College Delegate Assembly is available in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**Committees on Compliance and Reports (C&R Committees):** Standing committees of the SACSCOC Board of Trustees, the *Committees on Compliance and Reports* review Applications for Membership, reports prepared by visiting committees, and the institutional responses to those reports and recommend action on those accreditation issues to the Executive Council. [See Part I of this handbook. Further information on the composition and duties of C&R Committees is available in Commission policy “Standing Rules: Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**Compliance:** A finding of *compliance* in a report resulting from committee review indicates that an institution has documented that it meets the expectations set forth in a standard or requirement in *The Principles of Accreditation*. Reports written by both Off-Site Reaffirmation Committees and On-Site Reaffirmation Committees require judgments about the *compliance* or non-compliance of the institution with all of the standards and requirements relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. [See Parts III and V of this handbook.]

**Compliance Certification:** The primary document prepared by Candidate institutions for Accreditation Committees (when seeking Initial Accreditation) and Off-Site Review Committees (when **Member institutions** are seeking Reaffirmation of Accreditation), the *Compliance Certification* presents narrative arguments for compliance with Core Requirements, Comprehensive Standards, and Federal Requirements and appropriate documentation supporting those narratives. [See Part II of this handbook. The template for the Compliance Certification is available at [www.sacscoc.org](http://www.sacscoc.org) under Application Information.]

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**Compliance Components:** Embedded in the wording of the Core Requirements, Comprehensive Standards, and Federal Requirements (and frequently signaled by numbers, commas, and the use of compound modifiers), the *compliance components* are the multiple discrete issues that must be addressed for each requirement and standard. [See Part II of this handbook and Appendix II-1.]

**Comprehensive Standards:** More specific to the operations of an institution than the Core Requirements, the *Comprehensive Standards* (3.1-3.14 in *The Principles of Accreditation*) represent good practice in higher education and establish a level of accomplishment expected of all institutions seeking Initial Accreditation or Reaffirmation of Accreditation.

**Consortial Relationship:** A *consortial relationship* typically is one in which two or more institutions share in the responsibility to develop courses and programs that meet mutually agreed-upon standards of academic quality.

**Continued Candidacy:** An institution is *continued in Candidacy* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for Initial Accreditation has been verified by the first Accreditation Committee that visited the institution. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Contractual Agreement:** A *contractual agreement* typically is one in which an institution enters an agreement for receipt of courses/programs or portions of courses or programs (i.e., clinical training, internships, etc.) delivered by another institution or service provider.

**Core Requirements:** Basic, broad-based, foundational requirements, the *Core Requirements* (2.1-2.12 in *The Principles of Accreditation*) establish a threshold of development required of all institutions seeking initial accreditation or reaffirmation.

**Correspondence Education:** *Correspondence education* is a formal educational process 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. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student; courses are typically self-paced. [See Commission policy “Distance and Correspondence Education,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Current Evidence:** Information that supports an assessment of the institution as it exists now is *current evidence* of an institution’s level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

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**Denial of Authorization of a Candidacy Committee Visit:** An institution is denied *authorization of a Candidacy Committee visit* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees



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indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Denial of Candidacy Status:** An institution is *denied Candidacy status* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements of the Application for Membership and that this lack of compliance has been verified by a Candidacy Committee during a visit to the institution. *Denial of Candidacy status* is an appealable action. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Denial of Initial Accreditation:** An institution is *denied Initial Accreditation* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable sections of *The Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for Initial Accreditation has been verified by the second Accreditation Committee that visited the institution. *Denial of Initial Accreditation* is an appealable action. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Distance Education:** SACSCOC defines *distance education* as a formal educational process (synchronous or asynchronous) in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs if used as part of the distance learning course or program. [See Commission policy “Distance and Correspondence Education,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Dual Educational Program:** A *dual educational program* is one whereby students study at two or more institutions, and each institution awards a separate program completion credential bearing only its own name, seal and signature. [See Commission policy “Collaborative Academic Arrangements: Policy and Procedures,” available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Educational Program:** An *educational program* is a set of courses leading to a credential (degree, diploma, or certificate) awarded by the institution.

