Policy Changes Adopted on Second Reading

Title: Criteria for Accreditation

The Board of Trustees adopted these policies on second reading at its meeting on February 24, 2012.

Background

The Commission has been engaged in a multi-stage process to review and revise its Criteria for Accreditation and related requirements. This process began in December 2009 with a directive from the Commission's Board of Trustees to reexamine the Commission's accrediting requirements in accordance with its five-year schedule. Over the past year Commission staff and institutional representatives have gathered to engage in a collaborative process of proposing, commenting on and refining proposed new Criteria for Accreditation. In addition, the Commission staff has revised the Minimum Expectations into the new Assumed Practices and developed a new conceptual framework for their use. Finally, Commission staff has identified the necessary policy changes that must accompany the adoption and implementation of these new Criteria and Assumed Practices.

Implementation

The revised Criteria for Accreditation, Assumed Practices, and other new and revised related policies are effective for all accredited institutions on January 1, 2013.

- All visits prior to January 1, 2013, will address the current Criteria.
- All visits occurring on or after January 1, 2013, will address the revised Criteria.*
- Change requests submitted on or after January 1, 2013, will address the revised Criteria, where appropriate.
- AQIP Systems Portfolios submitted November 2012 or thereafter will address the new Criteria for Accreditation.
- All Change of Control requests submitted on or after September 1, 2012, will address the revised Criteria.

* Accredited institutions with comprehensive visits scheduled in spring 2013 will have the option to write their Self-Study Reports based on the revised Criteria or address them through an addendum or a crosswalk.

<u>Candidacy through Initial Accreditation</u>
The revised Criteria for Accreditation, Assumed Practices, and other new and revised related policies are effective for all non-affiliated institutions and candidates on September 1, 2012.

Beginning September 1, 2012, non-affiliated institutions will be asked, in conjunction with the letter of intent to seek candidacy and before the initial candidacy visit, to affirm their willingness to abide

by the Obligations of Affiliation if they are granted candidacy. The Obligations are effective for current candidate institutions on January 1, 2013.

What these timelines mean for specific Commission processes:

- All candidacy and initial accreditation visits occurring prior to September 1, 2012, will address the current Criteria for Accreditation.
- All candidacy and initial accreditation visits occurring on or after September 1, 2012, will address the revised Criteria for Accreditation.

Policy 1.1	**DEFINING INSTITUTIONAL QUALITY** The Commission shall define institutional quality using Criteria for Accreditation and Assumed Practices.
Part A.	**CRITERIA FOR ACCREDITATION**
	The Criteria for Accreditation are the standards of quality by which the Commission determines whether an institution merits accreditation or reaffirmation of accreditation. They are as follows: **Criterion One. Mission** The institution's mission is clear and articulated publicly; it guides the institution's operations. **Core Components** 1.A. The institution's mission is broadly understood within the institution and guides its operations. 1. The mission statement is developed through a process suited to the nature and culture of the institution and is adopted by the governing board. 2. The institution's academic programs, student support services, and enrollment profile are consistent with its stated mission. 3. The institution's planning and budgeting priorities align with and support the mission. (This sub-component may be addressed by reference to the response to Criterion 5.C.1.) 1.B. The mission is articulated publicly. 1. The institution clearly articulates its mission through one or more public documents, such as statements of purpose, vision, values, goals, plans, or institutional priorities. 2. The mission document or documents are current and explain

the extent of the institution's emphasis on the various aspects of its mission, such as instruction, scholarship, research, application of research, creative works, clinical service, public service, economic development, and religious or cultural purpose.

3. The mission document or documents identify the nature, scope, and intended constituents of the higher education programs and services the institution provides.

1.C. The institution understands the relationship between its mission and the diversity of society.

1. The institution addresses its role in a multicultural society.
2. The institution's processes and activities reflect attention to human diversity as appropriate within its mission and for the constituencies it serves.

1.D. The institution's mission demonstrates commitment to the public good.

1. Actions and decisions reflect an understanding that in its educational role the institution serves the public, not solely the institution, and thus entails a public obligation.
2. The institution's educational responsibilities take primacy over other purposes, such as generating financial returns for investors, contributing to a related or parent organization, or supporting external interests.
3. The institution engages with its identified external constituencies and communities of interest and responds to their needs as its mission and capacity allow.

Criterion Two. Integrity: Ethical and Responsible Conduct
The institution acts with integrity; its conduct is ethical and responsible.

Core Components

2.A. The institution operates with integrity in its financial, academic, personnel, and auxiliary functions; it establishes and follows fair and ethical policies and processes for its governing board, administration, faculty, and staff.

2.B. The institution presents itself clearly and completely to its students and to the public with regard to its programs, requirements, faculty and staff, costs to students, control, and accreditation relationships.

2.C. The governing board of the institution is sufficiently

autonomous to make decisions in the best interest of the institution and to assure its integrity.

