



*Guidelines:*

# **Standardized Language for Commission Actions on Accreditation and Examples of Options for Follow-up**

[Version 031308]

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## **Part I: Standardized Language for Commission Actions on Accreditation**

The following guidelines provide language that Commissioners, members of the Committee on Substantive Change, chairs of evaluation and special teams, and readers of Periodic Review Reports and follow-up reports should use as they formulate actions or recommendations to the Middle States Commission on Higher Education, based on the Commission's policy statement, "Range of Commission Actions on Accreditation." The Commission is not limited by the language provided within these guidelines and may take such other action as it deems appropriate.

The recommended language is presented in the context of the cycle of accreditation activities that institutions undertake, including self-study, follow-up, application and candidacy, substantive change, and periodic review reports. In addition, when the Commission accredits or reaffirms the accreditation of an institution, it frequently asks that institutions submit, at specified intervals, reports on areas of concern identified by an evaluation team or reviewer. The final section provides examples of these areas of concern.

The action language is separated by categories that reflect its status as a monitoring, procedural, or other type of action. These categories are limited to the specific number of months indicated in parentheses. When determining the date by which an institution must respond or a visit must occur, please stay within the time frame allowed by each category. Please also note that the Commission must take its action in March, June, or November, before the end of the time frame allowed.

As stated in the Commission's policy, "Range of Commission Actions on Accreditation," regardless of the institution's stage in the accreditation cycle, if a candidate or accredited institution fails to submit a required follow-up or other report, including the Institutional Profile, fails to respond to Commission requests for information or scheduling a visit, or has not submitted its dues within 12 months of the billing date, the institution will be considered to have voluntarily allowed its accreditation to lapse. The institution will be allowed to present its case for continued accreditation by means of a substantive report and/or an on-site evaluation, or other action as determined by the Commission.

The following language would be used:

**To acknowledge the institution's voluntary lapse of its accreditation status, and to require the institution to show cause, by [date], as to why its accreditation should not be removed.**

Please also note the following:

- Letters and reports submitted for follow-up, candidacy, or PRR may be accepted, received, or rejected.
  - The Commission “Accepts” a letter or report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns, without requiring additional information in order to assess the institution’s status.
  - The Commission “Documents receipt of” a letter or report when it addresses the Commission’s concerns only partially because the letter or report had limited institutional responses to requested information, did not present evidence and analysis conducive to Commission review, were of insufficient quality, or necessitated extraordinary effort by the Commission’s representatives and staff performing the review. Relevant reasons for not accepting the letter or report are noted in the action. The Commission may or may not require additional information in order to assess the institution’s status.
  - The Commission “Rejects” a letter or report when its quality or substance are insufficient for the Commission to respond appropriately to the Commission’s concerns. The Commission requires the institution to resubmit the report and may at its discretion request a visit. These terms may be used for any action (reaffirm, postpone, warn, etc.)
- More than one of the options listed in the following sections may be combined for a single proposed action. Examples are provided in each section.
- All recommended actions should be followed by reminding the institution of its next evaluation visit or periodic review report.
- Periodically, the evaluation team may include commendations to the institution within the text of the team report. The following language may be used for such recognition alone or in combination with other commendations listed.
  - To commend the institution for progress to date.
  - To commend the institution for the quality of the [self-study or PRR] report..
  - To commend the institution for the quality of its [self-study or periodic review] process.

- The following language also may be incorporated in all recommendations:
  - To direct a visit by a small team or by an individual evaluator.
  - The Commission directs a prompt staff visit to discuss the Commission’s expectations for reporting.
  - To direct a staff visit when a new president is appointed.
  - To indicate that a [staff/small team] visit [specify origin] will not be conducted because ...
  - To remind the institution of prior action or Commission requests within the next evaluation or Periodic Review Report.
  - To direct the institution to commence self-study, after consultation with Commission staff, in preparation for an evaluation visit in [academic year].

## **A: Self-Study for Initial Accreditation or Reaffirmation of Accreditation**

### **Accredited Institutions**

The Commission may take the actions described below, following an on-site evaluation:

#### *Affirming Actions*

##### **1.1 To reaffirm accreditation**

Reaffirmation without conditions indicates that there are no current or outstanding issues requiring monitoring prior to the next scheduled Periodic Review Report in five years.

##### **1.2 To reaffirm accreditation and to request that the Periodic Review Report, due June 1, [year], document... [See the Commission’s “Examples of Options for Follow-up” document for possible options.]**

The Commission may advise that improvements be made in general or specific areas in order for the institution to continue to meet the standards. The Commission requests reporting in the Periodic Review Report to assure itself that the institution is carrying out its plans for improvement.

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**1.3 To reaffirm accreditation and to request a progress report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission requests a progress letter in order to assure itself, sooner than the next scheduled Periodic Review Report, that the institution is carrying out activities planned or being implemented to enhance institutional effectiveness.

*Monitoring Actions (6–24 months)*

**1.4 To reaffirm accreditation and to request a monitoring report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation.