**Executive Council:** Comprised of thirteen members, the *Executive Council* is the executive arm of the SACSCOC Board of Trustees and functions on behalf of the Board and the College Delegate Assembly between meetings. [See Part I of this handbook. Further information on the composition and selection of the Executive Council and its duties is available in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]



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**Exit Conference:** Committee visits end with a brief meeting between the Committee and the institution's leadership, the *Exit Conference*, at which time the Committee orally presents an overview of its draft report with particular emphasis on its findings of compliance/noncompliance. [See Part V of this handbook.]

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**Federal Requirements:** The *Federal Requirements* in *The Principles of Accreditation* reflect criteria established by the U.S. Department of Education for inclusion in regional accreditation reviews.

**Fees:** As part of the reaffirmation process, member institutions pay a set fee for the Off-Site Review, as well as the actual expenses incurred by members of the On-Site Reaffirmation Committee. [See Part V of this handbook. A current fees schedule can be found in the Commission policy entitled "Dues and Fees," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Fifth-Year Interim Report:** Submitted five years prior to an institution's reaffirmation review, a *Fifth-Year Interim Report* includes (1) a modified compliance certification that addresses only those Federal requirements that are integrated in Sections 1-3 and are listed in Section 4 of *The Principles of Accreditation*, (2) an Impact Report on the Quality Enhancement Plan, (3) an abbreviated Institutional Summary Form Prepared for Commission Reviews, and, where applicable, (4) a report on off-campus sites initiated since the institution's last reaffirmation but not reviewed, and (5) a report on issues identified for verification of continued compliance during the last reaffirmation review. [See Part VI of this handbook and "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Focused Report:** A component of the process for Reaffirmation of Accreditation, a *Focused Report* addresses the findings of the Off-Site Review Committee. [Further information about the *Focused Report* is available in Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org).]

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**General Education:** Courses in *general education* introduce students to the basic content and methodology of the principal areas of knowledge – humanities and the fine arts, the social and behavioral sciences, and the natural sciences and mathematics.

**Good Cause:** If a Member institution has not remedied deficiencies at the conclusion of its two-year monitoring period, the SACSCOC Board of Trustees must either remove the institution from membership or continue accreditation for *good cause*; an institution may be continued for *good cause* only if it has met three conditions: it has (1) demonstrated significant recent accomplishments in addressing non-compliance *and* (2) documented that it has the "potential" to remedy all deficiencies within the extended period *and* (3) provided assurance to the Board that it is not aware of any other reasons why the institution could not be continued in accreditation. [For further information, see Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership" at [www.sacscoc.org](http://www.sacscoc.org).]

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**Impact Report for the Quality Enhancement Plan (QEP) on Student Learning:**

Submitted as part of the Fifth-Year Interim Report five years prior to an institution's reaffirmation review, the *Impact Report* demonstrates the extent to which the QEP has affected outcomes related to student learning. [For further information, see Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Initial Accreditation:** An institution is awarded *Initial Accreditation* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has demonstrated compliance with the applicable sections of *The Principles of Accreditation* and this compliance has been verified by an Accreditation Committee during a visit to the institution, that it has been in operation through at least one complete degree program cycle, and that it has graduated at least one class at the level of the highest degree offered by the institution. The date of *Initial Accreditation* marks the year that the institution became a member of the Commission on Colleges. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Initial Application for Membership:** The *initial Application for Membership* (addressing Institutional Characteristics in Part A and documenting compliance with the relevant standards in Part B) is the first document submitted by the Applicant institution after participation in a Pre-Applicant Workshop. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

**Institute on Quality Enhancement and Accreditation:** Each summer, SACSCOC offers a three-day *Institute on Quality Enhancement and Accreditation* to address issues related to the assessment of student learning and the development of a Quality Enhancement Plan. [Programs for the upcoming institute and highlights of recent institutes are available at [www.sacscoc.org](http://www.sacscoc.org). under Meetings and Events.]

**Institutional Effectiveness:** *Institutional effectiveness* is the systematic, explicit, and documented process of measuring performance against mission in all aspects of an institution.

**Institutional Effectiveness Workshop for Pre-Applicants:** All attendees at the Workshop for Pre-Applicants are invited to attend a one-day *Institutional Effectiveness Workshop for Pre-Applicants*, which is designed to illustrate how to write adequate narratives and appropriately document compliance with the three SACSCOC requirements and standards that have historically proven most difficult for applicants to address -- Core Requirement 2.5 and Comprehensive Standards 3.3.1 and 3.5.1.