1. The governing board's deliberations reflect priorities to preserve and enhance the institution.
2. The governing board reviews and considers the reasonable and relevant interests of the institution's internal and external constituencies during its decision-making deliberations.
3. The governing board preserves its independence from undue influence on the part of donors, elected officials, ownership interests, or other external parties when such influence would not be in the best interest of the institution.
4. The governing board delegates day-to-day management of the institution to the administration and expects the faculty to oversee academic matters.

2.D. The institution is committed to freedom of expression and the pursuit of truth in teaching and learning.

2.E. The institution ensures that faculty, students, and staff acquire, discover, and apply knowledge responsibly.

1. The institution provides effective oversight and support services to ensure the integrity of research and scholarly practice conducted by its faculty, staff, and students.
2. Students are offered guidance in the ethical use of information resources.
3. The institution has and enforces policies on academic honesty and integrity.

Criterion Three. Teaching and Learning: Quality, Resources, and Support
The institution provides high quality education, wherever and however its offerings are delivered.

Core Components

3.A. The institution's degree programs are appropriate to higher education.

1. Courses and programs are current and require levels of performance by students appropriate to the degree or certificate awarded.
2. The institution articulates and differentiates learning goals for its undergraduate, graduate, post-baccalaureate, post-graduate, and certificate programs.
3. The institution's program quality and learning goals are

	consistent across all modes of delivery and all locations (on the main campus, at additional locations, by distance delivery, as dual credit, through contractual or consortial arrangements, or any other modality). 3.B. The institution demonstrates that the exercise of intellectual inquiry and the acquisition, application, and integration of broad learning and skills are integral to its educational programs. 1. The general education program is appropriate to the mission, educational offerings, and degree levels of the institution. 2. The institution articulates the purposes, content, and intended learning outcomes of its undergraduate general education requirements. The program of general education is grounded in a philosophy or framework developed by the institution or adopted from an established framework. It imparts broad knowledge and intellectual concepts to students and develops skills and attitudes that the institution believes every college-educated person should possess. 3. Every degree program offered by the institution engages students in collecting, analyzing, and communicating information; in mastering modes of inquiry or creative work; and in developing skills adaptable to changing environments. 4. The education offered by the institution recognizes the human and cultural diversity of the world in which students live and work. 5. The faculty and students contribute to scholarship, creative work, and the discovery of knowledge to the extent appropriate to their programs and the institution's mission. 3.C. The institution has the faculty and staff needed for effective, high-quality programs and student services. 1. The institution has sufficient numbers and continuity of faculty members to carry out both the classroom and the non-classroom roles of faculty, including oversight of the curriculum and expectations for student performance; establishment of academic credentials for instructional staff; involvement in assessment of student learning. 2. All instructors are appropriately credentialed, including those in dual credit, contractual, and consortial programs. 3. Instructors are evaluated regularly in accordance with established institutional policies and procedures. 4. The institution has processes and resources for assuring that instructors are current in their disciplines and adept in their teaching roles; it supports their professional development. 5. Instructors are accessible for student inquiry.

6. Staff members providing student support services, such as tutoring, financial aid advising, academic advising, and co-curricular activities, are appropriately qualified, trained, and supported in their professional development.

3.D. The institution provides support for student learning and effective teaching.

1. The institution provides student support services suited to the needs of its student populations.
2. The institution provides for learning support and preparatory instruction to address the academic needs of its students. It has a process for directing entering students to courses and programs for which the students are adequately prepared.
3. The institution provides academic advising suited to its programs and the needs of its students.
4. The institution provides to students and instructors the infrastructure and resources necessary to support effective teaching and learning (technological infrastructure, scientific laboratories, libraries, performance spaces, clinical practice sites, museum collections, as appropriate to the institution's offerings).
5. The institution provides to students guidance in the effective use of research and information resources.

3.E. The institution fulfills the claims it makes for an enriched educational environment.

1. Co-curricular programs are suited to the institution's mission and contribute to the educational experience of its students.
2. The institution demonstrates any claims it makes about contributions to its students' educational experience by virtue of aspects of its mission, such as research, community engagement, service learning, religious or spiritual purpose, and economic development.

Criterion Four. Teaching and Learning: Evaluation and Improvement

The institution demonstrates responsibility for the quality of its educational programs, learning environments, and support services, and it evaluates their effectiveness for student learning through processes designed to promote continuous improvement.