**1.5 To reaffirm accreditation and to request a monitoring report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the monitoring report.**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

*Procedural Actions (1–12 months)*

**1.6 To postpone a decision on accreditation and to request a supplemental information report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date ], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

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**1.7 To postpone a decision on accreditation, with a request for a supplemental information report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], on specific issues, to be followed by a visit.**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

*Non-compliance Actions (1–24 months)*

[Note: Total time for warning and probation may not exceed 24 months]

**1.8 To warn the institution that its accreditation may be in jeopardy because of a lack of evidence that the institution is currently in compliance with Standard(s) [number(s)] and to request a monitoring report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit will follow submission of the monitoring report. To note that the institution remains accredited while on warning.**

Warning indicates that in the Commission’s judgment, the institution is not in compliance with one or more Commission standards. When the Commission warns an institution, it believes that, although the institution is out of compliance, the institution has the capacity to make appropriate improvements within a reasonable period of time and the institution has the capacity to sustain itself in the long term. A follow-up report, called a monitoring report, is required to demonstrate that the institution has made appropriate improvements to bring itself into compliance, and a small team visit will follow. A visit is included to verify institutional status and progress.

**1.9 To place the institution on probation and to request a monitoring report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the monitoring report. To note that the institution remains accredited while on probation.**

Probation indicates that in the Commission's judgment, the institution is not in compliance with one or more Commission standards and that the non-compliance is sufficiently serious, extensive, or acute that it raises concern about one or more of the following:

1. the adequacy of the education provided by the institution;
2. the institution's capacity to make appropriate improvements in a timely fashion, or
3. the institution's capacity to sustain itself in the long term.

Probation is often, but need not always be, preceded by an action of Warning or Postponement. If the Commission had previously postponed a decision or placed the institution on Warning, the Commission may place the institution on Probation if it determines that the institution has failed to address satisfactorily the Commission's concerns in the prior action of postponement or warning regarding compliance with Commission standards. This action is accompanied by a request for a monitoring report, and a special visit will follow. Probation may, but need not always, precede an action of Show Cause.

Alternatively, the Commission may act to reaffirm accreditation when show cause is removed; however, institutions for which show cause has been lifted will necessarily be placed in a status of probation unless the Commission has acted to reaffirm accreditation. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

*Procedural Action (1-12 months but must be completed within the Federal two year limit for non-compliance)*

**1.10 To require the institution to show cause, by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], as to why its accreditation should not be removed.**

A show cause order requires an institution to present its case for continued accreditation by means of a substantive report and/or an on-site evaluation. The Commission will specify the nature, purpose, and scope of the information to be submitted and of the evaluation visit to be made.

*Adverse Action (subject to appeal)*

**1.11 To remove accreditation.**

Subsequent to a show cause procedure, or in a case where an institution no longer meets the Commission's eligibility requirements, the Commission will remove the institution's accreditation.

### *Actions Subsequent to an Initial Non-compliance Action*

**1.12 To remove the [noncompliance action] and to reaffirm accreditation ...**

**1.13 To continue to postpone a decision on accreditation, and to request ...**

**1.14 To continue to warn the institution that its accreditation may be in jeopardy because of a lack of evidence that the institution is currently in compliance with Standard(s) [number(s)], and to request ...**

### **Institutions Seeking Initial Accreditation**

The Commission may take the actions described below, following an on-site evaluation for initial accreditation:

#### *Affirming Actions*

**1.16 To grant accreditation.**

All institutions receiving initial accreditation must be fully evaluated again within a maximum of five years. Accreditation without conditions indicates that there are no current or outstanding issues requiring monitoring prior to the next evaluation visit.

**1.17 To grant accreditation, and to request that the Periodic Review Report, due June 1, [year], document ... [See the Commission's "Examples of Options for Follow-up" document for possible options].**

The Commission may advise that improvements be made in general or specific areas in order for the institution to continue to meet the standards. The Commission requests reporting in the Periodic Review Report to assure itself that the institution is carrying out its plans for improvement.

**1.18 To grant accreditation and to request a progress report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission's "Examples of Options for Follow-up" document for possible options].**

The Commission requests a progress letter in order to assure itself, sooner than the next scheduled Periodic Review Report, that the institution is carrying out activities planned or being implemented to enhance institutional effectiveness.

### *Monitoring Actions (6-24 months)*

**1.19 To grant accreditation and to request a monitoring report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation.

**1.20 To grant accreditation and to request a monitoring report, due by [date: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the monitoring report.**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

### *Procedural Action (1-24 months)*

**1.21 To postpone a decision on accreditation and to request a supplemental information report, due by [date, not to exceed 12 months: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the supplemental information report.**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

**1.22 To defer a decision on accreditation and to request a monitoring report, due by [date, not to exceed 24 months: April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date ], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the monitoring report.**

The Commission defers a decision when an institution shows promise but the evaluation team has identified issues of concern and recommends that the institution be given a specified time period to address those concerns. This is an option only when the Commission will take its next action within the five-year time limit for candidacy.

### *Adverse Action (Subject to Appeal)*

#### **1.23 To deny accreditation.**

An institution denied initial accreditation may be permitted to remain in candidate status until it is ready for a new evaluation within a five-year period of candidacy.

### **Examples**

#### *For institutions seeking reaffirmation of accreditation:*

- To reaffirm accreditation. The Periodic Review Report is due June 1, 2007.
- To reaffirm accreditation and to commend the institution for progress to date. The Periodic Review Report is due June 1, 2007.
- To reaffirm accreditation. To request a monitoring report by October 1, 2004, documenting the development and implementation of a comprehensive outcomes assessment plan including student learning outcomes. The Periodic Review Report is due June 1, 2007.

#### *For candidates seeking initial accreditation:*

- To grant accreditation. The next evaluation visit is scheduled for 2007-08.
- To grant accreditation. To request a monitoring report, by October 1, 2004, documenting further implementation of a written plan for the assessment of institutional effectiveness. The next evaluation visit is scheduled for 2007-08.

