

MIDDLE STATES COMMISSION ON HIGHER EDUCATION

# SELF-STUDY

CREATING A USEFUL PROCESS AND  
REPORT



For Institutions with visits  
in 2017-2018

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## **Preface: Mission Statement Middle States Commission on Higher Education**

The Middle States Commission on Higher Education assures students and the public of the educational quality of higher education. The Commission's accreditation process ensures institutional accountability, self-appraisal, improvement, and innovation through peer review and the rigorous application of standards within the context of institutional mission.

## **Chapter 1: The Self-Study Process: Content and Overview**

This chapter provides general information about regional accreditation and peer review, Standards for Accreditation and Requirements of Affiliation, and the decennial evaluation process. It discusses the importance of institutional planning and assessment and the role of the Self-Study Report in meeting the expectations of the Middle States Commission on Higher Education (the Commission).

### **Peer Review and the Accreditation Cycle**

Accreditation is intended to strengthen and sustain higher education, making it worthy of public confidence and minimizing the scope of external control. Regional accreditation, a means of self-regulation adopted by the higher education community, has evolved to support these goals.

Accreditation demonstrates an institution's commitment to continuous self-assessment. Based upon the results of a self-appraisal and institutional review by peers and colleagues assigned by the Commission, accreditation attests, in the judgment of the Commission, that an institution:

- has a mission appropriate to higher education;
- is guided by well-defined and appropriate mission-related goals, including goals for student learning;
- has established conditions and procedures under which its mission and goals can be realized;
- is accomplishing its mission and goals in substantial measure;
- is organized, staffed, and supported so that it can be expected to continue to accomplish its mission and goals;
- meets the Standards for Accreditation and Requirements of Affiliation of the Middle States Commission on Higher Education along with relevant federal regulations; and,
- assesses both institutional effectiveness and student learning outcomes and uses assessment results for improvement.

Evaluations of Middle States institutions take place within the following cycle:

## **Decennial Evaluation**

The decennial evaluation involves the completion of an institutional Self-Study and a subsequent visit by a team of external peer evaluators. The evaluation includes a process whereby an institution demonstrates that it meets the expectations of the Commission's Requirements of Affiliation, Standards for Accreditation, and relevant federal regulations, and that it evaluates the extent to which it is accomplishing its mission and related goals, making improvements when deemed appropriate by key institutional constituents.

## **Periodic Review Report (PRR)**

At the five-year point between decennial reviews, the institution provides to peer reviewers a report on the current state of the institution. The PRR includes a review of the institution's responses to any outstanding recommendations from its previous decennial Self-Study and evaluation, a description of major challenges and current opportunities, financial projections, and documentation of institutional planning and assessment.

## **Annual Institutional Profile (IP)**

Institutions submit to the Commission current data on key contacts, enrollment, graduation rates, faculty composition, finances, off-campus locations, students and other institutional information as required by the Commission. This information is used by the Commission to report on institutional information mandated by the U.S. Department of Education (USDE), and to monitor and update institutional information.

Data from the IP are also used for a variety of additional purposes, including but not limited to:

- offering Evaluation Teams and staff a "snapshot" of an institution's structure, operations, finances, and accreditation status;
- enabling staff to monitor an individual institution's compliance with selected aspects of accreditation standards and respond to inquiries from the U.S. Department of Education;
- updating the Commission's on-line [Institution Directory](#) and each member institution's "Statement of Accreditation Status (SAS)", which is the official statement about each institution that is available to the public;
- providing the Commission with a basis for assessing dues; and,
- assisting staff in developing region-wide aggregate data, some of which are made available to the public in reports posted on the Commission web site.

## **Verification of Compliance with Accreditation-Relevant Federal Regulations**

Institutions are expected to submit documents attesting to their compliance with relevant USDE regulations such as cohort default rates, distance education, transfer credit, credit hour, and other issues. Compliance is validated periodically,

typically at the time of Self-Study and during any other evaluation of the institution. Institutions submit information electronically to the Commission; reviewers, selected by the Commission, undertake an off-campus evaluation of an institution's compliance with the issues under review.

### **Standards for Accreditation and Requirements of Affiliation**

The essential points of reference for Self-Study and peer review are the Standards for Accreditation and Requirements of Affiliation, which undergird the Commission's expectations for review. Institutions that meet the Standards for Accreditation and Requirements of Affiliation demonstrate the high quality expected of accredited institutions of higher education and reflect high standards of ethics and institutional integrity.

To achieve and maintain accreditation, institutions are required to demonstrate that they fully meet the Requirements of Affiliation, which are outlined in Table 1. Compliance is expected to be continuous and institutions are required to submit documentation and engage in appropriate analysis during the decennial review process demonstrating ongoing compliance with the Requirements of Affiliation.

Listed in Table 2 are the Commission's Standards for Accreditation which were developed by consensus among member institutions. One common thread of the Standards is that they recognize that an institution's mission and goals should serve as guideposts for all aspects of accreditation protocols. The institution's mission provides a lens through which the institution, the peer Evaluation Team, and the Commission view both the Standards for Accreditation and Requirements of Affiliation and apply them during evaluation events. This enables regional accreditation to address diverse institutional types and diverse educational delivery systems.

The fifteen Requirements of Affiliation and seven Standards for Accreditation should be viewed as an integrated whole. Several of the Requirements of Affiliation can be thematically matched to relevant Standards for Accreditation; for example, Requirements of Affiliation having to do with student learning assessment can be addressed in the same section of a Self-Study document that addresses Standard V: Educational Effectiveness Assessment. Other Requirements of Affiliation can be addressed through the Verification of Compliance process. Table 3 contains a sample approach for aligning the Requirements with the Standards in a typical Self-Study.

Each of the Standards for Accreditation is expressed in one or two sentences and is then followed by criteria. The criteria specify the characteristics or qualities that encompass the Standard. Institutions and evaluators use these criteria, within the

context of institutional mission, to demonstrate or determine whether the institution meets the expectations for each Standard in substantial measure.

The criteria should not be seen as a simple checklist. The totality created by these criteria and any other relevant institutional information or analysis must be considered. Where an institution does not provide evidence of a particular criterion, the institution may demonstrate through alternative information and analysis that it meets the Standard.

### **Overview of the Decennial Self-Study Process**

The decennial evaluation consists of an extensive institutional Self-Study process that produces a written Self-Study Report. This report and the Commission's Standards for Accreditation and Requirements of Affiliation serve as the basis for on-site evaluation by a team of peer evaluators. During Self-Study, the institution carefully considers its educational programs, policies and services, with particular attention to student learning and achievement, and it determines how well these programs and services accomplish the institution's goals, fulfill its mission, and meet the Commission's Standards.

Under the leadership of a Steering Committee appointed by the institution, Working Groups or subcommittees examine existing data and evaluations, gather new information, and prepare analytical reports on their assigned topics. (The term "Working Groups" is used in this handbook to avoid confusion with references to the Steering Committee.) The Steering Committee edits the reports of the various Working Groups, produces a draft for discussion, and disseminates the final Self-Study Report.

A broad cross-section of the campus community is expected to participate in each component of the Self-Study process as part of the Steering Committee, the Working Groups, and campus-wide discussions.

The Self-Study Report has two sets of audiences and two major purposes. The primary audience is the institution's own community and the secondary audience includes external or public constituencies.

The primary purpose of the Self-Study Report is to advance institutional self-understanding and self-improvement. The Self-Study Report, therefore, is most useful when it is analytical and forward-looking rather than descriptive or defensive, when it is used both to identify problems and to develop solutions to them,

and when it identifies opportunities for growth and development. Because the decennial Self-Study is a major event in the life of an institution, it should be a useful activity, planned and executed carefully, and not simply a formal exercise.

It will be most helpful if the institution implements self-assessment as a continuous process that supports its regular planning cycle.

## TABLE 1: REQUIREMENTS OF AFFILIATION

*To be eligible for, to achieve, and to maintain Middle States Commission on Higher Education accreditation, an institution must demonstrate that it fully meets the following Requirements of Affiliation. Compliance is expected to be continuous and will be validated periodically, typically at the time of institutional self-study and during any other evaluation of the institution's compliance. Once eligibility is established, an institution then must demonstrate on an ongoing basis that it meets the standards for accreditation.*

1	The institution is authorized or licensed to operate as a postsecondary educational institution and to award postsecondary degrees; it provides written documentation demonstrating both. Authorization or licensure is from an appropriate governmental organization or agency within the Middle States region (Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands), as well as by other agencies as required by each of the jurisdictions, regions, or countries in which the institution operates.
2	The institution is operational, with students actively pursuing its degree programs.
3	For institutions pursuing Candidacy or Initial Accreditation, the institution will graduate at least one class before the Evaluation Team visit for initial accreditation takes place (Step 7 of the initial accreditation process), unless the institution can demonstrate to the satisfaction of the Commission that the lack of graduates does not compromise its ability to demonstrate appropriate learning outcomes.
4	The institution's representatives communicate with the Commission in English, both orally and in writing.
5	The institution complies with all applicable government (usually Federal and state) policies, regulations, and requirements.
6	The institution complies with applicable Commission, interregional, and inter-institutional policies. These policies can be viewed on the Commission website, <a href="http://www.msche.org">www.msche.org</a> .
7	The institution has a statement of mission and goals, approved by its governing body that defines its purpose within the context of higher education
8	The institution systematically evaluates its educational and other programs and makes public how well and in what ways it is accomplishing its purposes.
9	The institution's student learning programs and opportunities are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, regardless of certificate or degree level or delivery and instructional modality
10	Institutional planning integrates goals for academic and institutional effectiveness and improvement, student achievement of educational goals, student learning, and the results of academic and institutional assessments
11	The institution has documented financial resources, funding base, and plans for financial development, including those from any related entities (including without limitation systems, religious sponsorship, and corporate ownership) adequate to support its educational purposes and programs and to ensure financial stability. The institution demonstrates a record of responsible fiscal management, has a prepared budget for the current year, and undergoes an external financial audit on an annual basis
12	The institution fully discloses its legally constituted governance structure(s) including any related entities (including without limitation systems, religious sponsorship, and corporate ownership). The institution's governing body is responsible for the quality and integrity of the institution and for ensuring that the institution's mission is being carried out.
13	A majority of the institution's governing body's members have no employment, family, ownership, or other personal financial interest in the institution. The governing body adheres to a conflict of interest policy that assures that those interests are disclosed and that they do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution. The institution's district/system or other chief executive of car shall not serve as the chair of the governing body.
14	The institution and its governing body/bodies will make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations. The governing body/bodies ensure that the institution describes itself in comparable and consistent terms to all of its accrediting and regulatory agencies, communicates any changes in accredited status, and agrees to disclose information (including levels of governing body compensation, if any) required by the Commission to carry out its accrediting responsibilities.
15	The institution has a core of faculty (full-time or part-time) and/or other appropriate professionals with sufficient responsibility to the institution to assure the continuity and coherence of the institution's educational programs.