**Institutional Profile:** Each year, the SACSCOC office collects information about Candidate and Member institutions; the *Institutional Profile* requesting information about finances is due in July; the *Institutional Profile* requesting information about enrollment is due in January.

**Integrity:** The honesty, sincerity, and sound moral principle embedded in the concept of *integrity* serve as the foundation of the relationship between the SACSCOC and its Member, Candidate, and Applicant institutions.

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**Joint Educational Program:** A *joint educational program* is one whereby students study at two or more institutions and are awarded a single program completion credential bearing the names, seals and signatures of each of the participating institutions. [See Commission policy “Collaborative Academic Arrangements: Policy and Procedures,” available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Last Reaffirmation:** The date of an institution’s *last reaffirmation* identifies the year that the most recent comprehensive review of the institution’s compliance with the Commission’s requirements and standards was acted upon by the SACSCOC Board of Trustees.

**Leadership Team:** The *Leadership Team* is the small group at the institution that coordinates and manages the internal process for developing appropriate documents and overseeing preparations for the site reviews that are required for Initial Accreditation or Reaffirmation of Accreditation. [See Part I of this handbook.]

**Level:** Classified by the Commission on Colleges according to the highest degree offered, member institutions are designated as operating at one of the following six *levels*:

|           |                        |
|-----------|------------------------|
| Level I   | Associate              |
| Level II  | Baccalaureate          |
| Level III | Master                 |
| Level IV  | Educational Specialist |
| Level V   | Doctorate (3 or fewer) |
| Level VI  | Doctorate (4 or more)  |

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**Main Campus:** An institution’s *main campus* is the campus with the central administrative unit.

**Meeting on the Record:** Committees on Compliance and Reports meet with representatives of institutions in a *meeting on the record*, which is an interview with a recorded transcript, when there is a significant possibility that Commission action could include appealable actions (Denial of Candidacy for Initial Accreditation, Removal from Candidacy for Initial Accreditation, Denial of Initial Membership, and Removal from Membership). [Further information is available in Commission policy “Administrative Procedures for the Meetings of the Committees on Compliance and Reports,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Monitoring Reports:** A *Monitoring Report* provides additional documentation of compliance for those standards and requirements identified by the Committee on Compliance and Reports as issues for which full compliance has not yet been documented. [See Part VI of this handbook. Additional information is available in Commission policy “Reports Submitted for Committee or Commission Review,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Multi-campus Institution:** A *multi-campus institution* is accredited as one unit with all campuses included in that accreditation. Such campuses are permanent and usually have a core faculty and substantive administrative and academic support systems. A multi-campus

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institution may have a central administrative unit—a unit that administers the entire institution—with all instruction taking place on the individual campuses.

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**National Accrediting Agencies:** *National accrediting agencies* (such as the Rabbinical and Talmudic Schools Accreditation Commission and the Accrediting Bureau of Health Education Schools) focus on specific types of institutions wherever they are located. Normally, there are single purpose institutions, e.g. career education, religious education. [See Part I of this handbook.]

**Next Reaffirmation:** The date for the *next reaffirmation* of a Member institution is the year in which the SACSCOC Board of Trustees will act on the results of the next comprehensive review of the institution's compliance with the Commission's requirements and standards. Between reaffirmations, other committees (such as Substantive Change Committees) may visit the campus to review the institution's compliance with a portion of the Commission's requirements and standards.

**Non-Compliance:** A finding of *non-compliance* in a report written by a visiting committee indicates that an institution has failed to document that it meets a standard or requirement in *The Principles of Accreditation*. Reports written by both Off-Site Reaffirmation Committees and On-Site Reaffirmation Committees require judgments about the compliance or *non-compliance* of the institution with all of the standards relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. In reports written by On-Site Reaffirmation Committees, narratives that detail findings of *non-compliance* include Recommendations, which formally cite the lack of compliance with a standard or requirement. [See Parts III and V of this handbook.]

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**Objective Evidence:** *Objective evidence* of the institution's level of compliance with SACSCOC standards and requirements is based on observable data and information. [See Part II of this handbook for information on documenting compliance.]