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## **B: Follow-up, Applicant, and Candidate Reports and Visits**

### **Follow-up Reports & Visits**

The following actions may be taken when an institution has completed its follow-up activities. If accreditation was reaffirmed at the time follow-up was required, reaffirmation is not repeated with the follow-up action. Otherwise, the actions below must include reaffirmation, postponement, warning, probation, or show cause.

Letters and reports submitted for follow-up may be accepted, received, or rejected.

- The Commission “Accepts” a letter or report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns, without requiring additional information in order to assess the institution’s status.
- The Commission “Documents receipt of” a letter or report when it addresses the Commission’s concerns only partially because the letter or report had limited institutional responses to requested information, did not present evidence and analysis conducive to Commission review, were of insufficient quality, or necessitated extraordinary effort by the Commission’s representatives and staff performing the review. Relevant reasons for not accepting the report are noted in the action. The Commission may or may not require additional information in order to assess the institution’s status.
- The Commission “Rejects” a letter or report when its quality or substance are insufficient for the Commission to respond appropriately to the Commission’s concerns. The Commission requires the institution to resubmit the report and may at its discretion request a visit. These terms may be used for any action (reaffirm, postpone, warn, etc.)

#### *Procedural Actions (1-24 months)*

**2.1 To accept the [progress report, monitoring report, or supplemental information report].** Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

**2.2 To document receipt of the [progress report, monitoring report, or supplemental information report], noting that the report [was of insufficient quality/provided limited institutional responses to requested information/did not present evidence and analysis in a manner conducive to Commission review].**

Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

**2.3 To reject the [progress report, monitoring report, or supplemental information report] because [reason(s) for rejection] and to request resubmission of the report by [date, not to exceed 12 months; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date].**

If this report is in response to an action of warning or probation, the due date for the report may not exceed a total of 24 months from the date of the Commission action of warning or probation.

**2.4 To accept [or document receipt of] the [progress report, monitoring report, or supplemental information report]. To request that the self-study, in preparation for the [academic year] evaluation visit, document... [See the Commission's "Examples of Options for Follow-up" document for possible options].**

The Commission may direct (request that) an institution address specific areas or issues during the next self-study process. Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

**2.5 To accept [or document receipt of] the [progress report, monitoring report, or supplemental information report]. To request that the Periodic Review Report, due June 1, [year], document... [See the Commission's "Examples of Options for Follow-up" document for possible options].**

The Commission may direct (request that) an institution address specific areas or issues within the next Periodic Review Report. Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

**2.6 To accept [or document receipt of] the [progress report, monitoring report, or supplemental information report]. To request a [progress report, monitoring report, or supplemental information report], by [date, not to exceed 24 months; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission's "Examples of Options for Follow-up" document for possible options].**

The Commission may request further follow-up if it is concerned regarding future non-compliance, where institutional attention and progress are not as expected, or if there is insufficient information to substantiate compliance with one or more accreditation standards.

**2.7 To accept [or document receipt of] the [progress report, monitoring report, or supplemental information report]. To request a [progress report, monitoring report, or supplemental information report], by [date, not to exceed 24 months; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission's "Examples of Options for Follow-up" document for possible options]. A visit [may/will] follow submission of the [letter/report].**

The Commission may request further follow-up if it is concerned regarding future non-compliance, where

institutional attention and progress are not as expected, or if there is insufficient information to substantiate compliance with one or more accreditation standards. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

After a site visit had been conducted:

**2.8 To thank the institution for receiving the Commission's representative and to affirm the inclusion of the [additional location/branch campus] at [location] within the scope of the institution's accreditation.**

After state approval is received (if not received when the substantive change proposal is approved) a staff member or the Commission may take the following action:

**2.9 To acknowledge notification of approval by [state agency] and to affirm inclusion of the [program/additional location] within the scope of the institution's accreditation.**

### *Actions Subsequent to a Non-compliance Action*

**2.10 To remove the [noncompliance action] because of progress to date and to reaffirm accreditation ...**

**2.11 To continue to postpone a decision on accreditation, and to request ...**

**2.12 To continue to warn the institution that its accreditation may be in jeopardy because of a lack of evidence that the institution is currently in compliance with Standard(s) [number(s)]. To request ...**

**2.13 To note the recent visit by the Commission's representative(s), and to remind the institution that its [probation/warning] continues because of a lack of evidence that the institution is currently in compliance with Standards [numbers].**

### **Examples**

- To accept the [progress report, monitoring report, or supplemental information report]. The next evaluation visit is scheduled for 2005-06.
- To document receipt of the [progress report, monitoring report, or supplemental information report] and to request a [progress report, monitoring report, or supplemental information report] by March 1, 2004, documenting further implementation of a comprehensive institutional strategic plan. The Periodic Review Report is due June 1, 2006.

- To accept the FY02 audited financial statement and management letter. The next evaluation visit is scheduled for 2004-05.
- To accept the [progress report, monitoring report, or supplemental information report] and to request that the next self-study, in preparation for an evaluation visit in 2004-05, address further implementation of a comprehensive enrollment management plan.

## **Applicant Institutions**

*(following an Applicant Assessment Team Visit)*

### *Affirming Actions*

**2.14 To thank the institution for receiving the Commission’s representatives and to grant Candidate for Accreditation status. To note that Candidate for Accreditation is an indication that an institution is progressing toward, but is not assured of, accreditation.**

Institutions that meet the eligibility criteria and can demonstrate their ability to meet accreditation standards are granted Candidate for Accreditation status.