**TABLE 2: STANDARDS FOR ACCREDITATION**

<b>Standard I</b>	<b>Mission and Goals</b>	The institution's mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution's stated goals are clearly linked to its mission and specify how the institution fulfills its mission.
<b>Standard II</b>	<b>Ethics and Integrity</b>	Ethics and integrity are central, indispensable, and defining hallmarks of effective higher education institutions. In all activities, whether internal or external, an institution must be faithful to its mission, honor its contracts and commitments, adhere to its policies, and represent itself truthfully.
<b>Standard III</b>	<b>Design and Delivery of the Student Learning Experience</b>	An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level and setting are consistent with higher education expectations.
<b>Standard IV</b>	<b>Support of the Student Experience</b>	Across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.
<b>Standard V</b>	<b>Educational Effectiveness Assessment</b>	Assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their programs of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.
<b>Standard VI</b>	<b>Planning, Resources, and Institutional Improvement</b>	The institution's planning processes, resources, and structures are aligned with each other and are sufficient to fulfill its mission and goals, to continuously assess and improve its programs and services, and to respond effectively to opportunities and challenges.
<b>Standard VII</b>	<b>Governance, Leadership, and Administration</b>	The institution is governed and administered in a manner that allows it to realize its stated mission and goals in a way that effectively benefits the institution, its students, and the other constituencies it serves. Even when supported by or affiliated with governmental, corporate, religious, educational system, or other unaccredited organizations, the institution has education as its primary purpose, and it operates as an academic institution with appropriate autonomy.

**TABLE 3: SAMPLE ALIGNMENT OF REQUIREMENTS OF AFFILIATION WITH STANDARDS FOR ACCREDITATION**

<u>Requirement of Affiliation</u>	<u>Demonstrate compliance in.....</u>
<b>Requirement 1</b> Authorization to operate	Compliance review process
<b>Requirement 2</b> Institution is operational	Compliance review process
<b>Requirement 3</b> Graduating one class before accreditation	Compliance review process
<b>Requirement 4</b> Communicating with Commission in English	Compliance review process
<b>Requirement 5</b> Compliance with government policies, regulations and requirements	Compliance review process
<b>Requirement 6</b> Complying with Commission policies	Compliance review process
<b>Requirement 7</b> Mission and goals	Standard I
<b>Requirement 8</b> Systematic evaluation of all programs	Standards III, IV, V, VI
<b>Requirement 9</b> Student learning programs	Standards III, V
<b>Requirement 10</b> Institutional planning	Standards I, III, IV, V, VI
<b>Requirement 11</b> Financial resources	Standards VI
<b>Requirement 12</b> Governance structure	Standard VII
<b>Requirement 13</b> Governing board conflicts of interest	Standard VII
<b>Requirement 14</b> Governing board providing information	Compliance review process
<b>Requirement 15</b> Faculty	Standard III

The second purpose of the Self-Study is to demonstrate to external audiences, such as the Commission, government regulatory agencies, and the public, that the institution meets the Commission's Standards for Accreditation and Requirements of Affiliation. The Commission's accreditation decision, which follows the Self-Study and onsite visit, is available to the public as part of the "Statement of Accreditation Status" that the Commission publishes on its website for each of its members.

The Self-Study process and report must be meaningful and useful to the members of the institution and must produce evidence of compliance with accreditation Standards. Balancing these two goals is the challenge of an effective Self-Study.

The institution is assisted throughout the process by a Commission staff member who is appointed as the liaison between the institution and the Commission.

The diagram in Figure 1 depicts the Self-Study in general terms and is briefly reviewed in this section. The process is more fully explained in the remaining chapters of this book.

### **Self-Study Design**

The decennial evaluation process begins when institutional leadership appoints the Steering Committee and its chairpersons and assigns them responsibility for organizing a Self-Study Design. Chairpersons of the Steering Committee attend the Commission's Self-Study Institute to receive training about the Self-Study process and how to write an effective Self-Study Design.

### **Self-Study Preparation Visit and Approval**

After attending the Self-Study Institute, the Steering Committee organizes Working Groups and develops an appropriate Self-Study Design with its required elements. The Steering Committee also begins to prepare a Documentation Roadmap, which assists the institution in aligning documents and processes with the Standards for Accreditation and Requirements of Affiliation. The Commission staff liaison assigned to the institution reviews the Design and Documentation Roadmap and visits the institution to give feedback and to suggest modifications as appropriate. The liaison then approves a final draft of the Design, signaling that the institution is ready to proceed with the Self-Study process. Several months after submission of a final Self-Study Design, the Commission assigns an evaluation Team Chair and team members. The institution has an opportunity to inform the liaison if team members present any conflicts of interest.

### **The Self-Study Process**

The Steering Committee and its Working Groups engage in a meaningful Self-Study process, focusing on mission and related strategic goals and priorities as well as addressing the Commission's Standards for Accreditation and Requirements of Affiliation. The Steering Committee will also oversee the completion of a Compliance Report which will be part of the Self-Study evaluation process. The Team Chair visits the institution approximately four to six months prior to the date of the Evaluation Team visit to review a draft of the Self-Study, to suggest revisions, and to discuss team visit logistics.

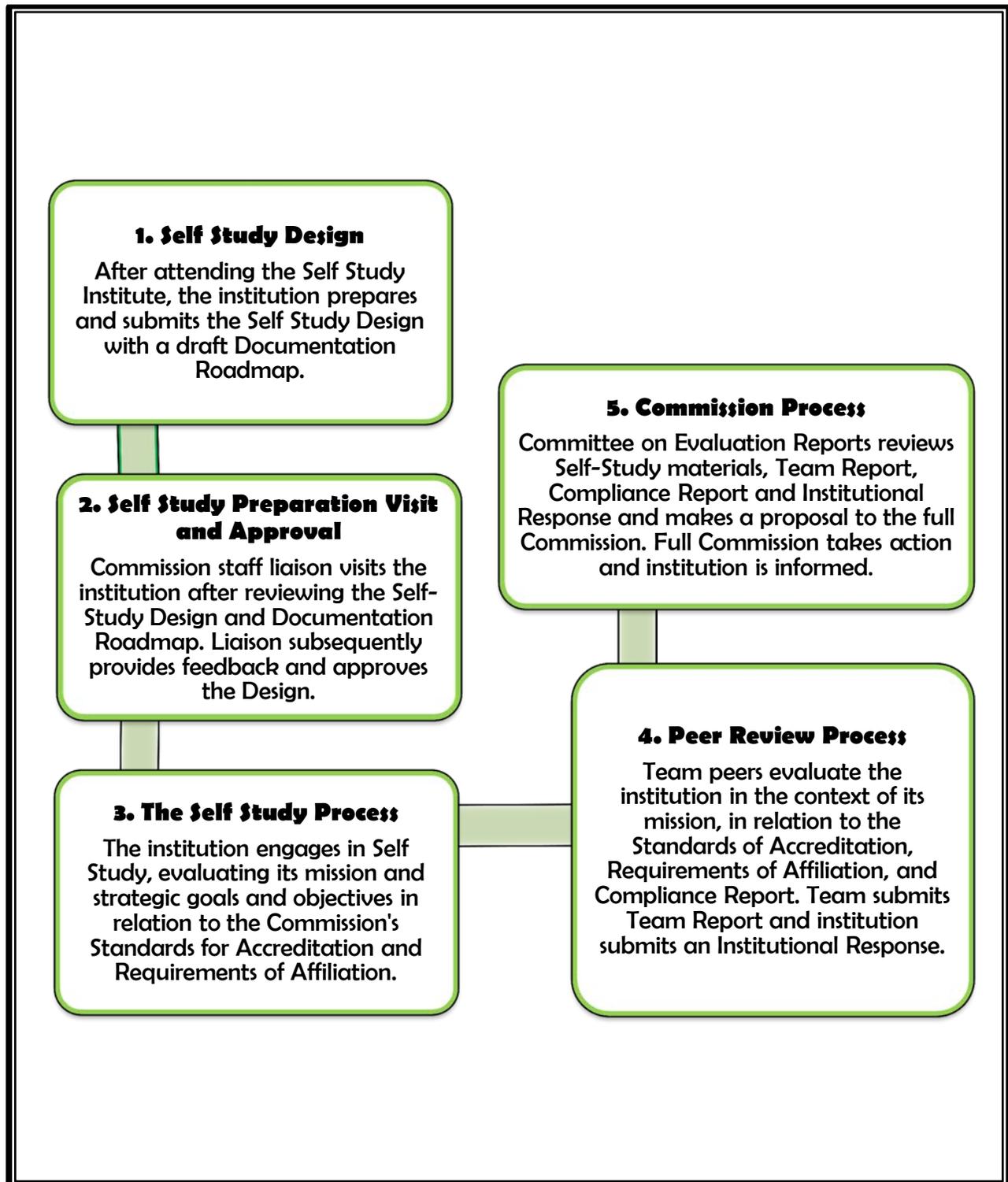
### **The Peer Review Process**

After appropriate institutional constituents have reviewed a draft of the Self-Study and revisions have been made, the institution submits a final Self-Study Report, including all required materials, to the Commission and Team Members for their review. The Commission will also share the institution's peer-reviewed Compliance Report with the Team Chair. After the evaluation visit is completed, the Team Chair submits a Team Report to both the institution and the Commission. After reviewing the Team Report, the institution submits an Institutional Response. The Team Chair also submits a Confidential Brief to the Commission. The Confidential Brief contains a summary of findings as well as a proposal for Commission action.

### **Commission Process**

The Committee on Evaluation Reports meets and discusses the Self-Study, Team Report, Confidential Brief and Institutional Response with the Team Chair. After consideration of all materials, the Committee makes a proposal for Commission action. If the Committee's proposal differs substantially from the proposal found in the Team Chair's Confidential Brief, the institution will be contacted and invited to submit additional materials prior to the next Commission meeting. At that meeting, the Commission determines a final action and the institution is notified.

FIGURE 1: OVERVIEW OF THE SELF-STUDY AND PEER REVIEW PROCESS



## **The Commission's Expectations for Assessment**

In order to move accreditation processes away from mere assertion and description toward demonstration, analysis, and improvement, the Commission's accreditation Standards focus on two fundamental questions:

- Are we achieving our goals and objectives, especially as they relate to our institutional mission and related goals?
- What should we do to improve our effectiveness in achieving our fundamental aims?

These questions cannot be answered without a clear sense of how effectively an institution is accomplishing its mission, goals and objectives at institutional, unit, and program levels. Systematic, organized, and sustained evaluation and assessment activities are therefore central aspects of each Standard. The final Criterion of each Standard requires documented evidence of the use of periodic assessment processes, as appropriate, to demonstrate the institution's overall ability to meet the expectations of each Standard and to achieve its mission.

The result of effective planning and assessment is institutional renewal: Advancing the institution, adapting to changes in the higher education landscape, and, as appropriate, leading it in new directions. The Commission therefore expects evidence of a fully-implemented assessment process that enables it to identify key goals and objectives, meaningfully and defensibly assess them, use assessment information to identify areas of improvement or strength, and make appropriate modifications of programs and services to meet the changing needs of the institution and its community.

The Commission expects all institutions to have a documented, organized, and sustained assessment process in place that is linked to planning and resource allocation. Each chapter of the Self-Study should include a discussion of relevant institutional goals and evidence of achievement of those goals based, in substantial measure, on the utilization of a meaningful, useful, and efficient assessment process.

The Commission further expects that planning and assessment are not once-and-done activities, undertaken solely to ensure accreditation, but ongoing, systematic efforts that continually inform institutional decisions regarding programs, services, initiatives, and resource allocation. Planning and assessment documents, and their analysis within the Self-Study, should therefore give the Evaluation Team and the Commission confidence that planning and assessment are continuous activities that are part of the fabric of life at the institution.