**Off-Campus Instructional Site:** An *off-campus instructional site* is a teaching site located geographically apart from the main campus. A site at which an institution provides electronic delivery and where students go to access the support services needed is also considered an *off-campus instructional site*.

**Off-Site Review Committee:** Composed of a Chair and evaluators for finance, institutional effectiveness, organization and administration, student support services, learning support services, and two or more evaluators for educational programs, the *Off-Site Review Committee* completes the first review of the Compliance Certification developed by a Member institution seeking Reaffirmation of Accreditation. [See Part III of this handbook.]

**On-Site Review Committee:** Composed of a minimum of seven members (the Chair and evaluators in the areas of organization/governance, faculty, educational programs, student support services, institutional effectiveness, and the Quality Enhancement Plan), the *On-Site Review Committee* visits a Member institution seeking Reaffirmation of Accreditation to

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complete the review of the standards begun by the Off-Site Review Committee and to review the Quality Enhancement Plan. [See Part V of this handbook.]

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**Principle of Integrity:** The *Principle of Integrity* (1.1 in *The Principles of Accreditation*) embodies the Commission's expectations that integrity govern the operation of all institution institutions and that institutions make decisions consistent with the spirit of integrity. Failure to adhere to the integrity principle may result in a loss of accreditation or candidacy.

**Probation:** A more serious sanction than Warning, *Probation* is usually, but not necessarily, invoked by the SACSCOC as the last step before an institution is removed from membership. [See Commission policy "Sanctions, Denial of Reaffirmation, and Removal from Membership," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Procedure One:** *Procedure One*, followed by Member institutions prior to implementing substantive changes requiring notification and approval, includes the development of a prospectus. *Procedure One* applies to changes such as the following (1) **curriculum:** initiating programs at a lower level, expanding at the institution's current degree level if the new programs constitute a significant departure from current programs, initiating degree completion programs, changing significantly the length of a program, entering into a teach-out agreement or closing an institution, and initiating a joint degree program with another institution not accredited by the Commission on Colleges (2) **location:** initiating an additional off-campus site for site-based/classroom group instruction offering at least 50 percent of the credits toward an educational program, and initiating or relocating a branch campus, and (3) **delivery system:** initiating distance learning courses and programs by which students can earn at least 50 percent of a program's credits offered electronically. Substantive change is prohibited during the process for achieving initial accreditation. [A full list of substantive changes that require both notification and approval and directions for developing a prospectus can be found in Commission policy "Substantive Change for Accredited Institutions of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

**Procedure Two:** *Procedure Two* is followed by Member institutions prior to implementing substantive changes requiring only notification. *Procedure Two* applies to changes such as the following (1) **curriculum:** expanding offerings at a currently approved off-campus site by adding 50 percent or more of the credits for programs that are approved for offering elsewhere at the institution and that are significantly different from the current offerings at the off-campus site or initiating programs/courses delivered through contractual agreement or consortium, (2) **location:** initiating an additional off-campus site for site-based/classroom group instruction offering at least 25-49 percent of the credits toward an educational program or relocating an approved off-campus site, and (3) **delivery system:** initiating distance learning courses and programs by which students can earn 25-49 percent of a program's credits offered electronically or implementing distance learning delivery for programs that are approved for site-based delivery and are significantly different from previously reported programs offered through distance learning. Substantive change is prohibited during the process for achieving initial accreditation. [A full list of substantive changes that require notification can be found in Commission policy "Substantive Change for Accredited Institutions of the Commission on Colleges," available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Programmatic Accrediting Agencies:** *Programmatic Accrediting Agencies* (such as those for dentistry and for dance) focus on discipline-specific educational programs. [See Part I of this handbook.]

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**Quality Enhancement Plan (QEP):** Required of all Member institutions undergoing Reaffirmation of Accreditation, the *Quality Enhancement Plan* is a carefully designed and focused course of action that addresses a well-defined issue directly related to enhancing student learning. Applicant and Candidate institutions do not prepare a Quality Enhancement Plan during the process for Initial Accreditation. [See Part IV of this handbook.]