**2.15 To thank the institution for receiving the Commission’s representatives. To grant Candidate for Accreditation status and invite the institution to initiate self-study. To note that Candidate for Accreditation is an indication that an institution is progressing toward, but is not assured of, accreditation.**

Institutions that meet the eligibility criteria and demonstrate substantial compliance with the accreditation standards as well as their readiness to conduct self-study and host an evaluation team may be granted Candidate for Accreditation status and be invited to initiate self-study.

### *Procedural Action (1-12 months)*

**2.16 To note the recent visit by the Commission’s representatives. To postpone a decision regarding Candidate for Accreditation status [for a specified time period not to exceed 12 months]. To request a supplemental information report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the supplemental information report.**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

### *Adverse Action (Subject to Appeal)*

#### **2.17 To note the recent visit by the Commission’s representatives. To deny Candidate for Accreditation status.**

Candidacy is denied when the institution does not meet the eligibility requirements or if the institution appears not to be able to meet the standards for accreditation within five years.

### **Candidate Institutions**

Semi-annual interim reports may be accepted, acknowledged, or rejected.

- The Commission “Accepts” a report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns, without requiring additional information in order to assess the institution’s status.
- The Commission “Documents receipt of” a report when it addresses the Commission’s concerns only partially because the report had limited institutional responses to requested information, did not present evidence and analysis conducive to Commission review, were of insufficient quality, or necessitated extraordinary effort by the Commission’s representatives and staff performing the review. Relevant reasons for not accepting the report are noted in the action. The Commission may or may not require additional information in order to assess the institution’s status.
- The Commission “Rejects” a report when its quality or substance are insufficient for the Commission to respond appropriately to the Commission’s concerns. The Commission requires the institution to resubmit the report and may at its discretion request a visit. These terms may be used for any action (reaffirm, postpone, warn, etc.)

### *Procedural Actions (6 months)*

#### **2.18 To accept [or document receipt of] the semi-annual interim report submitted by the institution and the consultant’s report. The next semi-annual interim report is due [date].**

This action indicates that the Commission has no specific concerns that the institution should address.

When a later semi-annual interim report has been received but is not being acted on at a meeting (e.g., when the most recent semi-annual report has been received a week before this meeting):

**2.19 To accept [or document receipt of] the semi-annual interim report submitted by the institution and the consultant’s report. To note that the [date of the later report] semi-annual interim report has been submitted, and to remind the institution that the next semi-annual interim report is due [date].**

**2.20 To accept [or document receipt of] the semi-annual interim report submitted by the institution and the consultant’s report. To request that the next semi-annual interim report, due [date], document [see the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission may request that a semi-annual interim report focus on one or more specific areas if it has concern that the institution is not making sufficient progress toward accreditation.

**2.21 To accept [or document receipt of] the semi-annual interim report submitted by the institution and the consultant’s report and to invite the institution to initiate self-study.**

**2.22 To direct a Status Review Visit.**

The Commission may direct a Status Review Visit if the candidate institution does not progress satisfactorily toward accreditation or if the operations or status of the institution have changed significantly (e.g., a visit related to a Commission action to accept a candidate institution’s substantive change request).

## **Candidate Institutions, Following A Candidate Status Review Visit**

### *Affirming Action*

**2.23 To continue Candidate for Accreditation status.**

### *Procedural Actions (1-12 months)*

**2.24 To postpone a decision on continued Candidate for Accreditation status. To request a supplemental information report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting...[See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

**2.25 To postpone a decision on continued Candidate for Accreditation status. To request a supplemental information report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the supplemental information report.**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

**2.26 To require the institution to show cause, by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date provided the show cause action is taken within the Federal two year limit for non-compliance], as to why its status as a Candidate for Accreditation should not be removed.**

A show cause order requires an institution to present its case for continued candidacy by means of a substantive report and an on-site evaluation. The Commission will specify the nature, purpose, and scope of the information to be submitted and of the evaluation visit to be made.

*Adverse Action (Subject to Appeal)*

**2.27 To remove Candidate for Accreditation status from the institution.**

Candidate for Accreditation status is removed if evidence that the institution is progressing satisfactorily toward accreditation is lacking or if the conditions on which the institution was admitted to candidacy are significantly altered. This action also may be taken in a case where an institution no longer meets the Commission’s eligibility requirements.

**Examples**

- To thank the institution for receiving the Commission’s representative and to invite the institution to initiate self-study.
- To accept the semi-annual interim report and the consultant’s report. To remind the institution that the next semi-annual interim report is due April 1, 2003.
- To accept the semi-annual interim report and the consultant’s report. To request that the next semi-annual interim report due April 1, 2003, document progress in the development of a comprehensive plan for the assessment of student learning.
- To document receipt of the semi-annual interim report, and to accept the consultant’s

- report. To direct a Status Review Visit in fall/spring 2004-05.
- To thank the institution for receiving the Commission’s representatives. To postpone a decision regarding Candidate for Accreditation status for six months. To request a supplemental information report, due by March 1, 2004, documenting (1) steps taken to strengthen graduate programs, (2) development of a comprehensive enrollment management plan, and (3) evidence that student learning assessment information is used to improve teaching and learning. A visit may follow submission of the report.

## **Follow-Up Committee Actions Related to Substantive Change**

### *Following a Substantive Change Visit*

2.28 To thank the institution for receiving the Commission’s representative and to affirm the inclusion of the [additional location/branch campus, other change?] at [location] within the scope of the institution’s accreditation.