## **The Commission’s Expectations for Reporting on Related Entities**

At some institutions, the institution’s governing board shares decision-making responsibilities related to the Commission’s Accreditation Standards with one or more non-accredited “related” entities. The shared decision-making may involve the functions and operations of academic programming, finances, planning, governance, budget and approval processes, recruitment, information systems, or employee compensation.

A related entity may be a corporate parent, system administration or board, religious sponsor, funding sponsor (which, in some cases, may include an equity or investment fund), or other entity that can affect decisions related to accreditation Standards. Related entities may include institutional or corporate layers or groups. Ordinarily, local, county and state legislatures, other accreditors, local advisory boards, and government agencies are not considered to be related entities.

The Self-Study Report of an institution with a related entity should describe and analyze the relationship with that entity whenever appropriate in its discussion of the institution’s ability to meet the expectations of the Commission’s Standards for Accreditation and Requirements of Affiliation. A certification statement from the related entity, as provided in the Commission’s policy on “Institutions with Related Entities,” should be attached to the Self-Study Report.

See the Commission’s policy on “Institutions with Related Entities” for more information.

## **The Commission’s Expectations for Substantive Change Requests**

Because an accreditation action applies to conditions existing at the time of the Commission’s decision, certain changes implemented between evaluations require submission and approval by the Commission of a substantive change request. See the Commission’s policy on “Substantive Change” for more information.

Institutions should be aware that while the kinds of changes identified in the Substantive Change policy—such as change in mission or control, granting of degrees at higher or lower levels, a different instructional modality (distance education, competency-based education, or correspondence education), and establishment of off-campus locations—may be described in its Self-Study, a separate Substantive Change request also must be submitted for Commission approval. Reaffirmation of accreditation following a Self-Study evaluation does not constitute Commission approval of a Substantive Change. Additionally, the completion of the Annual Institutional Profile does not constitute completion of required substantive change processes. In some cases, at the sole discretion of the

Commission, site visits to additional locations or branch campuses required for final approval of a Substantive Change request may be incorporated into the team visit for a decennial evaluation.

### **External Expectations**

In addition to ensuring that the Self-Study process addresses the Standards, policies, and procedures of the Middle States Commission on Higher Education, Requirement of Affiliation Number Five indicates that the institution must comply with all applicable government (usually federal and state) policies, regulations, and requirements. The institution should integrate and address appropriately within its Self-Study the regulations imposed by federal and state agencies, as well as by other accrediting organizations to which the institution belongs.

### **Federal Requirements**

Amendments to the Higher Education Opportunity Act (2008) impose requirements on accrediting agencies and on institutions that participate in Title IV student financial assistance programs. Some of these requirements are effected through federally mandated accreditation Standards and regulations. In addition to the federal requirements which are already part of the Commission's Standards for Accreditation, institutions should demonstrate that they meet the additional criteria through the Commission's *Verification of Compliance with Accreditation-Relevant Federal Regulations*. The most recent compliance requirements and reporting procedures can be found on the Commission's website.

Institutions should monitor their cohort default rates and ensure that they are within federal limits. If the institution has triggered a review or other action by the U.S. Department of Education (USDE), the Self-Study should include a description of the issues and the institution's efforts to address them.

Federal regulations require the Commission to consider the actions of state licensing bodies and other accrediting agencies when making accreditation decisions. Institutions holding accreditation from USDE-approved agencies other than the Commission should include an overview of the institution's or program's current status with each agency, including the date of the most recent agency review, formal action taken by that agency, and the date of the next review.

The federal government requires that an institution's process for outcomes assessment include a review of the institution's success with respect to student achievement in relation to mission. Institutions should include in the Self-Study a review of course completion, graduation rates, state licensure exam pass rates, and other data as appropriate to the mission of the institution and the programs it offers.

If the institution charges program-specific tuition, the Self-Study should address how it was determined that the tuition and fees are appropriate for the subject matter taught and the objectives of the degree or credential being offered. This may be done in the context of other programs at the institution or of comparable programs at other similar institutions.

Accredited institutions should indicate their accreditation status in institutional catalogs and other publications, print or electronic. Any reference to Middle States accreditation must include the address and phone number of the Middle States Commission on Higher Education. For more information, please review the Commission's policy on "Advertising, Student Recruitment, and Representation of Accredited Status".

### **State Requirements**

Because particular state requirements vary within the Middle States region, the institution should contact its state regulatory or coordinating body regarding current requirements. In some instances, institutions that are a part of state or local systems of higher education may face specific requirements.

The Commission shares with each of the state regulatory or coordinating agencies the schedule of evaluation visits planned for accredited institutions within that state. The state regulatory agencies may elect to send a representative to work with and serve as a resource to the team during the evaluation visit. The extent to which this representative participates in team deliberations and other forms of team business is a decision made by the Team Chair, who is assigned by the Commission. Such cooperative efforts are intended to minimize unnecessary duplication and to ease the reporting and evaluative burden placed on the institution.

**TABLE 4: SAMPLE SELF-STUDY TIMELINE (SAMPLE A)**

<b>Approximate and Flexible Dates for a Spring Visit (Total 2 ½ Years)</b>			
	<b><u>Year 1</u></b>	<b><u>Year 2</u></b>	<b><u>Year 3</u></b>
<b>Fall</b>	<ul style="list-style-type: none"> <li>➤ Self-Study Institute held to orient institutions beginning Self-Study</li> <li>➤ Steering Committee Chair(s) and members chosen</li> <li>➤ Staff liaison schedules Self-Study preparation visit</li> </ul>	<ul style="list-style-type: none"> <li>➤ Steering Committee oversees research and reporting by Working Groups</li> <li>➤ Working Groups involve the community</li> <li>➤ Working Groups submit reports</li> <li>➤ Team begins to assemble compliance documentation in conjunction with self-study</li> </ul>	<ul style="list-style-type: none"> <li>➤ Campus community reviews draft Self-Study Report. Institution's governing board reviews draft Self-Study Report</li> <li>➤ Institution sends draft Self-Study Report to Evaluation Team Chair, prior to Chair's preliminary visit</li> <li>➤ Team Chair makes preliminary visit at least four months prior to team visit</li> <li>➤ Institution prepares final version of the Self-Study Report</li> <li>➤ Compliance Report completed by institution and evaluated by compliance reviewer selected by Commission</li> </ul>
<b>Spring</b>	<ul style="list-style-type: none"> <li>➤ Institution determines types of Working Groups that will be needed</li> <li>➤ Draft Self-Study Design finalized, including Working Group Designations</li> <li>➤ Staff liaison conducts Self-Study Preparation visit (or during summer/early fall)</li> <li>➤ Staff liaison approves Self-Study Design</li> </ul>	<ul style="list-style-type: none"> <li>➤ Commission selects the Evaluation Team Chair and the institution reviews the selection</li> <li>➤ Chair and institution select dates for team visit and for Chair's preliminary visit</li> <li>➤ Institution sends copy of Self-Study Design to the Team Chair</li> </ul>	<ul style="list-style-type: none"> <li>➤ Institution sends final Self-Study Report to Team Members and to Commission at least six weeks prior to team visit</li> <li>➤ Team visit</li> <li>➤ Team Report</li> <li>➤ Institutional Response</li> </ul>
<b>Spring/ Summer</b>		<ul style="list-style-type: none"> <li>➤ Commission selects Evaluation Team members and the institution reviews</li> <li>➤ Steering Committee receives drafts from</li> <li>➤ Working Groups; develops a draft Self-Study Report</li> </ul>	<ul style="list-style-type: none"> <li>➤ Committee on Evaluation Reports meets</li> <li>➤ Commission Meeting and action</li> </ul>

**TABLE 5: SAMPLE SELF-STUDY TIMELINE (SAMPLE B)**

November	Self-Study Institute
January	Assemble Steering Committee
January-March	Prepare draft Self-Study Design
March	Submit draft of Self-Study Design to MSCHE liaison
March - April	MSCHE VP liaison visits to provide feedback on Design
June	Self-Study Design revisions complete (with approval from MSCHE)
August	Working Group co-chairs meet to identify/ gather necessary documents including documentation for compliance report
September	Working Groups review data, conduct interviews, meet with Steering Committee
September-Nov.	Prepare, conduct, and analyze campus-wide survey (optional)
December	Progress updates due from co-chairs
January	First drafts of chapters from Working Groups; feedback obtained
January-May	Team Chair selected and confirmed
April	Second drafts from Working Groups submitted to Self-Study co-chairs
May-June	Co-chairs draft complete Self Study based on drafts by Working Groups
August – Sept.	Review and community-wide discussion of Self-Study; revisions made as necessary based on feedback Begin preparation of Verification of Compliance Report
October	Second draft of Self-Study generated and distributed
November	Self-Study draft to Team Chair in advance of Preliminary Visit
November	Preliminary Visit by Team Chair; feedback on Self-Study Draft
December	Verification of Compliance report due
Dec. - Jan.	Edits/revisions to Self-Study based upon feedback from Team Chair
February	Final version of Self-Study produced & sent to Visiting Team (6 weeks prior)
March/April	Visiting Team on campus
June	Commission meets to determine accreditation action

## **The Evaluation Timetable**

The Self-Study timetable is key to producing a coherent and effective Self-Study Report. The timetable should be created early and must be included in the institution's Self-Study Design. It must be realistic, taking into account elements of the academic calendar and other events that might impact the Self-Study process.

The timetable should provide adequate allowances to align mission and goals with relevant Standards for Accreditation, to locate or generate relevant information, to populate and refine the Documentation Roadmap, to analyze results using appropriate assessment information, to write report drafts, and to review and respond to the drafts.

An institution begins planning for the evaluation two-and-a-half to three years before accreditation or re-accreditation by the Commission is scheduled to occur. The Commission initiates the process by reminding the institution of the upcoming evaluation and inviting it to send representatives to the Self-Study Institute in the fall, approximately two years before the academic year in which the Commission is scheduled to visit the institution. This lead time is intended to provide each institution with adequate time to organize, prepare, and review a Self-Study, using an open and participative process.

The institution can begin preparing its Self-Study Design as soon as it is reminded by the Commission of the approaching evaluation. The institution hosts the Self-Study preparation visit of its Commission staff liaison and completes its Self-Study Design document and accompanying Documentation Roadmap in the spring or fall, after attending the Self-Study Institute. The research and reporting that are at the center of the Self-Study process usually occupy the Self-Study Working Groups for eight months to a year. The Steering Committee uses the Working Group reports to draft the final Self-Study Report, which should be ready for review approximately six months before the team of peer reviewers is scheduled to visit the institution.

The Chair of the Evaluation Team visits the institution four to six months before the team visit. Team visits occur either in the fall or the spring. A separate compliance review process is also completed in which the institution provides the Commission with documentation and appropriate brief narratives regarding specific USDE compliance requirements. A compliance reviewer, selected by the Commission, reviews the submitted information and provides a written report to the Commission, institution, and Team Chair. If further clarification is needed, the Chair selects one or more team members to review documentation on-site and to inquire further during the time of the team visit.

The Evaluation Team visit usually begins on a Sunday afternoon and ends on the following Wednesday afternoon. All arrangements should be checked to avoid

conflicts with holidays or special institutional events. The visit should occur while classes are in session.

At the end of the visit, the institution receives an oral summary of the team's findings. The Team Chair then provides a written report to the institution and Commission, and the institution writes a formal Institutional Response to the report.

The dates for the team visit may be influenced by the institution's interest in receiving its accreditation decision by a certain time. Ordinarily, accreditation decisions are made at the June meeting of the Commission for institutions visited between December 16 and April 15 of a given year, at the November meeting for those visited between April 16 and September 15, and at the March meeting for visits that take place between September 2 and December 15.