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**Reaffirmation of Accreditation:** A process that involves a collective analysis and judgment by the institution's internal constituencies, an informed review by peers external to the institution, and a reasoned decision by the elected members of the SACSCOC Board of Trustees, *Reaffirmation of Accreditation* is the process for ensuring that Member institutions maintain continuing compliance with Commission policies and with *The Principles of Accreditation*. An institution must be reaffirmed five years after it gains Initial Accreditation and every ten years thereafter.

**Recommendation:** A *Recommendation* is a formal statement of lack of compliance with a standard or requirement in *The Principles of Accreditation*. The Candidacy Committee is the only SACSCOC visiting committee that does not write *Recommendations*. [See Part V of this handbook.]

**Regional Accrediting Agencies:** The eight *regional accrediting agencies* within the six geographic regions of the U.S. review the entire organization, not just the education programs, for institutions within their service area. [See Part I of this handbook.]

**Relevant Evidence:** When the evidence directly addresses the requirement/standard and provides the basis for the institution's argument for compliance, it is *relevant evidence* of an institution's level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

**Reliable Evidence:** Evidence that can be consistently interpreted is *reliable evidence* of an institution's level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

**Removal from Candidacy:** An institution is *removed from Candidacy* upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has failed to demonstrate compliance with the Principle of Integrity and Core Requirements and/or has failed to provide strong evidence that it is making adequate progress towards complying with the Comprehensive Standards and Federal Requirements. Removal from Candidacy is an appealable action. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]



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**Report of the Accreditation Committee:** Prepared by the Accreditation Committee to record their on-site findings of compliance and noncompliance with the applicable sections of *The Principles of Accreditation*, the ***Report of the Accreditation Committee*** is considered by the Committee on Compliance and Reports when it determines whether to recommend Initial Accreditation for a Candidate institution. [The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Application Information.]

**Report of the Candidacy Committee:** Prepared by the Candidacy Committee to record their on-site findings of compliance and noncompliance with Core Requirements 2.1-2.11, three Comprehensive Standards (CS 3.3.1, CS 3.5.1, and CS 3.7.1), and the Federal Requirements, the ***Report of the Candidacy Committee*** is considered by the Committee on Compliance and Reports when it determines whether to recommend the granting of Candidacy status to an Applicant institution. [The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Application Information.]

**Report of the Reaffirmation Committee:** Begun by the Off-Site Reaffirmation Committee and completed by the On-Site Reaffirmation Committee to record findings of compliance and noncompliance with all requirements and standards in *The Principles of Accreditation*, the ***Report of the Reaffirmation Committee*** is reviewed by the Committee on Compliance and Reports when it determines whether to recommend Reaffirmation of Accreditation for a **Member** institution. [See Part V of this handbook. The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Committee Resources.]

**Report of the Special Committee:** Prepared by the Special Committee to record on-site findings of compliance and noncompliance with the applicable standards and requirements, the ***Report of the Special Committee*** is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a Member institution. [The template for this report is available at [www.sacscoc.org](http://www.sacscoc.org). under Committee Resources.]

**Report of the Substantive Change Committee:** Prepared by the Substantive Change Committee to record on-site findings of compliance and noncompliance with the applicable requirements and standards, the ***Report of the Substantive Change Committee*** is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a Member institution. [The templates for various substantive change reports are available at [www.sacscoc.org](http://www.sacscoc.org). under Committee Resources.]

**Representative Evidence:** Not indicative of an isolated case, ***representative evidence*** of an institution's level of compliance with SACSCOC standards and requirements reflects a larger body of knowledge. [See Part II of this handbook for information on documenting compliance.]

**Response to the Visiting Committee Report:** A ***Response to the Visiting Committee Report*** addresses recommendations written by visiting committees by providing updated or additional documentation of compliance. Applicants may respond to the Candidacy Committee Report, and Candidate institutions may be asked to write a response to the Report of the Accreditation Committee. [See Part VI of this handbook. Further information is available in Commission policy "Reports Submitted for Committee or Commission Review," available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Revised Application for Membership:** After the leadership team from the Applicant institution has met with SACSCOC staff to discuss the staff analysis of the initial Application for Membership, the institution is invited to re-work weak sections of the original document and submit a *revised Application for Membership*. The decision whether to authorize a Candidacy Committee visit will be based on this revised document. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]

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**SACS Board of Trustees:** The *SACS Board of Trustees* oversees the shared business of its two separately-incorporated accrediting entities – the Commission on Colleges (SACSCOC) and the Council on Accreditation and School Improvement (SACSCASI). [See Part I of this handbook.]