Core Components

4.A. The institution demonstrates responsibility for the quality of its

	educational programs. 1. The institution maintains a practice of regular program reviews. 2. The institution evaluates all the credit that it transcripts, including what it awards for experiential learning or other forms of prior learning. 3. The institution has policies that assure the quality of the credit it accepts in transfer. 4. The institution maintains and exercises authority over the prerequisites for courses, rigor of courses, expectations for student learning, access to learning resources, and faculty qualifications for all its programs, including dual credit programs. It assures that its dual credit courses or programs for high school students are equivalent in learning outcomes and levels of achievement to its higher education curriculum. 5. The institution maintains specialized accreditation for its programs as appropriate to its educational purposes. 6. The institution evaluates the success of its graduates. The institution assures that the degree or certificate programs it represents as preparation for advanced study or employment accomplish these purposes. For all programs, the institution looks to indicators it deems appropriate to its mission, such as employment rates, admission rates to advanced degree programs, and participation rates in fellowships, internships, and special programs (e.g., Peace Corps and Americorps). 4.B. The institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning. 1. The institution has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals. 2. The institution assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs. 3. The institution uses the information gained from assessment to improve student learning. 4. The institution's processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members. 4.C. The institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs.

	1. The institution has defined goals for student retention, persistence, and completion that are ambitious but attainable and appropriate to its mission, student populations, and educational offerings. 2. The institution collects and analyzes information on student retention, persistence, and completion of its programs. 3. The institution uses information on student retention, persistence, and completion of programs to make improvements as warranted by the data. 4. The institution's processes and methodologies for collecting and analyzing information on student retention, persistence, and completion of programs reflect good practice. (Institutions are not required to use IPEDS definitions in their determination of persistence or completion rates. Institutions are encouraged to choose measures that are suitable to their student populations, but institutions are accountable for the validity of their measures.) **Criterion Five. Resources, Planning, and Institutional Effectiveness** The institution's resources, structures, and processes are sufficient to fulfill its mission, improve the quality of its educational offerings, and respond to future challenges and opportunities. The institution plans for the future. **Core Components** 5.A. The institution's resource base supports its current educational programs and its plans for maintaining and strengthening their quality in the future. 1. The institution has the fiscal and human resources and physical and technological infrastructure sufficient to support its operations wherever and however programs are delivered. 2. The institution's resource allocation process ensures that its educational purposes are not adversely affected by elective resource allocations to other areas or disbursement of revenue to a superordinate entity. 3. The goals incorporated into mission statements or elaborations of mission statements are realistic in light of the institution's organization, resources, and opportunities. 4. The institution's staff in all areas are appropriately qualified and trained. 5. The institution has a well-developed process in place for budgeting and for monitoring expense.

	5.B. The institution's governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission. 1. The institution has and employs policies and procedures to engage its internal constituencies—including its governing board, administration, faculty, staff, and students—in the institution's governance. 2. The governing board is knowledgeable about the institution; it provides oversight for the institution's financial and academic policies and practices and meets its legal and fiduciary responsibilities. 3. The institution enables the involvement of its administration, faculty, staff, and students in setting academic requirements, policy, and processes through effective structures for contribution and collaborative effort. 5.C. The institution engages in systematic and integrated planning. 1. The institution allocates its resources in alignment with its mission and priorities. 2. The institution links its processes for assessment of student learning, evaluation of operations, planning, and budgeting. 3. The planning process encompasses the institution as a whole and considers the perspectives of internal and external constituent groups. 4. The institution plans on the basis of a sound understanding of its current capacity. Institutional plans anticipate the possible impact of fluctuations in the institution's sources of revenue, such as enrollment, the economy, and state support. 5. Institutional planning anticipates emerging factors, such as technology, demographic shifts, and globalization. 5.D. The institution works systematically to improve its performance. 1. The institution develops and documents evidence of performance in its operations. 2. The institution learns from its operational experience and applies that learning to improve its institutional effectiveness, capabilities, and sustainability, overall and in its component parts.
	Policy History: Adopted August 1992; Criterion Three revised August 1998, revised February 2002, revised February 2007. New Criteria for Accreditation adopted February 2003, effective January 2005. New Criteria for Accreditation adopted February 2012, effective January 2013.

Part B.	**ASSUMED PRACTICES**
	Foundational to the Criteria and Core Components is a set of practices shared by institutions of higher education in the United States. Unlike Criteria and Core Components, these Assumed Practices are (1) generally matters to be determined as facts, rather than matters requiring professional judgment and (2) unlikely to vary by institutional mission or context. **A. Integrity: Ethical and Responsible Conduct** 1. The institution has a conflict of interest policy that ensures that the governing board and the senior administrative personnel act in the best interest of the institution. 2. The institution has ethics policies for faculty and staff regarding conflict of interest, nepotism, recruitment and admissions, financial aid, privacy of personal information, and contracting. 3. The institution provides its students, administrators, faculty, and staff with policies and procedures informing them of their rights and responsibilities within the institution. 4. The institution provides clear information regarding its procedures for receiving complaints and grievances from students and other constituencies, responds to them in a timely manner, and analyzes them to improve its processes. 5. The institution makes readily available to students and to the general public clear and complete information including: a. statements of mission, vision, and values b. full descriptions of the requirements for its programs, including all pre-requisite courses c. requirements for admission both to the institution and to particular programs or majors d. policies on acceptance of transfer credit, including how credit is applied to degree requirements. (Except for courses articulated through transfer policies or institutional agreements, the institution makes no promises to prospective students regarding the acceptance of credit awarded by examination, credit for prior learning, or credit for transfer until an evaluation has been conducted.) e. all student costs, including tuition, fees, training, and incidentals; its financial aid policies, practices, and