**FIGURE 2: AGENDA FOR STAFF LIAISON SELF STUDY PREPARATION VISIT**

*The agenda for the self-study preparation visit should include opportunities to meet with the following individuals and groups:*

**AGENDA**

- **President (30 minutes)**
- **Representative faculty, administrators, and students (45 minutes)**
- **Members of the governing board (45 minutes)**
- **Self Study Steering Committee (90 minutes)**
- **End-of-visit debriefing with self-study co-chairs (20 minutes)**
- **Other individuals/groups as deemed appropriate (TBD)**

### **Developing a Timetable**

To develop a timetable for the Self-Study process, institutions may use the following approach, allowing sufficient time for vacations, holidays, special campus events, and inevitable "down time." Until the actual dates for the team visit and the Chair's preliminary visit are established (after the Chair is appointed in the winter of the second academic year of the Self-Study period), many of the steps in the timetable will be approximate dates or ranges of dates.

- Begin by selecting an approximate time period for the scheduled Evaluation Team visit. These visits occur either in the fall or spring, but generally before mid-November (fall) or mid-April (spring) to ensure timely review by the

Committee on Evaluation Reports and subsequent action by the Commission. The institution establishes the final dates for site visits in collaboration with the Team Chair.

- From the date selected for the evaluation visit, count backwards six weeks to allow for distribution of the finished Self-Study and its review by members of the Evaluation Team and the Commission staff liaison.
- Count backwards again, allowing the number of weeks needed to produce a final version that has been reviewed by the campus community, including the governing board. The Team Chair should receive a penultimate version before the Chair's preliminary visit at least four months before the team visit.
- Still counting backwards, assign time for the Steering Committee to develop one or more of the drafts of the Self-Study Report, based upon the reports of the Working Groups. Allow sufficient time for these Working Groups to complete their reviews and to produce their reports. Each Working Group may require a different amount of time, according to the scope of its task. The Steering Committee also may receive their drafts on a staggered reporting schedule.
- Before the Working Groups begin their work, the Steering Committee should be named, and the Commission staff liaison will visit the institution to discuss the Self-Study process. Prior to the staff visit, the institution prepares a draft Design, including charges to the Working Groups. The Design is submitted to the Commission liaison for feedback and approval subsequent to the staff visit.

FIGURE 3: POINTS OF CONTACT BETWEEN INSTITUTIONS AND COMMISSION STAFF



### **Orientation: The Self-Study Institute**

The Commission provides each institution preparing to engage in Self-Study the opportunity to send representatives to the Self-Study Institute, an annual orientation and training workshop that occurs in the fall.

The agenda includes invited speakers and Commission staff. Institutions are assigned to small groups and participants discuss ways to effectively engage in the Self-Study process. During these group sessions Commission staff answer questions and provide additional assistance.

### **The Role of the Commission Liaison**

Each institution has a vice president assigned as its staff liaison. This person is the primary link between the Commission and the institution. The liaison is responsible for the Commission's formal acceptance and approval of the Self-Study Design and for reviewing the final Self-Study Report and the Evaluation Team Report. The liaison has direct contact with the institution's representatives at several points before the Evaluation Team visit, including feedback to the institution on the Design for the Self-Study.

The Self-Study preparation visit by the staff liaison usually occurs 18 to 24 months prior to the Evaluation Team visit. The Commission liaison meets with the chief executive officer, other staff officers, trustees, the Self-Study Steering Committee, and representative faculty, staff, and students.

The Commission's liaison is not an evaluator; staff advice does not bind the Evaluation Team or Commissioners when they render decisions. The team's evaluation and the Commission's actions are based on the Self-Study Report and other materials submitted by the institution, the content of which is the responsibility of the institution.

The staff liaison visit for Self-Study preparation is intended to reinforce the partnership between the institution and the Commission. It is an opportunity for staff to learn more about the current status of the institution, to assist the institution in identifying relevant issues and finding the most appropriate means of addressing them, to provide expertise on the Commission's procedures, to assist in the institution's preparation for Self-Study and peer review, and to discuss Self-Study with various groups that will have crucial roles throughout the process.

After the Self-Study preparation visit, the staff liaison is available to respond to questions, concerns, or requests for assistance relating to the Self-Study, the Evaluation Team, the team visit, the Commission's action, and other accreditation matters.

### **Commission Publications and Policies**

Commission publications are designed to guide institutions and evaluators through various accreditation activities. Commission policies, guidelines, and procedures are either elaborations of the Standards for Accreditation and Requirements of Affiliation, procedural requirements for institutions and for the Commission, or guidelines based on best practices that provide advice to members. Guidelines and protocols are subject to change and institutions are encouraged to stay informed of those changes. Commission publications and policies are readily available on the Commission's website ([www.msche.org](http://www.msche.org)).

## **Chapter 2: Planning and Organizing for Self-Study**

When preparing for Self-Study, institutions should rely as much as possible on existing resources and identify the topics that will be most useful to examine. The Self-Study process should not require an institution to set aside its needs and priorities in order to undergo peer review.

### **Effective Design and Implementation of the Self-Study**

The prerequisites for the effective Design and implementation of an institutional Self-Study process include:

#### **Evidence, Planning and Assessment**

Planning, research, and outcomes assessment are fundamental to the Self-Study process. The Commission expects an institution to provide verifiable and documented evidence showing how it meets the Commission's Standards for Accreditation and Requirements of Affiliation within the context of its own mission and goals. This process is intended to support and enhance the quality and integrity of the institution, to serve institutional needs, and to offer public assurance that Middle States expectations are being met.

The Commission's Standards emphasize the importance of organized, systematized, and sustained assessment processes at institutional, unit, and academic program levels. When providing evidence of meeting the Commission's Standards for Accreditation and Requirements of Affiliation, institutions should use evidence originating from currently existing assessment processes to the extent that this is practical and feasible. The intention is to move accreditation processes away from assertion and description and toward continuous quality improvement, a process which includes demonstration, evaluation, analysis, and subsequent action in the interest of enhancing an institution's overall effectiveness.

#### **Resources**

A meaningful and useful Self-Study is a major project requiring a significant investment of time, energy, and institutional resources. Some institutions support the Self-Study process by adjusting the responsibilities of administrators and the teaching loads of faculty who have leading roles in the Self-Study process. Institutions should ensure that the Steering Committee and Working Groups have the work space, technology, time, and other resources they need for gathering and analyzing data and preparing their reports.

## **Communication and Commitment**

A climate of mutual respect and broad communication is essential. Successful Self-Study planning requires a widely held understanding of institutional activities and priorities as well as a commitment to attaining measurable objectives.

## **Getting Started**

Self-Study done well is an informative and time-intensive process. An institution begins planning for the evaluation two-and-a-half to three years before accreditation or reaccreditation by the Commission is scheduled to occur. The actual research and writing of the Self-Study Report normally takes a full academic year. If an institution has special needs or concerns, more time may be needed to consider these in planning for a meaningful yet efficient Self-Study process.

There are three common approaches to initiating the Self-Study process in an institution. One is to have a core group of individuals begin early planning. Appointed by the institution's chief executive officer, these are people who are familiar with the mission and essential functions of the institution and who will serve on the Self-Study Steering Committee. The group should meet as soon as possible with the institution's senior administrators to discuss relevant issues. A second approach is to have the entire Steering Committee appointed sufficiently far in advance to carry out early planning functions. Finally, some institutions use an existing committee as the Steering Committee.

It is never too early to involve the governing board, faculty, institutional research, and planning staff in preparations for Self-Study. The chief executive officer may choose to provide a concept paper to the Governing Board on the institutional issues that may be highlighted in the Self-Study.

The chief academic officer also may wish to use this early period to prepare the faculty for participation in the process by reviewing academic records, such as program reviews and any external evaluations that may have been conducted. Institutional research and planning personnel should be consulted about the scope and organization of available data and the institution's ability to demonstrate that it meets the expectations of Commission Standards.

It may be helpful to consider the following during the early stages of planning for Self-Study:

### Institutional Mission

- Is it current?
- Is it sufficiently detailed to guide planning and decision-making?
- Is it known by the institution's members?

### Significant Changes

- What recent or planned major changes should be considered in the Self-Study (e.g. change in leadership, planned consortia, or new programs)?

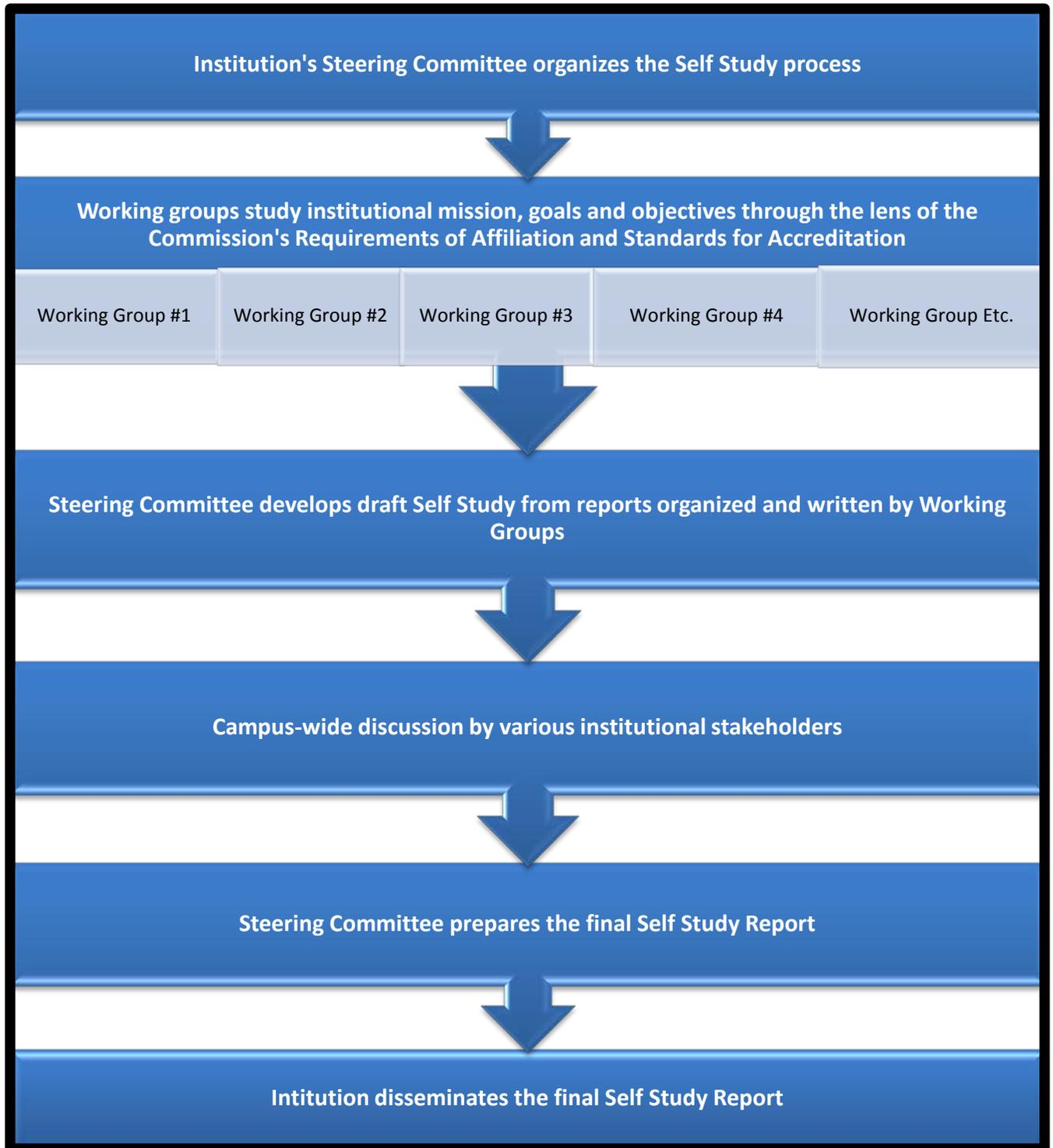
### Existing Data and Reports

- What evidence is already available? (See the Documentation Roadmap for suggestions.)
- Are data organized so that they are accessible by the Self-Study Working Groups?
- What additional evidence, if any, will be needed for the Self-Study Report? For the Verification of Compliance report?
- What types of reports (such as plans, reports to federal or state regulatory agencies, or reports to other accrediting agencies) might be referred to in order to avoid duplication in the Self-Study?