**SACS Commission on Colleges (SACSCOC):** One of two separately incorporated entities of the Southern Association of Colleges and Schools, the *SACS Commission on Colleges* is the regional body for the accreditation of degree-granting institutions of higher education in the eleven Southern states – Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia; SACSCOC also accredits international institutions of higher education. [See Part I of this handbook.]

**SACSCOC Board of Trustees:** Comprised of seventy-seven elected members, the *SACSCOC Board of Trustees* recommends changes to the accrediting standards, authorizes special visits, takes final action on the accreditation status of institutions, nominates individuals to serve on the SACSCOC Board, elects the Executive Council, appoints *ad hoc* study committees, and approves policies and procedures. [See Part I of this handbook. Further information on the selection of trustees and their duties is available in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly” at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Good Practices:** A *SACSCOC good practice* is a commonly-accepted practice within the higher education community to enhance institutional quality. [See Part I of this handbook. Good practices are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Guidelines:** A *SACSCOC guideline* is an advisory statement designed to assist institutions in fulfilling accreditation requirements. [See Part I of this handbook. Guidelines are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Policies:** A *Commission policy* is a required course of action to be followed by the Commission on Colleges or its member or candidate institutions. [See Part I of this handbook. Policies are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Position Statement:** A *SACSCOC position statement* examines an issue facing the Commission’s membership, describes appropriate approaches, and states the Commission’s stance on the issue. [See Part I of this handbook. Position statements are posted at [www.sacscoc.org](http://www.sacscoc.org).]

**SACSCOC Staff representative:** Various members of the Commission staff are designated contacts for Applicant, Candidate, and Member institutions as they move through various



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phases of the accreditation process. One individual serves as the contact for institutions engaged in preparing an Applicant for Membership. After a Candidacy Committee visit has been authorized, institutions are assigned to the SACSCOC Staff Representative who facilitates Candidacy Committee and Accreditation Committee reviews; upon receipt of Initial Accreditation and completion of any related Monitoring Reports, institutions are assigned to another SACSCOC Staff representative who will facilitate the institution's first Reaffirmation of Accreditation. [See Part I of this handbook.]

**Sanctions:** An institution that fails to comply with any of the Core Requirements demonstrates significant noncompliance with the Comprehensive Standards, fails to make significant progress towards correcting deficiencies within the time allotted, or does not comply with SACSCOC policies may be placed on one of two *sanctions* – Warning or Probation. [Further information is available in Commission policy “Sanctions, Denial of Reaffirmation, and Removal from Membership” at [www.sacscoc.org](http://www.sacscoc.org).]

**Site visits:** Teams of evaluators are sent to Applicant, Candidate, and Member institutions to verify the documentation of compliance previously submitted to the Commission in such documents as Applications for Membership, Compliance Certifications, and prospectuses for substantive change. *Site visits* typically involve both the main campus and off-campus sites.

**Southern Association of Colleges and Schools (SACS):** A private, nonprofit, voluntary organization, the *Southern Association of Colleges and Schools* is comprised of the Commission on Colleges, which accredits higher education degree-granting institutions, and the Council on Accreditation and School Improvement, which accredits elementary, middle, and secondary schools. [See Part I of this handbook.]

**Special Committee:** *Special Committees* are authorized by the SACSCOC Board of Trustees or by the President of the Commission on Colleges to evaluate institutional circumstances determined to be indicative of a lack of compliance with SACSCOC standards, regulations, or policies. [Further information is available in Commission policy “Special Committee Procedures and Team Report,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Staff Advisory Visit:** After the Orientation Meeting for the institution's Leadership Team, an institution may schedule an optional *staff advisory visit* to the institution to address preparation of the Compliance Certification. [See Part I of this handbook.]