	requirements; and its policy on refunds f. policies regarding academic good standing, probation, and dismissal; residency or enrollment requirements (if any) g. a full list of its instructors and their academic credentials h. its relationship with any parent organization (corporation, hospital, or church, or other entity that owns the institution) and any external providers of its instruction. 6. The institution assures that all data it makes public are accurate and complete, including those reporting on student achievement of learning and student persistence, retention, and completion. 7. The institution portrays clearly and accurately to the public its current status with the Higher Learning Commission and with specialized, national, and professional accreditation agencies. a. An institution offering programs that require specialized accreditation or recognition in order for its students to be certified or to sit for licensing examinations either has the appropriate accreditation or discloses publicly and clearly the consequences to the students of the lack thereof. The institution makes clear to students the distinction between regional and specialized or program accreditation and the relationships between licensure and the various types of accreditation. b. An institution offering programs eligible for specialized accreditation at multiple locations discloses the accreditation status of the program at each location. c. An institution that advertises a program as preparation for a licensure examination publicly discloses its licensure pass rate on that examination, unless such information is not available to the institution. 8. The governing board and its executive committee, if it has one, include some "public" members. Public members have no significant administrative position or any ownership interest in any of the following: the institution itself; a company that does substantial business with the institution; a company or organization with which the institution has a substantial partnership; a parent, ultimate parent, affiliate, or

subsidiary corporation; an investment group or firm substantially involved with one of the above organizations. All publicly-elected members or members appointed by publicly-elected individuals or bodies (governors, elected legislative bodies) are public members.[1]

9. The governing board has the authority to approve the annual budget and to engage and dismiss the chief executive officer.[1]

10. The institution documents outsourcing of all services in written agreements, including agreements with parent or affiliated organizations.

11. The institution takes responsibility for the ethical and responsible behavior of its contractual partners in relation to actions taken on its behalf.

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[1] *Institutions operating under federal control and authorized by Congress are exempt from these requirements. These institutions must have a public board that includes representation by individuals who do not have a current or previous employment or other relationship with the federal government or any military entity. This public board has a significant role in setting policy, reviewing the institution's finances, reviewing and approving major institutional priorities, and overseeing the academic programs of the institution.*

B. Teaching and Learning: Quality, Resources, and Support

1. Programs, Courses, and Credits

   a. The institution conforms to commonly accepted minimum program length: 60 semester credits for associate's degrees, 120 semester credits for bachelor's degrees, and 30 semester credits beyond the bachelor's for master's degrees. Any variation from these minima must be explained and justified.

   b. The institution requires that 30 of the last 60 credits earned for a bachelor's degree that the institution awards and 15 of the final 30 for an associate's degree it awards be credits earned at the institution.[2] Institutions that do not maintain such a requirement, or have programs that do not, are able to demonstrate structures or practices that ensure coherence and quality to the degree. (Consortial arrangements are considered to be such structures.

	In addition, an institution that complies with the criteria for academic residency requirements of the Servicemembers Opportunity Colleges (SOC) will not be deemed out of conformity with this Assumed Practice provided that its policy is an exception for active-duty servicemembers and not for students in general.) c. The institution's policy and practice assure that at least 50% of courses applied to a graduate program are courses designed for graduate work, rather than undergraduate courses credited toward a graduate degree. (An institution may allow well-prepared advanced students to substitute its graduate courses for required or elective courses in an undergraduate degree program and then subsequently count those same courses as fulfilling graduate requirements in a related graduate program that the institution offers. In "4+1" or "2+3" programs, at least 50% of the credits allocated for the master's degree – usually 15 of 30 – must be for courses designed for graduate work.) d. The institution adheres to policies on student academic load per term that reflect reasonable expectations for successful learning and course completion. e. Courses that carry academic credit toward college-level credentials have content and rigor appropriate to higher education. f. The institution has a process for ensuring that all courses transferred and applied toward degree requirements demonstrate equivalence with its own courses required for that degree or are of equivalent rigor. g. The institution has a clear policy on the maximum allowable credit for prior learning as a reasonable proportion of the credits required to complete the student's program. Credit awarded for prior learning is documented, evaluated, and appropriate for the level of degree awarded. (Note that this requirement does not apply to courses transferred from other institutions.) h. The institution maintains a minimum requirement for general education for all of its undergraduate programs whether through a traditional practice of distributed curricula (15 semester credits for AAS degrees, 24 for AS or AA degrees, and 30 for bachelor's degrees) or through integrated,