### Campus Community Involvement and Cooperation

- How will constituents such as faculty, students, trustees, administrators, alumni, parents, employers, neighbors, and the wider community be involved in the Self-Study process?
- How will a sense of “ownership” of the Self-Study recommendations be created?
- How can the Self-Study process be used to recognize and resolve tensions and challenges instead of being hampered by them?

**FIGURE 4: THE EVOLVING SELF-STUDY REPORT**



## **The Self-Study Steering Committee**

The Steering Committee plays a vital leadership role throughout the Self-Study process. Careful attention should be given to identifying and appointing competent, well-respected, and committed individuals to this committee.

### **Leadership**

All members of the institutional community should feel ownership of the Self-Study Report. It is particularly important that there be adequate faculty involvement in the Self-Study process, and appointment of a faculty Chair or co-Chair may encourage such participation. Involvement of key administrators also is important, and appointment of an administrator as a chair or co-Chair may also be appropriate. The use of co-Chairs allows representation from several groups, can be helpful in assuring a balance of the skills and attributes necessary for successful leadership of the Self-Study effort, and may be particularly useful at large, complex, or multi-campus institutions.

The chief executive officer of an institution typically does not serve as a member of the Self-Study Steering Committee. When and how the CEO is involved in the Self-Study process varies with institutional circumstances, but the development of good working relationships and communication between the Steering Committee and executive and senior administrators is essential to a successful Self-Study experience. Furthermore, the Self-Study Report should represent a consensus about the current state and future prospects of the institution. Working together, the executive leadership and the Steering Committee ensure that all relevant perspectives have been considered and that the institution is accurately portrayed through the institutional “voice” of the report.

### **Membership**

The members of the Steering Committee may be appointed or elected, but they should represent the total campus community and should include adequate faculty representation. Institutions should consider carefully the abilities, credibility, availability, and skills of committee members. Steering Committee members must have a sense of commitment to the process and to the goal of institutional improvement. They must have a broad institutional perspective that transcends that of their own department, discipline, or unit. They also must be given the time, resources, and authority to carry out their duties. In addition to faculty members and administrators, students, staff, and trustees should be involved in the Self-Study process as appropriate. If a professional editor will be used, that person should be involved in the process from the start. See the section on “Editorial Style and Format” in Chapter 3 of this handbook.

Although some institutions use an existing committee to oversee the Self-Study, most choose to create a new Steering Committee because of the value of having fresh insights and judgments. If a new Steering Committee is formed, it should work

closely with relevant existing committees to avoid duplication or conflict and to ensure that the Steering Committee's work is continued and implemented by standing committees after the period of Self-Study has ended.

### **Responsibilities**

The Steering Committee is responsible for providing leadership to the entire Self-Study process. Responsibilities include:

- Determining the key issues for Self-Study;
- Developing a Self-Study Design, including a draft Documentation Roadmap;
- Establishing and charging Working Groups and coordinating their research on the various issues to be studied;
- Ensuring that the timetable is implemented as planned;
- Coordinating and promoting communication within the institution about the Self-Study process;
- Arranging for institution-wide review of and responses to a draft of the Self-Study;
- Overseeing the completion of the final Self-Study Report and any other documents relevant to the Self-Study process and team visit; and,
- Making arrangements to host the Evaluation Team visit, or assigning this task to appropriate individuals.

### **Key Issues**

Identifying key issues to be addressed begins with a review of the institution's mission, goals, and strategic priorities. Input from the campus community may assist the committee in identifying key issues.

### **The Self-Study Design**

The Steering Committee is responsible for developing and submitting the Design to the institution's staff liaison for comment and approval. (See "Preparing the Self-Study Design" in Chapter 3 of this handbook.)

### **Working Groups**

The Steering Committee decides on the organizational structure of the Self-Study, establishes Working Groups on Standards, coordinates the groups' research on the various issues to be studied, and receives their reports. (See the section below on Working Groups.)

### **Timetable**

The Steering Committee is responsible for establishing the overall timetable for completing the Self-Study and ensuring that it is followed (See Chapter 1 of this handbook for an overview of the evaluation timetable and for guidance on developing a timetable for a Self-Study).

The timetable should include dates for:

- completing the tasks of each Working Group, including preparing initial and final reports;
- writing the final Self-Study Report; and,
- supplying necessary documents and information to Middle States and the Evaluation Team, in part through the institution's completion of the Documentation Roadmap and Compliance Report.

### **Communication across the Institution**

Throughout the entire Self-Study process, the Steering Committee promotes communication among and between the Steering Committee, the Working Groups, the institution's administration, and other constituencies including the institution's Board. Such interaction is critical to the honesty, accuracy, and quality of the Self-Study. The campus community should have opportunities at various points in the process to learn about and respond to Self-Study issues and approaches, as well as to review the draft Self-Study. "Town meetings" can be used to receive feedback on report drafts, and many institutions effectively use technology to facilitate communication with the campus community. The Steering Committee also organizes a communication plan to ensure that information about the Self-Study process is appropriately communicated and that adequate feedback is received from key institutional stakeholders (see Table 6 for a sample communications plan).

The Steering Committee is responsible for analyzing interim reports from the various Working Groups to determine whether: the Self-Study topics have been adequately addressed; assumptions are clear; data support assertions about institutional performance; statistics are appropriately interpreted and discussed; and appropriate analyses and recommendations are included. It will be the Steering Committee's responsibility, under the leadership of the co-Chairs to assemble and edit the drafts submitted by each of the Working Groups and to prepare the final Self-Study Report and related documents.

**TABLE 6: SAMPLE COMMUNICATION PLAN**

<b>Objectives</b>	<b>Audiences</b>	<b>Methods</b>	<b>Timing</b>
To update campus audiences about the Self-Study process	Students	Self-Study wiki; town meetings; presentations to student government association (SGA); include SGA representative on Steering Committee	Wiki: continuous; reports to SGA: each academic term
	Alumni	Self-Study wiki; articles in alumni magazine; Alumni representative on Steering Committee	Wiki: continuous; articles: Fall, Year 2; Fall, Year 3; Updates by alumni representative on Steering Committee: Continuous
	Faculty	Self-Study wiki; updates to faculty senate; town hall meetings; faculty representative on Steering Committee	Wiki: continuous; faculty senate updates: each academic term; reporting of faculty representative to faculty senate
	Board of Trustees	Self-Study wiki; regular updates; formal presentation by chair of Steering Committee	Wiki: continuous; regular updates: each Board meeting; presentation by chair of Steering Committee: each academic term
	Administration/Staff	Self-Study wiki; regular updates; representatives of administrative and staff councils on Steering Committee	Wiki: continuous; updates to executive team, administrative council and staff council each academic term
To gather feedback about Working Group reports	Students	Feedback from SGA member of Steering Committee after sharing relevant Working Group reports	Spring/Summer, Year 2;
	Alumni	Feedback by alumni association member of Steering Committee after sharing relevant Working Group reports	Spring/Summer, Year 2;
	Faculty	Feedback by faculty serving on Steering Committee after sharing relevant Working Group reports	Spring/Summer, Year 2;
	Board of Trustees	Feedback about relevant report from board members	Spring/Summer, Year 2;
	Administration/Staff	Feedback about relevant Working Group reports by administrative and staff council members	Spring/Summer, Year 2;
To gather feedback about the draft Self-Study	Students	Town meetings led by SGA member of Steering Committee; confidential feedback gathered from students_SStudy email; feedback by SGA Steering Committee representative	Fall, Year 3
	Alumni	Feedback by alumni association Steering Committee representative; feedback gathered from <a href="mailto:alumni_SStudy@institution.edu">alumni_SStudy@institution.edu</a>	Fall, Year 3
	Faculty	Town meetings led by Faculty Senate member of Steering Committee	Fall, Year 3
	Board of Trustees	Feedback gathered by Board of Trustees member of Steering Committee	Fall, Year 3
	Administration	Town meetings held by administrative and staff council members of Steering Committee; feedback by Steering Committee members	Fall, Year 3

Source: Contributions from member institutions of the Collaborative Implementation Project, 2015.

## **The Working Groups**

The Steering Committee organizes a number of Working Groups to research and report on the topics it has identified as the subjects of the Self-Study. Although the term “Working Group” is used in this handbook, institutions may use whatever terminology is clearest and most comfortable for them, such as work group, study group, committee, subcommittee, or task force.

There are various ways in which the relationship between the Steering Committee and the Working Groups can be structured. In order for the Steering Committee to interact with each Working Group, Steering Committee members may be designated to serve as chairs of the Working Groups. Alternatively, Working Groups may be allowed to select their own chairs who report to the Steering Committee. What is most important is that (1) the Working Groups have designated leaders to keep them on task and on schedule; (2) there is some mechanism for accountability and effective communication between the Steering Committee and Working Groups; and, (3) Working Group members represent a broad range of constituencies within the institution.

The Steering Committee determines the size, topics, and tasks of Working Groups on the basis of the key issues to be considered in the Self-Study, the Commission’s Standards for Accreditation and Requirements of Affiliation, and the institution’s culture for organizing such groups.

The groups may, but need not, directly reflect the organization of the final Self-Study Report (i.e., each chapter for the report may or may not be assigned to a single Working Group). It is highly recommended that each Working Group be assigned one Standard as they also review institutional mission and related institutional goals. As they do so, they can address various aspects of the institution, Self-Study themes, completion of the compliance review process, or the Documentation Roadmap.

The charges given to the Working Groups to define their tasks and guide their research, analysis, and reporting are recorded in the Self-Study Design document (discussed in more detail in Chapter 3).

## **Keys to Success**

Planning and implementing Self-Study is a complex process. Each institution should follow the guidelines provided in this handbook but can also adapt the process to its own unique situation and culture.

### TABLE 7: KEYS TO SUCCESS

- Begin early. Use the Documentation Roadmap early in the process.
- Select good leadership to drive the process.
- Engage key constituents throughout the institution.
- Keep the process manageable.
- Make shared documents accessible.
- Pay rigorous attention to the timeline and the attainment of milestones.
- Provide the infrastructure for collaboration and communication on your campus.
- Consult with your Middle States staff liaison.
- Make sure the process is mission-driven and connected to your strategic plan.
- Focus on outputs/outcomes rather than inputs.
- Highlight significant achievements of the institution.
- Manage the expectations of institutional stakeholders.