### *After State Approval of a Substantive Change is Received*

2.29 To acknowledge notification of approval by [state agency] and to include the [program/additional location] within the scope of the institution’s accreditation.

## **C: Substantive Change**

In addition to acting on the substantive change proposal, the Commission may precede the action with a warning, probation, or show cause. The Commission also may direct the institution to provide follow-up analysis on the implemented change in the next regularly scheduled self-study or Periodic Review Report.

Please note that substantive change requests may be either “acknowledged” or “rejected.” The Commission does not “accept” substantive change requests.

### *Affirming Actions*

All affirming actions regarding branch campuses and additional locations must include the name and complete address and zip code for the branch campus or additional location.

### **3.1 To acknowledge receipt of the substantive change request submitted by the institution and to include [the change] within the scope of the institution’s accreditation.**

The Commission has determined that no further follow-up relative to the substantive change is necessary prior to the next regularly scheduled review.

**3.2 To acknowledge receipt of the substantive change request submitted by the institution and to include the following [changes] within the scope of the institution’s accreditation: [list of changes].**

This alternative language is used when the number of substantive changes would make 3.1’s phrasing awkward. This language can be used with the actions that follow.

**3.3 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request that the Periodic Review Report, due July 1 [year], document... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission may advise that improvements be made in general or specific areas in order for the institution to continue to meet the standards. The Commission requests reporting in the Periodic Review Report to assure itself that the institution is carrying out its plans for improvement.

**3.4 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request a progress letter, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission requests a progress letter in order to assure itself, sooner than the next scheduled Periodic Review Report, that the institution is carrying out activities planned or being implemented to enhance institutional effectiveness.

**3.5 To acknowledge receipt of the substantive change request submitted by the institution; to include [the change] within the scope of the institution’s accreditation; and to request that a self-study, in preparation for an evaluation visit in [academic year], document... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission may direct (request that) an institution address specific areas or issues during the next self-study process. Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

**3.6 To acknowledge receipt of the substantive change request submitted by the institution; to include [the change] provisionally within the scope of the institution’s accreditation; pending a visit within six months of commencing operations at the site.**

Although follow-up reporting may not be necessary, the Commission may direct a visit to assure appropriate and effective implementation of the change. Commission policy also requires a visit within six months of implementation of the change if the institution undergoes a change in ownership or control, establishes a branch campus, establishes a new additional location requiring Commission approval; or establishes its first additional location abroad.

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The following language must be included where appropriate regarding branch campus and additional location site visits: **“...effective upon receipt of state approval and pending a site visit to the [branch campus/additional location] within six months of commencing operations at the site.”**

The following language must be included for changes of ownership: **“...effective upon receipt of required Federal and state approvals and completion of the required site visit within six months of the effective date of the change of ownership.”**

The following language must be included where appropriate regarding new/higher degree levels: **“...effective upon receipt of state approval.”**

### *Monitoring Actions (6-24 months)*

**3.7 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request a monitoring report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting...[See the Commission’s “Examples of Options for Follow-up” document for possible options].**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation.

**3.8 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request a monitoring report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting...[See the Commission’s “Examples of Options for Follow-up” document for possible options].**

**A visit may/will follow submission of the monitoring report.**

The Commission requests a monitoring report when it has identified one or more standards where future non-compliance is possible, if institutional attention and progress are not ongoing. A visit is included if verification of institutional status and progress requires on-site (rather than paper only) review.

**3.9 To acknowledge receipt of the substantive change request submitted by the institution; to include [the change] provisionally within the scope of the institution’s accreditation; and to request a monitoring report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting...[See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit may/will follow submission of the monitoring report.**

When further documentation and/or a visit are required to verify that the substantive change complies with accreditation standards, the change may be provisionally included within the scope of the institution's accreditation. Visits are required when an institution establishes a branch campus, a new additional location, or its first site abroad, and when an institution has a change in ownership or control. A visit also may be required for other types of change at the direction of the Commission.

**3.10 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution's accreditation, and to direct the institution to commence early self-study in preparation for an evaluation visit in [academic year].**

The Commission will designate the specific timing for the evaluation team visit.

*Procedural Actions (1-12 months)*

**3.11 To postpone a decision on the substantive change request submitted by the institution. To request a supplemental information report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting...[See the Commission's "Examples of Options for Follow-up" document for possible options].**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

**3.12 To refer the substantive change request to the [Executive Committee of the Commission or full Commission] for review and action.**

This action is taken when the Committee on Substantive Change is unable to reach consensus.

**3.13 To deny the institution's request to include [the change] within the scope of the current accreditation.**

Reasons and any subsequent steps to be followed will be specified. The Commission will require the institution either to resubmit its request for approval or to cease the activity.

**3.14 To reject the substantive change request because [reason(s) for rejection].**

A request for Substantive Change may be rejected when the report is of insufficient quality, provides inadequate analysis, or otherwise does not fulfill the Commission's need for information to make a decision regarding the inclusion of the substantive change within the institution's scope of accreditation.

*Closing a Branch Campus or Additional Location*

**3.15 To acknowledge receipt of the substantive change request submitted by the institution and to note the institution's decision to close the [name] [address] [branch campus/additional location].**

Beyond these fifteen actions, other actions consistent with the Commission's standard follow-up and evaluation procedures (including actions of Warning, Probation, Show Cause and Removal of Accreditation) may be taken when warranted.