**Substantive Change:** *Substantive change* is a significant modification or expansion of the nature and scope of an accredited institution. Under federal regulations, *substantive change* includes (1) changing the established institutional mission or objectives, (2) changing the institution's legal status, form of control, or ownership, (3) adding courses/programs that represent a significant departure in content or in method of delivery, (4) adding courses/programs at a degree or credential level above the institution's current accreditation, (5) changing from clock hours to credit hours, (6) substantially increasing the number of clock or credit hours for completion of a program, (6) adding an off-campus location at which the institution offers at least 50 percent of an educational program, and (7) establishing a branch campus. [See Part II of this handbook. Further information about reporting and approval procedures for substantive change can be found in Commission policy “Substantive Change for Accredited Institutions of the Commission on Colleges,” available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Substantive Change Committee:** Composed of a Chair and a number of evaluators whose expertise is appropriate for the significant departure or expansion under review, the *Substantive Change Committee* visits the institution to confirm whether the institution has maintained compliance with selected Core Requirements, Comprehensive Standards, and Federal Requirements relevant to the substantive change.

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**Teach-out Agreement:** A *teach-out agreement* is a written agreement between accredited institutions that provides for the equitable treatment of students if one of those institutions stops offering an educational program before all students enrolled in that program complete the program. [Requirements for approval of teach-out agreements can be found in Commission policy “Closing and Institution or Program: Teach-out Agreements,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**The Principles of Accreditation: Foundations for Quality Enhancement:** The accreditation requirements that must be met by all applicant, candidate, and member institutions (private for-profit, private not-for-profit, and public) are published in *The Principles of Accreditation*. These requirements apply to all institutional programs and services, wherever located or however delivered.

**Third-Party Comments:** In recognition of the value of information provided by students, employees, and others in determining whether an institution’s performance at the time of formal committee evaluation for Candidacy, Initial Accreditation, or Reaffirmation of Accreditation meets all requirements at the time of the relevant committee’s review, the Commission invites the public to submit *third-party comments*. [See Part V of this handbook. Further information can be found in Commission policy “Third-Party Comment by the Public,” available at [www.sacscoc.org](http://www.sacscoc.org).]

**Type of Institution:** On the basis of their governance systems, member institutions are classified as one of two primary **types of institutions** -- Public or Private. Private institutions are further classified as Not-for-Profit and For-Profit.

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**Unsolicited Information:** Significant accreditation-related information revealed about a Candidate or Member institution (1) during off-site or on-site committee reviews, (2) between periods of scheduled review, and (3) during a meeting on the record with the Committees on Compliance and Reports constitutes *unsolicited information* that may become the basis for a request for further documentation of compliance with a SACSCOC standard, requirement, or policy. [Further information can be found in Commission policy “Standing Rules: the Commission on Colleges, Executive Council, and the College Delegate Assembly,” available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Verifiable Evidence:** Evidence that can be replicated and corroborated is *verifiable evidence* of an institution’s level of compliance with SACSCOC standards and requirements. [See Part II of this handbook for information on documenting compliance.]

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**Visiting Committees:** Composed of evaluators from similar institutions outside of the home state of the host institution, *visiting committees* conduct site visits to home campuses and/or off-campus sites and write reports of their findings for consideration by the Committee on Compliance and Reports as it addresses institutional accreditation issues. *Visiting committees* are most often referred to by their formal titles (such as On-Site Reaffirmation Committee or Substantive Change Committee) that reflect the nature of the accreditation issue under consideration. [See Parts V of this handbook. Further information is available in Commission policy “Ethical Obligations of Members of SACSCOC Board of Trustees and of Evaluators,” which is available at [www.sacscoc.org](http://www.sacscoc.org).]

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**Warning:** The less serious of the two sanctions, *Warning* is usually, but not necessarily, levied in the earlier stages of institutional review and often, but not necessarily, precedes Probation. It cannot, however, succeed Probation. [See Commission policy “Sanctions, Denial of Reaffirmation, and Removal from Membership,” available at [www.sacscoc.org](http://www.sacscoc.org).] Sanctions are not applicable to Applicant and Candidate institutions.

**Workshop for Pre-Applicants:** Prior to submitting an Application for Membership, all prospective applicants (including campuses of member institutions seeking separate accreditation) are **required** to attend a one-day *Workshop for Pre-Applicants*, which is designed to (1) review the procedures for attaining membership, (2) provide an understanding of the Commission on Colleges and its accreditation procedures, and (3) explain how to complete the application. [See *The Handbook for Institutions Seeking Initial Accreditation*, available at [www.sacscoc.org](http://www.sacscoc.org).]