*Source:*

*Contributions from member institutions of the Collaborative Implementation Project, 2015*

## **Chapter 3: Preparing the Self-Study Design**

The Self-Study Design is a blueprint for the entire Self-Study process, including the final Self-Study Report. It guides the efforts of the Steering Committee and Working Groups as they engage in discussions, inquiry and report preparation. It also guides the institution as a whole as various constituencies provide input and offer feedback throughout the multi-stage process of self-analysis.

Institutions should give thoughtful attention to the development of the Design. While a good Design cannot guarantee an effective Self-Study process or an excellent Self-Study Report, a poorly developed Design will significantly reduce the possibility of producing a useful and meaningful final document. In as concise and clear a manner as possible, the Design should include all the elements described below. The Design should not exceed 30 pages in length (not including the Documentation Roadmap).

The Design is prepared after the institution's representatives have attended the Self-Study Institute and it is submitted at least 2 weeks in advance of the on-campus Self-Study preparation visit by the institution's staff liaison. The Design is the primary focus of the liaison's discussions with the Steering Committee and other constituencies during that visit. After the visit, the Steering Committee will revise the Design, as appropriate, and submit it to the liaison for formal approval.

### **Elements of the Self-Study Design**

The Self-Study Design should be organized in such a way that it helps the Steering Committee and Working Groups conceptualize and organize the tasks before them in order to facilitate the Self-Study process. The Self-Study Design should contain the following elements:

#### **Institutional Overview**

The Design should begin with a brief description of the institution, its mission, important recent developments, anticipated directions based on planning and assessment processes, and steps taken to date to prepare for Self-Study. This section creates a context for the shared understanding of the institutional needs and priorities to be addressed through Self-Study. Institutional priorities described in this section should also be reflected in the Charges to Working Groups section of the Design and guide the Self-Study process.

### **Intended Outcomes of the Self-Study**

The intended outcomes of the Self-Study should be based on a clear understanding of what the institution plans to achieve through self-analysis. Stating a limited number of outcomes, in explicit and observable terms, will establish a clear direction for the Self-Study and will allow the institution to assess its own progress over time.

Outcomes, or goal statements, should focus on ways to integrate the Self-Study process with other institutional planning and renewal processes, thereby ensuring that the Self-Study will be as useful and meaningful as possible. Examples include:

- Demonstrating how the institution currently meets Middle States Standards for Accreditation with a focus on continuous improvement in the attainment of the institution's vision, mission, and goals.
- Documenting current assessment practices to identify challenges and opportunities and making recommendations for improvement in the use of institutional assessment results.
- Capitalizing on the overlapping efforts of strategic planning and Middle States Self-Study to inform decision-making and to identify specific opportunities and challenges, including budgeting and enrollment.
- Providing a concise and accurate analysis of the institution that can guide institutional planning, growth, and renewal efforts.
- Engaging in an inclusive and transparent self-appraisal process that actively and deliberately seeks to involve members from all areas of the institutional community.
- Developing forward-looking recommendations to help the institution attain its goals in undergraduate and graduate education, research, and service for the public good.
- Assessing the quality and effectiveness of academic programs and administrative services, at all degree levels and in all departments, particularly in relation to the changing needs of the institution's student body and community.
- Analyzing the quality and effectiveness of the institution's processes for planning and assessment in order to make necessary adjustments to methods and measurements and ensure that the use of assessment data will lead to meaningful programmatic and institutional renewal.

### **Organizational Structure of the Steering Committee and Working Groups**

The Design should include a clear description of the structure of the Steering Committee and the Working Groups, how they relate to each other, and how they fit into the organization of the institution as a whole. To the extent possible, the names

and titles of the members of the Steering Committee and Working Groups should be included.

Members of the Steering Committee and the Working Groups have a vital role to play throughout the Self-Study. Members may be appointed or elected and they should represent the total campus community including faculty, administrators, staff, students and trustees. Members should possess expertise, credibility, availability, commitment and perspective; in addition, they must be given the time, resources and authority to carry out their Self-Study responsibilities.

### **Charges to the Working Groups and Guidelines for Reporting**

The Design should include a charge to each Working Group that defines the scope of its tasks and responsibilities, and provides guidance for its research activities and preparation of reports. As discussed in the prior chapter, it is highly recommended that one Working Group be assigned to each Standard in order to ensure that each Standard is addressed sufficiently within the Self-Study. Institutions considering a different approach should speak with their staff liaison. Within the framework of the Standards for Accreditation and Requirements of Affiliation, each Working Group is also expected to engage in a process of active and open inquiry, to identify institutional strengths and challenges, and to propose possible recommendations for ongoing improvement. For each Working Group, this section of the Design should include:

- Standards for Accreditation and Requirements of Affiliation to be addressed;
- Names and titles of members, and the Designation of Working Group chair(s);
- Key sources of relevant documentation to be gathered, reviewed, summarized and used to support conclusions of the Self-Study\*;
- Relevant institutional processes and procedures to be reviewed, summarized and used to support conclusions of the Self-Study\*;
- Linkages, where appropriate, between the assigned Standards for Accreditation and Requirements of Affiliation and relevant institutional priorities, as identified in the Overview section of the Design;
- Analysis of institutional strengths, challenges and opportunities for improvement (recommendations).

\*to be included in the Documentation Roadmap

Self-study research questions of the kind emphasized in previous Commission self-study handbooks are not highlighted in this self-study model. If research questions are used, experience suggests that they are most helpful if they are limited in number, clearly linked to institutional priorities, aligned with relevant Standards

for Accreditation and Requirements of Affiliation, and designed to evoke analytical, not descriptive, responses.

### **Organization of the Final Self-Study Report**

The Design should include an annotated outline of the organization and structure of the final Self-Study Report.

### **Editorial Style and Format**

The Design should include guidelines to facilitate consistency of style across all documents (i.e., Working Group drafts and reports, supporting documentation, the final Self-Study Report). These guidelines should specify the word processing program to be used, fonts, margins, spacing, the use of institutional acronyms, and so forth. Writing and editing the Self-Study Report should be understood as a multi-phase activity. Members of the Working Groups should clearly understand how final editorial changes will be made, and consistency of style throughout the process will allow interim reports to be more easily combined into a seamless final document. Institutions may assign final editorial responsibility to members of the Steering Committee or invite a designated editor to participate throughout the Self-Study process.

### **Timetable for the Self-Study**

The Design should include a timeline for every major step in the process, beginning with the early stages of on-campus planning activities and culminating with the Commission's action approximately two-and-one-half years later.

### **Profile of the Evaluation Team**

The Design should include the institution's recommendations concerning the characteristics of the chairperson and team members who will visit the institution. Recommendations should take into consideration institutional type and size, constituencies served, and institutional priorities. This section should include a list of peer and aspirational peer institutions, preferably from the Middle States region, and should also indicate any institutions whose representatives might present a conflict-of-interest. Although the institution's expressed preferences will be given careful consideration, the final decision about team membership remains with the Commission and its staff.

### **Documentation Roadmap**

The Design should include an annotated inventory of recent and current accreditation reports, assessment and planning data, enrollment and financial information, policies, procedures and other resources that the Working Groups will use as they conduct their inquiry and analysis. The institution should organize these resources using the format of the Documentation Roadmap. Although this inventory will change and develop throughout the Self-Study process, the Design should include an early version of the final range of documents, demonstrating that

adequate information will be made available to the Steering Committee, the Working Groups, and the Evaluation Team. A template is available in Appendix B.

Each institution should review the Standards, including their component criteria, as well as the accompanying Requirements of Affiliation, to ascertain the best way to provide relevant source material in support of the Self-Study. Because some Standards overlap, certain types of source material may be relevant to the inquiry of more than one Working Group. Some documentation is fairly straightforward and readily accessible (e.g., mission statements, financial audits, faculty and student handbooks); other documentation may require the description and analysis of complex, multi-layered institutional processes and procedures (e.g., how the budgeting process is linked to strategic planning, how assessment results are utilized to improve educational effectiveness). The institution should use existing documentation whenever possible. If necessary to address perceived gaps, the Steering Committee may decide to gather new documentation through a small number of limited research projects.

Resources included in the Documentation Roadmap will be used in several ways: as primary source material to support the inquiry of the Working Groups, as appendices to the final Self-Study Report, and for review by the Evaluation Team.

**TABLE 8: PREPARING A WORKING GROUP REPORT**

- An overview of the Working Group’s charge, defining the scope of its tasks and responsibilities in relation to its assigned Standard for Accreditation/Requirements of Affiliation.
- Discussion of the connection between the Working Group’s charge and the tasks assigned to other groups, including any collaboration among groups.
- Analytical discussion of the data reviewed and the inquiry undertaken, and the Working Group’s conclusions, including strengths and challenges.
- Explanation of how the Working Group’s conclusions relate to the assigned Standards for Accreditation and Requirements of Affiliation
- Recommendations for ongoing institutional improvement

## **Chapter 4: Implementing the Design and Writing the Self-Study Report**

The Self-Study Report summarizes each institution's self-analysis and future plans. It sets the agenda for the Evaluation Team of peer reviewers. More importantly, it sets the agenda for the institution itself for several years. As a "living" document, a clear Self-Study Report can serve as a plan and a reference source for all of the institution's constituencies.

By the time the Self-Study Design has been developed and submitted to Middle States, an institutional Steering Committee should be in place and the process well underway.

The following issues should be kept in mind as the institution proceeds to complete the Self-Study.

### **Managing the Self-Study Process**

The organization of and relationships between the Self-Study Steering Committee and Working Groups are described in Chapter 2 of this handbook. Steering Committees tend to be most active at two times in the process: At the beginning of the Self-Study, when they are developing the Self-Study Design and making decisions about how to organize and charge the Working Groups and at the end, when the findings reported by the Working Groups are used to produce the final Self-Study Report.

The Working Groups are most active in the middle period of the Self-Study, when they are undertaking research, and drafting interim and final reports for submission to the Steering Committee.

The relationship between the Steering Committee and Working Groups will vary by institution, but in all cases it is the Steering Committee's responsibility to ensure that the Self-Study proceeds on schedule and that there is effective communication among the Self-Study working groups, between them and the institution's administration and faculty, and with the campus community in general.

Every campus constituency needs to feel ownership of the process and of the final Self-Study product. Full and frequent communication is an important prerequisite to that sense of institutional ownership. The Self-Study Design, organized around key issues identified within the institution, should be

distributed to every person directly involved in the process and should be made widely available on the campus. Information should be conveyed and opportunities for comment and review provided at the various stages of the Self-Study process.

### **Potential Pitfalls**

Experience has shown that the Self-Study Steering Committee must guard against a number of potential pitfalls. Some of the most common problems and pointers to overcome them are presented in the following notes. Any of these problems or pitfalls can side-track a Self-Study effort, costing the Steering Committee time and endangering successful completion of the report.

#### **Underestimating the Importance of the Self-Study Process**

Pitfall: Viewing Self-Study as peripheral to the institution's work.

Pointer: At the heart of the Self-Study process is the intention to use the process to discover areas of strength and weakness, to make appropriate recommendations, and to implement those recommendations to enable an institution to achieve its mission and goals. The institution should therefore focus on priority issues and use planning, assessment, and accreditation to help realize the benefits of continuous quality improvement.

Evaluation Team members are peers who have experience in similar institutions and who understand the challenges and opportunities inherent in the institution's mission and goals. The work they do, as well as the work that institutional constituents devote to the process, should have a long-term impact on an institution's overall effectiveness and on student learning.