	embedded, interdisciplinary, or other accepted models that demonstrate a minimum requirement equivalent to the distributed model. Any variation is explained and justified. 2. Faculty Roles and Qualifications a. Instructors (excluding for this requirement teaching assistants enrolled in a graduate program and supervised by faculty) possess an academic degree relevant to what they are teaching and at least one level above the level at which they teach, except in programs for terminal degrees or when equivalent experience is established. In terminal degree programs, faculty members possess the same level of degree. When faculty members are employed based on equivalent experience, the institution defines a minimum threshold of experience and an evaluation process that is used in the appointment process. b. Instructors teaching at the doctoral level have a record of recognized scholarship, creative endeavor, or achievement in practice commensurate with doctoral expectations. c. Faculty participate substantially in: 1) oversight of the curriculum—its development and implementation, academic substance, currency, and relevance for internal and external constituencies; 2) assurance of consistency in the level and quality of instruction and in the expectations of student performance; 3) establishment of the academic qualifications for instructional personnel; 4) analysis of data and appropriate action on assessment of student learning and program completion. 3. Support Services a. Financial aid advising clearly and comprehensively reviews students' eligibility for financial assistance and assists students in a full understanding of their debt and its consequences. b. The institution maintains timely and accurate transcript and records services.

[2] *For example, for a bachelor's degree requiring 120 credits, the institution accepts no more than 90 credits in total through transfer or other assessment of prior learning, and the remaining 30 must fall within the last 60 credits awarded the student.*

C. Teaching and Learning: Evaluation and Improvement

1. Instructors (excluding for this requirement teaching assistants enrolled in a graduate program and supervised by faculty) have the authority for the assignment of grades. (This requirement allows for collective responsibility, as when a faculty committee has the authority to override a grade on appeal.)
2. The institution refrains from the transcription of credit from other institutions or providers that it will not apply to its own programs.
3. The institution has formal and current written agreements for managing any internships and clinical placements included in its programs.
4. A predominantly or solely single-purpose institution in fields that require licensure for practice is also accredited by or is actively in the process of applying to a recognized specialized accrediting agency for each field, if such agency exists.
5. Instructors communicate course requirements to students through syllabi.
6. Institutional data on assessment of student learning are accurate and address the full range of students who enroll.
7. Institutional data on student retention, persistence, and completion are accurate and address the full range of students who enroll.

D. Resources, Planning, and Institutional Effectiveness

1. The institution is able to meet its current financial obligations.
2. The institution has a prepared budget for the current year and the capacity to compare it with budgets and actual results of previous years.
3. The institution has future financial projections addressing its long-term financial sustainability.
4. The institution maintains effective systems for collecting, analyzing, and using institutional information.

	5. The institution undergoes an external audit by a certified public accountant or a public audit agency of its own financial and educational activities and maintains audited financial statements. For private institutions the audit is annual; for public institutions it is at least every two years.[3] 6. The institution's administrative structure includes a chief executive officer, chief financial officer, and chief academic officer (titles may vary) with appropriate credentials and experience and sufficient focus on the institution to ensure appropriate leadership and oversight. [3] *Institutions under federal control are exempted provided that they have other reliable information to document the institution's fiscal resources and management.*
	Policy History: None. New policy.
Policy 1.1(a)	**GRANT OF COMMISSION STATUS** The Commission's Board of Trustees shall grant institutions one of two statuses: accreditation or candidate for accreditation (candidacy).
Policy 1.1(a)1	**ACHIEVING AND MAINTAINING ACCREDITATION** An institution must be judged by the Commission to have met each of the Criteria for Accreditation, the Core Components and the Federal Compliance Requirements to merit the grant of initial accreditation or the reaffirmation of accreditation. In preparation for accreditation and reaffirmation of accreditation, an institution shall provide evidence through a self-study or self-evaluation process that it meets each of the Criteria and the Core Components. The distinctiveness of an institution's mission may condition the strategies it adopts and the evidence it provides that it meets each Core Component. The institution shall also provide evidence with regard to those sub-components of the Criteria that apply to the institution. An institution in its evidence or a team in its review may identify topics or issues related to a Core Component other than those specified in the sub-components to be included in evaluating the institution's meeting of the Core Component. For institutions applying for initial accreditation the submission of evidence from the self-study or self-evaluation process constitutes the official application for accreditation. An institution applying for