### **Examples**

- To acknowledge receipt of the substantive change report submitted by the institution and to include the additional location at Bethesda, MD [name, address] within the scope of the institution's accreditation pending a site visit within six months of commencing operations at the site. The Periodic Review Report is due June 1, 2005.
- To acknowledge receipt of the substantive change report submitted by the institution and to include the B.A. in Computer Science offered via distance learning within the scope of the institution's accreditation. To request that the self-study, in preparation for an evaluation visit in 2004-05, document further implementation of the distance learning program.

### **D: Periodic Review Reports**

Periodic Review Reports may be accepted, acknowledged, or rejected.

- The Commission "Accepts" a report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission's concerns, without requiring additional information in order to assess the institution's status.
- The Commission "Documents receipt of" a report when it addresses the Commission's concerns only partially because the report had limited institutional responses to requested information, did not present evidence and analysis conducive to Commission review, were of insufficient quality, or necessitated extraordinary effort by the Commission's representatives and staff performing the review. Relevant reasons for not accepting the report are noted in the action. The Commission may or may not require additional information in order to assess the institution's status.

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- The Commission “Rejects” a report when its quality or substance are insufficient for the Commission to respond appropriately to the Commission’s concerns. The Commission requires the institution to resubmit the report and may at its discretion request a visit. These terms may be used for any action (reaffirm, postpone, warn, etc.)

### *Affirming Actions*

#### **4.1 To accept the Periodic Review Report and to reaffirm accreditation.**

Reaffirmation without conditions indicates that there are no current or outstanding issues requiring monitoring prior to the next scheduled Periodic Review Report in five years.

#### **4.2 To accept [or document receipt of] the Periodic Review Report, to reaffirm accreditation, and to request a progress letter, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission requests a progress letter in order to assure the Commission that the institution is carrying out activities planned or being implemented to enhance institutional effectiveness.

### *Monitoring Actions (6-24 months)*

#### **4.3 To accept [or document receipt of] the Periodic Review Report, to reaffirm accreditation, and to request a monitoring report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation.

#### **4.4 To accept [or document receipt of] the Periodic Review Report, to reaffirm accreditation, and to request a monitoring report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the monitoring report.**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

### *Procedural Actions (1-12 months)*

**4.5 To postpone a decision on accreditation and to request a supplemental information report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options].**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

**4.6 To postpone a decision on accreditation and to request a supplemental information report, due by [date; April 1, October 1, or December 1 (March 1, September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit [may/will] follow submission of the supplemental information report.**

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions. A visit is included if verification of institutional status and progress requires on-site (rather than paper only) review.

### *Other Actions*

**4.7 To direct the institution to commence self-study immediately, after consultation with Commission staff, in preparation for an evaluation team visit in [academic year].**

This action may be taken in conjunction with rejecting the report, warning an institution that its accreditation may be in jeopardy, or placing an institution on probation.

**4.8 To reject the Periodic Review Report because [reason(s) for rejection] and to request resubmission of the report by [date].**

### *Non-compliance Actions (1-24 months)*

Note: The total time for warning and probation may not exceed 24 months.

**4.9 To warn the institution that its accreditation may be in jeopardy because of a lack of evidence that the institution is currently in compliance with Standard(s) [number(s)] and to request a monitoring report, due by [date; April 1, October 1, or December 1 (March 1,**

September 1, or November 1 if a visit is to follow or a financial review is required) unless there are compelling reasons for a different date], **documenting... [See the Commission’s “Examples of Options for Follow-up” document for possible options]. A visit will follow submission of the monitoring report.**

Warning indicates that in the Commission’s judgment, the institution is not in compliance with one or more Commission standards. When the Commission warns an institution, it believes that, although the institution is out of compliance, the institution has the capacity to make appropriate improvements within a reasonable period of time and the institution has the capacity to sustain itself in the long term. A follow-up report, called a monitoring report, is required to demonstrate that the institution has made appropriate improvements to bring itself into compliance, and a small team visit will follow. A visit is included to verify institutional status and progress.

#### **4.10 To place the institution on probation.**

Probation indicates that in the Commission’s judgment, the institution is not in compliance with one or more Commission standards and that the non-compliance is sufficiently serious, extensive, or acute that it raises concern about one or more of the following:

1. the adequacy of the education provided by the institution;
2. the institution’s capacity to make appropriate improvements in a timely fashion, or
3. the institution’s capacity to sustain itself in the long term.

Probation is often, but need not always be, preceded by an action of Warning or Postponement. If the Commission had previously postponed a decision or placed the institution on Warning, the Commission may place the institution on Probation if it determines that the institution has failed to address satisfactorily the Commission’s concerns in the prior action of postponement or warning regarding compliance with Commission standards. This action is accompanied by a request for a monitoring report, and a special visit will follow. Probation may, but need not always, precede an action of Show Cause.

*Procedural Action (1-12 months but must be completed within the Federal two year limit for non-compliance)*

#### **4.11 To require the institution to show cause, by [date], as to why its accreditation should not be removed.**

A show cause order requires an institution to present its case for continued accreditation by means of a substantive report and/or an on-site evaluation. The Commission will specify the nature, purpose, and scope of the information to be submitted and of the evaluation visit to be made.

## *Adverse Action*

### **4.12 To remove accreditation.**

Subsequent to a show cause procedure, or in a case where an institution no longer meets the Commission's eligibility requirements, the Commission will remove the institution's accreditation.