#### **Writing a Self-Study Document that is Overly Descriptive**

Pitfall: Describing what the institution does without analyzing the information gleaned from ongoing assessment processes.

Pointer: The Self-Study should not focus merely on describing what an institution does or what it hopes to achieve. The Self-Study should be a time for reflection about institutional mission through analysis of how institutional operations affect students, and how well operations relate to mission and goals. Using information from institutional, unit, and program assessments should help the institution engage in meaningful analysis.

#### **Making Assertions or Recommendations without Sufficient Evidence**

Pitfall: Making unsupported assertions about student learning and achievement, and/or programs and their effectiveness.

Pointer: Provide data, explain the methods used to gather them. Demonstrate how the evidence is being considered and used by key institutional stakeholders to achieve mission and key goals and to promote institutional change and improvement.

### **Presenting Data that are Unduly Complex**

Pitfall: Using confusing or conflicting data and statistical jargon.

Pointer: Provide clear and concise analyses to explain what was learned about students and their achievements, programs and their effectiveness, and whether the institution's mission and goals are being achieved in classrooms and co-curricular programs. Always confirm data sources and accuracy.

### **Conducting Self-Study with Little or No Reference to Mission or Strategic Goals and Priorities**

Pitfall: Developing and writing a Self-Study that focuses on non-specific aspirations without referring to why specific issues are important to the institution, or how they relate to mission, key strategic goals, objectives, or priorities.

Pointer: The Commission expects the Self-Study process to be framed by mission as well as an institution's key goals, objectives, and priorities. Strategic planning typically articulates measurable goals that are based on the institution's mission. Institutional plans should be consistent, so that goals, curricula, services and assessments are all aligned. The Self-Study should reference such plans. Through the evaluation of institutional strengths and weaknesses, the Self-Study's recommendations should focus on ways the institution can further ensure continuous improvement.

### **Avoiding the Use of Benchmarks**

Pitfall: Assuming that the institution is too "special" to establish and use benchmarks.

Pointer: Use benchmarks to set specific goals for strategic planning and use those goals for valid and useful assessment. If published and widely available benchmarks do not provide meaningful institutional cohort comparisons, construct more useful cohorts from a variety of sources. If suitable benchmarks for appropriate cohorts are not available, develop other frames of reference such as comparisons over time and comparisons among relevant sub-populations within an institution.

### **Allowing One Group to Dominate the Self-Study Process**

Pitfall: Allowing a subgroup or individual to stand in the way of the whole.

Pointer: Establish early in the process how the recommendations of the Self-Study Report will be determined. Constituencies should hold each other accountable for constructive participation in the Self-Study.

### **Not Using Existing Assessment Information**

Pitfall: After developing research strategies for each section of the Self-Study, Working Groups focus only on creating new methods of analysis or collecting new data.

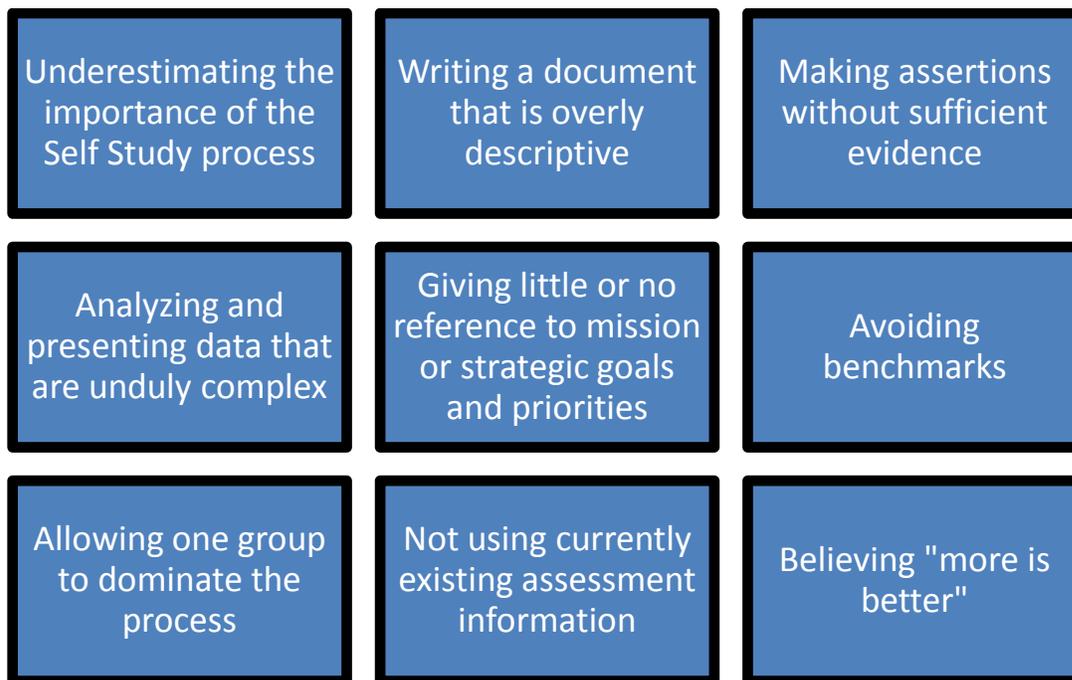
Pointer: Take an inventory of current assessment methods, both qualitative and quantitative, and use existing information to evaluate and assess the achievement of institutional goals and priorities. While there is no doubt that some areas of interest may require collecting and analyzing information in new ways, it is usually worthwhile to rely on already-existing information to conduct analysis and then to see what can be learned from such evaluations.

### **Believing “More is Better”**

Pitfall: Writing a final Self-Study Report that is lengthy, significantly exceeds the Commission’s page limit for self-studies, and/or providing supporting documentation that is voluminous and generally disorganized.

Pointer: The final Self-Study Report should not exceed 100 single-spaced pages or 200 double-spaced pages and supporting documentation should be well-organized and directly relate to assertions, specific compliance review requirements, or to the Standards for Accreditation and Requirements of Affiliation. Steering Committees and their Working Groups should collaborate to meet these page-limit expectations and should use the Commission’s Documentation Roadmap to streamline the documents and process descriptions they will use as part of the Self-Study.

**FIGURE 5: POTENTIAL PITFALLS IN THE SELF-STUDY PROCESS**



### **Writing the Self-Study Report**

The goal of the Self -Study process is to produce a report that fairly and honestly represents the institution, avoids institutional politics and personal agendas, warrants and receives broad support among campus constituencies, and demonstrates an institution’s compliance with the Commission’s Standards for Accreditation and Requirements of Affiliation. The process leading to that report involves a series of written drafts, prepared based on data collection, analysis, and review. The Self-Study Design (described in Chapter 3) is the first document produced, to be followed by interim reports from the Working Groups and, finally, the Self-Study Report itself.

### **Interim Reports from the Working Groups**

Working Group reports are discussed and a suggested template for them is provided in Chapter 3 of this handbook.

It may be useful to require the Working Groups to submit outlines and preliminary drafts at various points during the Self-Study process before they submit their final reports. All documents should follow the guidelines for editorial style and format contained in the Self-Study Design.

The Steering Committee should carefully review the Working Groups’ interim reports to ensure that all appropriate topics have been addressed. The Steering

Committee should determine whether the Working Groups have developed and presented sufficient information and evidence to support the writing of the Self-Study Report itself. If the Steering Committee finds insufficient topic coverage or inadequate demonstration of the institution's ability to meet the expectations of the Commission's Standards for Accreditation and Requirements of Affiliation, relevant Working Groups should be asked to address these needs within a specified period of time.

### **Initial Draft of the Self-Study Report**

After the Working Group reports and other relevant information have been compiled, the Steering Committee begins to draft the Self-Study Report. The Steering Committee should create a concise, readable, and substantial draft document for review and comment by the campus community. The final report should be no longer than 200 double-spaced or 100 single-spaced pages, not including appendices. Brevity with substance is ideal.

### **Organization of the Report**

The Self-Study Report usually incorporates the Working Group reports. See Figure 6 for an example of the structure of the Self-Study Report.

Within the Self-Study Report, chapters may be organized in different ways. One of these ways is to use the Standards for Accreditation in the order they appear in the document *Standards for Accreditation and Requirements of Affiliation (Thirteenth Edition)*. The Standards may, however, be reordered, and the report may be structured to reflect an institution's particular culture, structure, processes, or current issues.

For a Self-Study Report not organized in order of the Standards for Accreditation, the Evaluation Team Report will usually follow the order of the institution's report. In this case, it is important that the Self-Study Report indicate clearly how the evidence and analysis presented in each section relate to the Standards, because the team must determine and indicate in its report whether the institution meets all Standards and Requirements of Affiliation.

### **The Writing Process**

A concise, coherent Self-Study Report is more than a collection of Working Group reports. If the Steering Committee chooses to have each Working Group write a chapter of the Self-Study Report, the Working Group reports should be as consistent as possible in style, format, and structure. The final report should be edited for accuracy, consistency, continuity, and voice. Alternatively, the Self-Study Report writers can use the Working Group reports to provide the analysis of evidence that they use in writing the entire Report.

It is important to build into the Self-Study schedule adequate time for the writing, review, and revision of the final report. Design elements and printing needs should be established and arranged well before the final Self-Study has been completed.

### **Review, Response, and Revision**

Involving the entire campus community in the process is one of the prerequisites for effective Self-Study. The Steering Committee should provide multiple opportunities for the community to review and respond at key points throughout the Self-Study period. Students, faculty members, trustees, and others can provide more informed and valuable suggestions if they are involved in reviewing the drafts of the Working Groups and the Self-Study Report at various stages.

Careful consideration of the ideas expressed by the campus community, and modification of the report where warranted, will help ensure that the final document reflects a common institutional perspective that will be widely accepted and useful across the institution.

FIGURE 6: SELF-STUDY REPORT FORMAT

***Executive Summary***

- A brief (1-5 pages) description of the major findings and recommendations of the Self-Study

***Introduction***

- A brief overview of the institution and description of the Self Study process

***For each Standard:***

- A heading indicating the Standard under consideration
- A description of the topic(s) under review and analysis of the evidence considered, with appropriate reference to the Standards for Accreditation and Requirements of Affiliation
- Cross-references to relevant materials in other parts of the report
- Analysis of relevant strengths and challenges, with appropriate reference to Standards for Accreditation and Requirements of Affiliation
- Recommendations for improvement

***Conclusion***

A summary of the major conclusions and recommendations offered in the report.

**Note:**

*Institutions are expected to have completed a first draft of the Documentation Roadmap as part of their initial Self Study Design. The Documentation Roadmap should thereafter be used to organize and streamline the documents and description of processes relevant to each Requirement of Affiliation and Standard for Accreditation and be made available to team members. The documents listed in the Documentation Roadmap should be made available to team members for their review prior to and during the Evaluation Team Visit.*

### **Providing the Draft Report Before the Chair’s Preliminary Visit**

The Chair of the Evaluation Team should receive the latest draft of the Self-Study Report and Documentation Roadmap prior to the Chair’s preliminary visit to the institution, which should be scheduled four to six months before the team visit. Any significant differences between the report envisioned in the earlier Design document and the actual report should be explained to the Chair. The Chair reads the draft report with the Evaluation Team in mind, and may recommend modifications to make the report more useful to the team.

Responses to suggestions by the Chair of the Evaluation Team should be incorporated prior to finalizing the Self-Study Report. After the report has been revised in light of feedback from the community and the Team Chair, it should be endorsed by the institution’s governing body.