	initial accreditation shall also demonstrate conformity with the Assumed Practices. The judgment that the organization meets the Criteria for Accreditation and Core Components is based on detailed information about all parts of the institution. Such information may be acquired through evidence provided to the Commission by the institution or acquired by the Commission from other sources prior to, during, or subsequent to an evaluation process. This information will be confirmed in the written report of the visiting team; in the pattern of portfolios, reports, panel views and appraisals required of institutions participating in the AQIP processes; or in other review documents identified by the Commission as core elements of a process for reaffirmation of accreditation.
Policy 1.1(a)1.1	**EVALUATIVE FRAMEWORK FOR INITIAL AND REAFFIRMATION OF ACCREDITATION** In the evaluation process, the Commission will review the institution against the Criteria and Core Components according to the following evaluative framework. **Core Components** The institution meets the Core Component if: a) the Core Component is met without concerns, that is the institution meets or exceeds the expectations embodied in the Component; or b) the Core Component is met with concerns, that is the institution demonstrates the characteristics expected by the Component, but performance in relation to some aspect of the Component must be improved. The institution does not meet the Core Component if the institution fails to meet the Component in its entirety or is so deficient in one or more aspects of the Component that the Component is judged not to be met. **Criteria for Accreditation** The institution meets the Criterion if: a) the Criterion is met without concerns, that is the institution meets or exceeds the expectations embodied in the Criterion; or b) the Criterion is met with concerns, that is the institution demonstrates the characteristics expected by the Criterion, but performance in relation to some Core Components of the Criterion must be improved. The Criterion is not met if the institution fails to meet the Criterion in

	its entirety or is so deficient in one or more Core Components of the Criterion that the Criterion is judged not to be met. The institution meets the Criterion only if all Core Components are met. The institution must be judged to meet all five Criteria for Accreditation to merit accreditation. The Commission will grant or reaffirm accreditation (with or without conditions or sanctions), deny accreditation, or withdraw accreditation based on the outcome of this evaluation.
Policy 1.1(a)1.2	**ASSUMED PRACTICES IN THE EVALUATIVE FRAMEWORK FOR INITIAL AND REAFFIRMATION OF ACCREDITATION** An institution seeking initial accreditation, approval of a Change of Control, Structure, or Organization, removal of a sanction or Show-Cause, or participating in a Standard Pathway reaffirmation of accreditation must explicitly address these requirements when addressing the Criteria. The institution must demonstrate conformity with these Practices as evidence of demonstrating compliance with the Criteria. Institutions undergoing reaffirmation of accreditation will not explicitly address the Assumed Practices except as identified in section 1.1(d). Any exemptions from these Assumed Practices must be granted by the Board and only in exceptional circumstances.
Policy 1.1(a)1.3	**ACCREDITATION CYCLE** Institutions must have accreditation reaffirmed not later than four years following initial accreditation, and not later than ten years following a reaffirmation action. The time for the next reaffirmation is made a part of the accreditation decision, but may be changed if the institution experiences or plans changes. The Commission may extend the period of accreditation not more than one year beyond the decennial cycle or one year beyond the initial accreditation cycle for institutions that present good and sufficient reason for such extension.
Policy 1.1(a)1.4	**EFFECTIVE DATE OF ACCREDITATION OR OTHER ACTION** The effective date of initial accreditation or reaffirmation of accreditation or other Commission action will be the date the action was taken. The Commission's Board may grant initial accreditation, with the contingency noted in this subsection, to an institution that applies for accreditation and is determined by the Commission to have met the Criteria for Accreditation but has not yet graduated a class of students in at least one of its degree programs, as required by the Eligibility Requirements. Institutions shall have completed the two-year required

	minimum candidacy period or received a waiver from the Commission's Board of Trustees. Such action shall be contingent on the institution's graduation of its first graduating class in at least one of its degree programs within no more than thirty days of the Board's action. In such cases, the effective date of accreditation will be the date of this graduating class.
Policy 1.1(b)1	**ACHIEVING CANDIDACY AND CONTINUED CANDIDACY** An institution must be judged by the Commission to have met each of the requirements of the candidacy program to merit the award of candidate for accreditation status (candidacy). The requirements of the candidacy program are as follows: 1) the institution meets each of the Eligibility Requirements 2) the institution demonstrates sufficient evidence, including evidence that the institution currently conforms with each of the Assumed Practices, to support the judgment that all of the Criteria for Accreditation and Core Components can reasonably be met within four years of candidacy; and 3) the institution meets the Federal Compliance Requirements. The self-study or documentation assembled in a self-evaluative process constitutes the official application for candidacy. During the candidacy period the Commission will ensure ongoing compliance with the Eligibility Requirements and continued progress towards achieving accreditation at the end of the candidacy period through a biennial visit. The judgment that the institution meets the Eligibility Requirements and is likely to meet the Criteria by the end of the candidacy period is based on detailed information about all parts of the institution. Such information may be acquired through evidence provided to the Commission by the institution or acquired by the Commission from other sources prior to or during an evaluation process.
	Policy History: Adopted August 1992, revised August 1996, effective September 1996, revised February 1998. Revised Criteria for Candidacy adopted February 2003, effective May 1, 2003, revised February 2007, revised February 2010, revised June 2011, revised February 2012.
Policy 1.1(b)1.1	**EVALUATIVE FRAMEWORK FOR ACHIEVING AND MAINTAINING CANDIDACY** In the evaluation process, the Commission will review the institution against the requirements of the candidacy program according to the following evaluative framework.