### **Examples**

- To accept the Periodic Review Report. The next evaluation visit is scheduled for 2006-07.
- To accept the Periodic Review Report and to reaffirm accreditation. To request a monitoring report by October 1, 2004, documenting progress in (1) strengthening library/learning resources, (2) implementation of a long-range institutional strategic plan, and (3) efforts to improve general education. A visit may follow submission of the report. The next evaluation visit is scheduled for 2006-07.
- To accept the Periodic Review Report and to postpone a decision on accreditation. To request a supplemental information report, due by October 1, 2004, documenting (1) development of a comprehensive enrollment management plan and (2) steps taken to strengthen the institution's finances. A visit will follow submission of the report.

The action language listed here was developed from the policy statement "Range of Commission Actions on Accreditation": Issued 1921, February 1984, January 1990, February 1991, and 1993; Revised February 1997, February 2002, October 2002, and June 2004. Minor editorial revisions were made in January 2010, changing *Progress Letter* to *Progress Report* on pages 5, 8, 11, 12, 13, and 14. The action language and the text explanations for these policy guidelines also were developed to be consistent with the 2006 edition of *Characteristics of Excellence in Higher Education*. Approved by the Commission March 2004. Revised January 2005, March 13, 2008.

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## **Part II: Standardized Language – Examples of Options for Follow-up**

[Version 031308]

To assist evaluators and the Commission in developing requests for follow-up reports on specific areas of concern, Section V provides guidance that follows the 14 standards contained in Characteristics of Excellence (2006). The suggested possible options are generally related to the fundamental elements of the corresponding standards. Please note that requests for follow-up should not incorporate language from the Optional Analysis and Evidence sections of the standards.

**The following list is intended only to suggest possible options, and it does not constitute an exhaustive list.**

### *Standard 1: Mission and Goals*

**1.1 Development/revision/clarification of mission/vision/goals (Standard 1).**

### *Standard 2: Planning, Resource Allocation, and Institutional Renewal*

**2.1 Development and/or implementation of a comprehensive institutional strategic plan [that links long-range planning to decision-making and budgeting processes] (Standard 2).**

**2.2 Steps taken to promote a culture of evidence-based planning and decision-making (Standard 2).**

### *Standard 3: Institutional Resources*

**3.1 Development and/or implementation of a budget process that is aligned with the institution's mission, goals, and strategic plan (Standard 3).**

**3.2 Development and/or implementation of a comprehensive facilities or infrastructure master plan (Standard 3).**

**3.3 Development and/or implementation of a technology plan (Standard 3).**

**3.4 Development and/or implementation of a long-term financial plan (Standard 3).**

**3.5 Audited financial statement and management letter for FY [year] (Standard 3).**

**3.6 Steps taken to strengthen the institution's finances (Standard 3).**

**3.7 Steps taken to [further] improve the institution's short- and long-term financial viability [and the institution's sustainability] (Standard 3).**

**3.8 Updated cash and financial projections for the next five years (Standard 3).**

**3.9 The impact of finances on institutional operations (Standard 3).**

**3.10 Development of alternative funding sources (Standard 3).**

*Standard 4: Leadership and Governance*

**4.1 Development and/or implementation of a new governance structure (Standard 4).**

**4.2 Steps taken to strengthen shared governance (Standard 4).**

**4.3 Clarification of the role of the governing board [members as advocates of the institution/in developing alternative funding sources] (Standard 4).**

**4.4 Steps taken to assure continuity and stability of institutional leadership (Standard 4).**

**4.5 Ongoing self-assessment by the governing body (Standard 4).**

**4.6 Clarification of roles and responsibilities in shared governance (Standard 4).**

**4.7 Development and implementation of clear institutional policies specifying the respective authority of the different governance bodies (Standard 4).**

**4.8 Steps taken to strengthen the role of the governing body in carrying out its defined responsibilities (Standard 4).**

**4.9 Reconstitution of the governing body so that it may carry out its defined responsibilities (Standard 4).**

*Standard 5: Administration*

**5.1 Development and/or implementation of a new administrative structure (Standard 5).**

**5.2 Steps taken to assure continuity and stability of institutional administration (Standard 5).**

*Standard 6: Integrity*

**6.1 Steps taken to improve the college catalog (Standard 6).**

**6.2 Progress in achieving diversity goals pursuant to institutional mission (Standard 6).**

**6.3 Steps taken to improve/evidence of a climate that fosters respect among students, faculty, staff and administration for a range of backgrounds, ideas, and perspectives (Standard 6).**

*Standard 7: Institutional Assessment*

**7.1 Development and/or implementation of a comprehensive, organized, and sustained process for the assessment of institutional effectiveness [with evidence that assessment information is used in [budgeting, planning, and allocating resources] (Standard 7).**

**7.2 Steps taken to use assessment results to improve [budgeting, programs, services, processes, planning, and resource allocation] (Standard 7).**

**7.3 Steps taken to strengthen institutional research capability to support institutional assessment activities and decision-making (Standard 7).**

*Standard 8: Student Admissions and Retention*

**8.1 Development and/or implementation of a comprehensive enrollment management plan (Standard 8).**

**8.2 Steps taken to improve student [enrollment and retention] (Standard 8).**

*Standard 9: Student Support Services*

- 9.1 Development and/or implementation of a comprehensive student affairs assessment plan. (Standard 9).**
- 9.2 Steps taken to improve the student handbook (Standard 9).**
- 9.3 Steps taken to strengthen student services (Standard 9).**