	Eligibility Requirements The institution meets the Eligibility Requirement if the Commission determines that the Requirement is met without concerns; that is, the institution is found to meet or exceed the expectations embodied in the Requirement. The institution does not meet the Eligibility Requirement if the Commission determines that the institution has failed to meet the Requirement in its entirety or is so deficient in one or more aspects of the Requirement that the Requirement is judged not to be met. **Criteria for Accreditation and Core Components** The institution demonstrates that it can reasonably meet the Criteria for Accreditation within the four years of candidacy if it provides emerging evidence with regard to each Criterion and Core Component and the Commission determines that the Criteria and Components are likely to be met within the candidacy period. The institution must provide emerging evidence with regard to each Criterion in order for it to provide sufficient evidence of meeting the Criteria for Accreditation during the candidacy period. **Federal Compliance Requirements** The institution demonstrates that it meets the Federal Compliance Requirements. The Commission will award candidacy based on the outcome of this evaluation.
Policy 1.1(b)1.2	**ASSUMED PRACTICES IN THE EVALUATIVE FRAMEWORK FOR CANDIDACY** An institution seeking candidate for accreditation status must explicitly demonstrate, in its required plan to meet the Criteria for Accreditation within the four years of candidacy, that it currently conforms with all of the Assumed Practices.
Policy 1.1(b)1.3	**CANDIDACY CYCLE** The period of candidacy is four years. However, at any time during the candidacy period, subsequent to the completion of the two-year required minimum candidacy, the institution may file an application for early initial accreditation and host an on-site initial accreditation visit to evaluate the institution for this purpose. The institution will be limited to one application for early initial accreditation during the term of candidacy. In exceptional situations, the Board of Trustees at its discretion may extend candidacy to a fifth year. Candidacy will be initiated through a comprehensive on-site evaluation and maintained through a subsequent on-site biennial

	evaluation two years after candidacy is granted to determine whether the institution is making reasonable progress towards meeting accreditation requirements by the end of the candidacy period**,** including continued conformity with the Assumed Practices. Two years after this biennial evaluation, or at the end of the four-year candidacy period, an institution will have its evaluation for initial accreditation. If, as a result of the initial accreditation visit, the Board acts to extend the institution's candidacy for a fifth year, the institution will repeat the visit for initial accreditation during that fifth candidacy year in sufficient time for the Board to consider the outcome of the evaluation prior to the conclusion of the fifth candidacy year.

Policy 1.1(c)	**EVALUATION FOR INITIAL ACCREDITATION OR CANDIDACY**
	
	An institution applying for initial accreditation or candidacy shall undergo a Comprehensive Evaluation by the Commission composed of the following elements:
	
	Assurance Process. The Assurance Process for an institution undergoing an evaluation for initial accreditation or candidacy has the following components:
	• Assurance Filing;
	• Assurance Review;
	  o analysis of the Assurance Filing and of information from any on-site visit by Commission peer reviewers culminating in a written report;
	  o an on-site visit by a team of Commission peer reviewers.
	
	Assurance Filing. An institution hosting a Comprehensive Evaluation for initial accreditation or candidacy shall submit the following information assembled through a self-evaluative or self-study process:
	
	1. evidence of meeting the Eligibility Requirements;
	
	2. for initial accreditation, evidence of conformity with the Assumed Practices and meeting the Criteria for Accreditation and Core Components, or for candidacy, evidence of the degree to which the institution meets the Criteria for Accreditation and Core Components;
	
	3. for candidacy, evidence of conformity with the Assumed Practices and a carefully articulated plan and timetable showing how the institution will meet fully each of the Criteria for Accreditation and Core Components within the period of candidacy;
	
	4. evidence of meeting the Federal Compliance Requirements;

	5. branch campus evaluation information; and 6. any addenda requested by the team during the evaluation process. In addition, the Commission shall supply information including but not limited to the Eligibility Process analysis, official correspondence, public comments, previous evaluation team reports and action letters, if any, information from the institution's accreditation file with other recognized accrediting agencies, and any other information the Commission deems appropriate. **Comprehensive Evaluation.** A team of peer reviewers, selected by Commission staff following Commission procedures, shall review an institution's Assurance Filing and related materials. The team shall then conduct an on-site visit to the institution's main campus, its branch campuses, and such other institutional locations as shall be determined by the Commission based on its policies and procedures; for institutions that offer only distance or correspondence education, the team shall conduct its on-site visit to the institution's administrative offices but may include other institutional locations. The length of the visit shall be three days, but the Commission shall retain discretion to lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities as a part of a particular Comprehensive Evaluation to examine specific issues. **Analysis and Written Report.** Commission peer reviewers shall conduct an analysis of the information generated by the Assurance Review and shall prepare a detailed written report that outlines the team's findings related to the institution's meeting either the requirements for initial accreditation or for candidacy. The report shall identify strengths and challenges or deficiencies for the institution, and shall make a recommendation related to granting initial accreditation or granting candidacy. **Recommendations Arising from Evaluations for Initial Accreditation or Candidacy.** The team of Commission peer reviewers conducting a Comprehensive Evaluation for initial accreditation or candidacy shall in its written report make a recommendation for Commission action to complete the review. That recommendation shall be as follows: For initial accreditation, the team shall recommend whether to grant initial accreditation, and whether to require limited interim monitoring on a discrete issue where such monitoring does not call into the question the institution's compliance with the Criteria for Accreditation, in which case, the institution will not be granted Initial Accreditation. Alternatively, the team may recommend denying initial accreditation. In denying accreditation the team will also