*Standard 10: Faculty*

- 10.1 Steps taken to strengthen faculty professional development (Standard 10).**
- 10.2 Steps taken to strengthen faculty credentials (Standard 10).**
- 10.3 Steps taken to strengthen faculty diversity, pursuant to institutional mission (Standard 10).**
- 10.4 Steps taken to improve the faculty handbook (Standard 10).**
- 10.5 Steps taken to address dependence on part-time faculty (Standard 10).**
- 10.6 Steps taken to clarify the roles and responsibilities of part-time, adjunct, and other faculty consistent with those for full-time faculty (Standard 10).**
- 10.7 Development and implementation of clear criteria for the appointment, supervision, and review of teaching effectiveness for part-time, adjunct, and other faculty consistent with those for full-time faculty (Standard 10).**
- 10.8 Development and/or implementation of a new faculty promotion and tenure process (Standard 10).**
- 10.9 Steps taken to ensure that there is a sufficient number of appropriately qualified faculty to deliver academic programs and fulfill other responsibilities (Standard 10).**
- 10.10 Steps taken to ensure adequate faculty staffing of [name of] program(s) (Standard 10).**
- 10.11 Steps taken to implement uniform processes for the evaluation of faculty across programs (Standard 10).**

*Standard 11: Educational Offerings*

- 11.1 Steps taken to strengthen the [academic content, rigor, or coherence] of the degrees offered (Standard 11).**
- 11.2 Steps taken to strengthen graduate programs (Standard 11).**
- 11.3 Development and/or implementation of a formalized information literacy program (Standard 11).**
- 11.4 Development and/or implementation of a new academic program review process (Standard 11).**
- 11.5 Development of observable [institutional/program-level/course-level] learning goals, appropriate to [higher education/institutional mission] and stated as outcomes [for undergraduate/graduate programs] (Standard 11).**
- 11.6 Evidence that course syllabi include [common] student learning outcomes (Standard 11).**
- 11.7 Steps taken to strengthen library/learning resources (Standard 11).**
- 11.8 Development and/or implementation of an information literacy education program (Standard 11).**
- 11.9 Evidence of the academic rigor of degrees and programs offered (Standard 11).**

*Standard 12: General Education*

- 12.1 Steps taken to strengthen [the rigor and coherence of] general education (Standard 12).**
- 12.2 Development of observable learning goals for general education, appropriate to [higher education and institutional mission] and stated as outcomes (Standard 12).**
- 12.3 Evidence that general education course syllabi include statements of relevant general education student learning outcomes (Standard 12).**
- 12.4 Implementation of a documented assessment process for general education (Standard 12).**

**12.5 Implementation of a documented assessment process for [oral communication, written communication, scientific reasoning, quantitative reasoning, critical analysis and reasoning, and technological competency] (Standard 12).**

**12.6 Direct evidence of student achievement of general education learning outcomes (Standard 12).**

**12.7 Modifications to the general education curriculum to ensure that all undergraduates have sufficient opportunities to achieve the institution's general education student learning outcomes (Standard 12).**

*Standard 13: Related Educational Activities*

**13.1 Steps taken to strengthen basic skills (Standard 13).**

**13.2 Steps taken to strengthen certificate programs (Standard 13).**

**13.3 Steps taken to strengthen distance learning (Standard 13).**

**13.4 Steps taken to strengthen additional locations and/or other instructional sites (Standard 13).**

**13.5 Steps taken to ensure that students are fully prepared for college-level work before enrolling in credit-bearing courses (Standard 13).**

*Standard 14: Assessment of Student Learning*

**14.1 Establishment of [measurable] learning goals at the [institutional/program/course] level(s), appropriate to [higher education/institutional mission] (Standard 14).**

**14.2 Use of appropriate assessments of the attainment of learning goals at the [institutional/program/course] level(s) (Standard 14).**

**14.3 Development and/or implementation and/or documentation of an organized and sustained assessment process to evaluate and improve [student learning/achievement of institutional mission, goals, and plans/institutional effectiveness/etc.] (Standard 7).**

**14.4 Evidence of progress in attaining established learning goals at the [institutional/program/course] level(s) (Standard 14).**

**14.5 Evidence of [direct/indirect] methods of assessment of student learning at the [institutional/program/course] level(s) (Standard 14).**

**14.6 Evidence that student learning assessment information is used to improve teaching and learning (Standard 14).**

**14.7 Evidence of institutional support for assessment activities (Standard 14).**

**14.8 Evidence of faculty leadership in the assessment of student learning (Standard 14).**

**14.9 Implementation of a documented process to assess the achievement of [institutional/program/course] student learning goals (Standard 14).**

**14.10 Direct evidence of student achievement of [institutional/program/course] student learning outcomes (Standard 14).**

**14.11 Steps taken to promote a culture in which assessment is understood and valued and in which efforts to assess student learning are recognized and rewarded (Standard 14).**

**14.12 Steps taken to improve institutional support for assessment activities (Standard 14).**

The action language listed here was developed from the policy statement “Range of Commission Actions on Accreditation”: Issued 1921, February 1984, January 1990, February 1991, and 1993; Revised February 1997, February 2002, October 2002, and June 2004. Minor editorial revisions were made in January 2010, changing *Progress Letter* to *Progress Report* on pages 5, 8, 11, 12, 13, and 14. The action language and the text explanations for these policy guidelines also were developed to be consistent with the 2006 edition of *Characteristics of Excellence in Higher Education*. Approved by the Commission March 2004, Revised January 2005, March 13, 2008.

Examples approved by the Commission March 13, 2008.

Version: 031308

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[Incorporated for publication with the Standardized Language Guidelines]