	recommend whether to extend candidacy if the institution continues to meet the requirements, and is within the time limits, for candidacy or to withdraw candidacy if the institution does not meet the requirements for candidacy or has reached the time limitations on candidacy. For candidacy, the team shall recommend whether to grant candidacy. The team shall not recommend monitoring but may identify discrete issues to be addressed by the institution by the time of its biennial evaluation where such identification does not call into the question the institution's compliance with the Eligibility Requirements, in which case, the institution will not be granted candidacy. These recommendations, along with the team's written report, shall be forwarded to a Commission decision-making body for review and action. **Institutional Responses to Recommendations Arising from Evaluations for Initial Accreditation or Candidacy.** The institution shall have the opportunity to provide a written response to the written report of a Comprehensive or Assurance Review following Commission policies for the provision of institutional responses. (See Commission Policy 2.4(f), INSTITUTIONAL RESPONSES WITHIN THE PROCESSES.)
1.1(c)1	**BIENNIAL VISIT** An institution in candidacy shall host an on-site evaluation after the first two years of candidacy. In preparation for the visit the institution and the Commission shall provide information to update the Assurance Filing assembled at the time the institution was evaluated for candidacy. **On-site Visit.** A team of peer reviewers, selected by Commission staff following Commission procedures, shall review the updated Assurance Filing and related materials and shall then conduct an on-site visit to the institution's main campus or, for institutions that offer only distance or correspondence education, its administrative offices, and such other institutional locations as shall be determined by the Commission based on its policies and procedures. The length of the visit shall be one and a half days, but the Commission shall retain discretion to lengthen or shorten the visit or require that team members conduct additional on-site visits to the institution's facilities to examine specific issues. **Report and Recommendation from a Biennial Visit.** The team shall prepare a written report that outlines the team's findings related to the institution's progress in completing its candidacy plan and meeting the Criteria for Accreditation within the four years of candidacy. If the institution is not making reasonable progress or there is evidence that the institution does not meet the Eligibility

	Requirements or conforms to the Assumed Practices, the team shall recommend withdrawal of candidacy. The report and recommendation shall be forwarded to a Commission decision-making body for review and action. **Institutional Responses to Recommendations Arising From a Biennial Visit.** The institution shall have the opportunity to provide a written response to the written report of a Comprehensive or Assurance Review following Commission policies for the provision of institutional responses. (See Commission Policy 2.4(f), INSTITUTIONAL RESPONSES WITHIN THE PROCESSES.)
Policy 1.1(d)	**COMMISSION RIGHT TO REEXAMINE INSTITUTIONAL CONFORMITY WITH ASSUMED PRACTICES** When the Commission discovers that an accredited institution is not following an Assumed Practice, the Commission initiates a review, in accordance with its policy and procedure, to determine whether the institution remains in compliance with the Criteria for Accreditation. If the institution is found to be not meeting the Criteria, including any Core Component, the Commission may proceed to act under any applicable policy including Reconsideration. (See Commission Policy Commission Right to Reconsider Affiliation.) The Commission also requires that the institution take action to bring its practice into conformity with the Assumed Practices. An accredited institution that finds through its own processes that its practice is departing from the Assumed Practices should take immediate steps to correct the deficiency; it is not required to disclose its finding to the Commission provided that it moves quickly to initiate a remedy.

Notes	OTHER POLICY REVISIONS NECESSITATED BY THESE CHANGES
Policy 2.5(e) **Policy 2.5(e)2** **Policy 2.5(e)3**	**WITHDRAWAL OF ACCREDITATION** **DENIAL OF ACCREDITATION** **DENIAL OR WITHDRAWAL OF CANDIDATE FOR ACCREDITATION STATUS** Change "including Minimum Expectations for Accreditation or any successor documents defining requirements for accreditation" to "including but not limited to Assumed Practices".
Policy 2.2(d)1.1b	**DECISION-MAKING AUTHORITY (Board of Trustees)** Add 8. Approve exemptions, if any, from the Assumed Practices.

Policy 3.3(c)2	**APPROVAL FACTORS (Change of Control)** Add "Assumed Practices" to Approval Factor 3) substantial likelihood that the institution…will continue to meet the Commission's Eligibility Requirements and Criteria for Accreditation".