### **Compliance Review**

The institution must upload the completed Verification of Compliance Report the semester before the evaluation visit. The Team Chair will receive a Compliance Review Report from the compliance reviewers. Should issues be discovered by these reviewers, the Team Chair or a team Designate will request additional information from the institution during the team visit.

### **Submitting the Final Report**

The final Self-Study Report should be ready for distribution no later than six weeks prior to the scheduled Evaluation Team visit. The Self-Study Report as well as other information requested by the Commission should be sent to the Team Chair, team members, and two copies to the Middle States Commission on Higher Education.

At the time the final Self-Study Report is ready for distribution, the following should be made available to the Chair, to each member of the Evaluation Team and to the Commission:

- The Self-Study Report, including the Executive Summary;
- The most recent Annual Institutional Profile submitted to the Commission;
- Supporting documents essential to understanding the Self-Study and organized in the Documentation Roadmap;
- The institutional financial plan for the current year, as well as budget projections for the next three years;
- Actual enrollment for the current year and the three previous years (if not included in the Documentation Roadmap or Self-Study); and,

- Projected enrollment for the period covered by the institution's financial plan, including the next three years (if not included in the Documentation Roadmap or Self-Study Report).

In addition, the following financial documents should be made available to the member of the team assigned to review financial information:

- The two most recent audited financial statements and management letters; and
- The financial information submitted to IPEDS for the three previous years.

In some cases, additional financial documents may be required. For example, when an accredited institution is a unit of a larger diversified corporation, the Commission will require sufficient information about the accredited institution to determine its financial health and well-being.

### **The Self-Study Report as a Living Document**

The Self-Study process represents a significant commitment of time and other institutional resources. It also presents a unique opportunity to reflect on the institution's progress and to inform institutional plans. The continuing usefulness of the Self-Study document depends on the clarity of its content and recommendations, as well as on its availability to institutional constituencies.

The institution may ensure continuing use of the Self-Study recommendations by taking such steps as:

- Continuing the existence of the Steering Committee;
- Creating timelines with assignments of responsibility for accomplishing the recommendations of the Self-Study and the Evaluation Team;
- Incorporating the recommendations into the explicit charges to already-existing committees;
- Using institutional research and assessment staff to support, assist, and track implementation efforts;
- When appropriate, hiring outside consultants to assist with the development of improvement strategies.

Tracking the implementation of Self-Study recommendations should be incorporated into the institution's ongoing planning and assessment activities, and they should be aligned with institutional priorities and goals. Institutions are reminded that the Periodic Review Report, ordinarily scheduled five years after the Self-Study evaluation, will require institutions to report on recommendations in

the Team Report and any recommendations the institution itself generates as part of the Self-Study process.

## **Chapter 5: The Accreditation Process after the Self-Study Report**

Middle States accreditation is based on peer review. The decennial evaluation culminates in a thorough appraisal of the institution by peer evaluators from similar institutions. These peer evaluators read the Self-Study Report and conduct a team visit to assess whether the institution meets the Commission's Standards for Accreditation and Requirements of Affiliation, including relevant federal regulations. The team also helps the institution improve by endorsing the institution's recommendations and providing feedback of their own. The team's evaluation is followed by discussion and decision-making by peers and public representatives serving on the Middle States Commission on Higher Education (See Figure 7).

### **The Evaluation Team Visit**

The Commission's publication, *Team Visits: Conducting and Hosting an Evaluation Visit* (2013), is the handbook for evaluation visits and explains the team visit in detail. What follows here is a brief summary of the evaluation process that results in the Commission's final accreditation action.

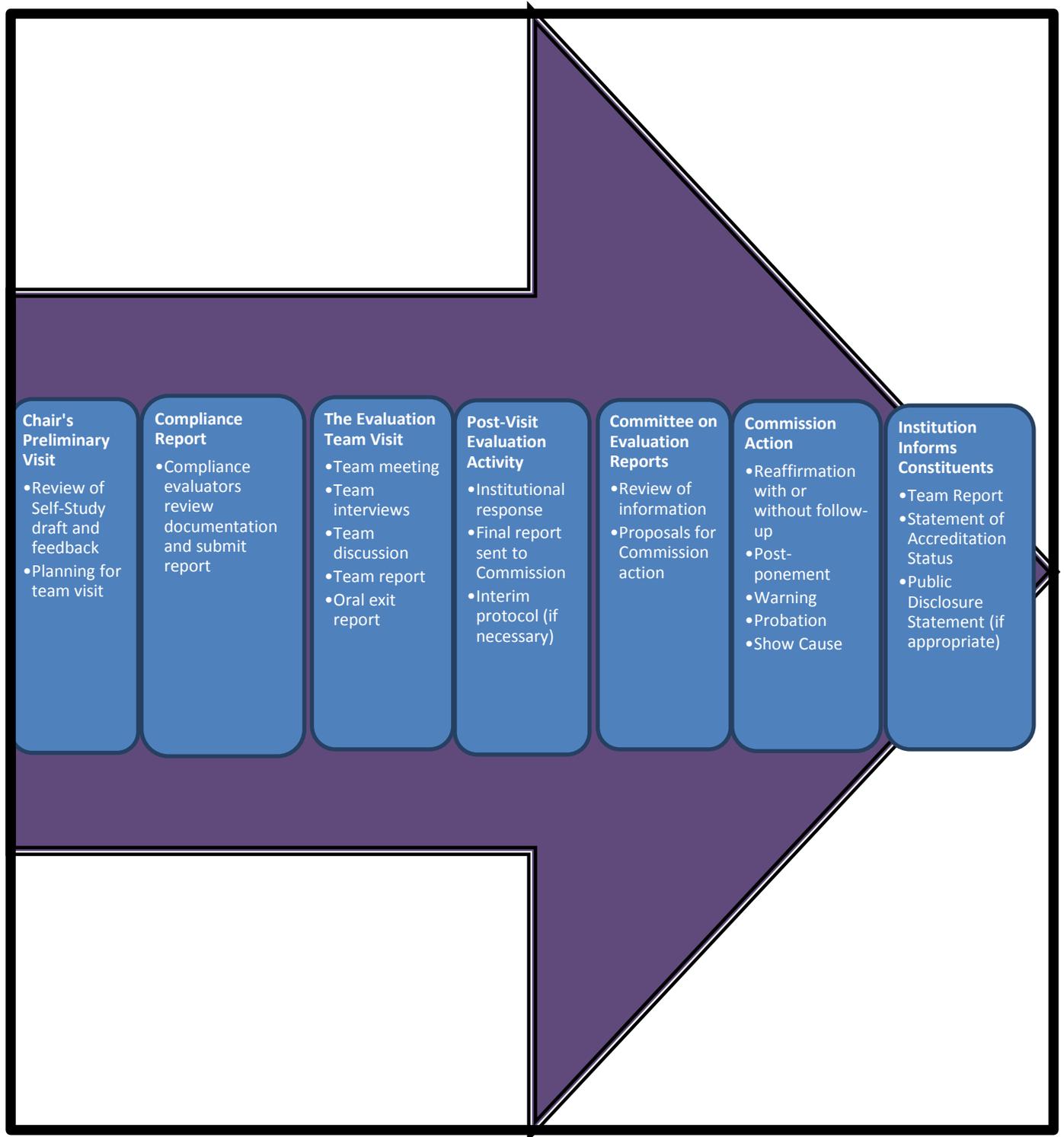
Several steps are included in the review process:

1. Commission staff select a Team Chair approximately one year in advance of the team visit. After the Chair and the institution agree on a date for the team visit, staff identify peer evaluators. These evaluators are invited to serve on the team. In making team member selections, staff consider information provided by the institution in the section of the Self-Study Design document about the profile of the Evaluation Team.
2. The institution and Team Chair are given an opportunity to review the confirmed membership of the team for conflicts of interest before the roster is finalized. However, the final decision about team membership remains with the Commission and its staff. Because teams are not finalized until all necessary members have agreed to serve, notification to the Chair and institution of the composition of the Evaluation Team may not be possible prior to the Chair's preliminary visit. However, the

Chair or institution can request interim reports on the status of the team.

3. The Team Chair makes a preliminary visit four to six months prior to the scheduled team visit to discuss readiness for the Evaluation Team visit and to review logistics and preliminary scheduling. At least two weeks prior to the preliminary visit, the institution should provide the Team Chair with, at a minimum, the institution's catalog, the Self-Study Design, and the latest drafts of the Self-Study Report and Documentation Roadmap.
4. Institutions submit documentation for the *Verification of Compliance with Accreditation-Relevant Federal Regulations* directly to the Commission office. This documentation is reviewed by peer compliance reviewers and the results are shared with the institution and Team Chair.
5. Evaluation Team members receive and read the Self-Study Report and other background materials at least six weeks prior to the Evaluation Team visit.
6. During the visit, the team spends several days at the institution assessing it in the context of the Self-Study Report. Evaluation Team members meet with faculty, students, staff, administrators, trustees, and community members to corroborate the information provided in the report and to gather additional perspectives and, in some cases, additional information not available to them prior to the time of the visit. They also examine the documentation that the institution has assembled. The team spends the later part of the visit assembling its findings into a Team Report.
7. At the conclusion of its visit, the Team Chair, on behalf of the Evaluation Team, gives an oral exit report to the institution. The team findings may include descriptions of significant achievements and non-binding suggestions for improvement. The team may propose recommendations if there is a concern about the institution's current or continuing ability to meet the expectations of the Commission's Standards for Accreditation or Requirements of Affiliation. The report will identify requirements if the team believes the institution does not meet one or more of the Standards for Accreditation or Requirements of Affiliation, including relevant federal regulations.

**FIGURE 7: PEER REVIEW IN THE DECENNIAL REVIEW PROCESS**



## **After the Team Visit**

Immediately after the visit, the Chair compiles the work of team members and drafts a written Team Report, consistent with the oral exit report that was given to the institution. The draft report is sent to the institution to be reviewed for factual accuracy. After receiving any factual corrections from the institution, the Chair issues the final written version of the report. The institution then sends to the Commission a written response to that report. The Institutional Response allows the institution to provide additional clarification or analyses; alternatively, the institution may accept the report as written.

The Chair, on behalf of the team, also prepares a Confidential Brief which includes a proposed action concerning the institution's accreditation for the Commission's consideration. The Commission notifies the Chair and the institution of due dates for submission of the final Team Report, the Institutional Response, and Confidential Brief.

## **Distribution of Accreditation Reports**

Following Commission review, Self-Study Reports and Evaluation Team Reports become the property of the institution. The responsibility for distributing or providing access to these documents rests with the institution. Unless explicitly permitted by the institution or required by Commission policies or applicable law, the Commission does not share documents from the evaluation process directly with any institutional constituencies, governmental or other public or private agencies, or individuals.

The institution is expected to share the Self-Study Report and Evaluation Team Report with the campus community, with appropriate explanation and contextual information. (For details, see *Team Visits: Conducting and Hosting an Evaluation Visit* and the Commission's policy on "Public Communication in the Accreditation Process.")

## **Commission Action**

The Commission's Committee on Evaluation Reports reviews the Self-Study Report, the Team Report, the Team Chair's Confidential Brief (which presents the team's proposal for Commission action), and the formal Institutional Response to the Team Report. The Team Chair participates in the Committee meeting. Each case is discussed fully, and the Committee decides whether to accept or modify the course of action proposed by the Evaluation Team. The Committee then makes a recommendation for final action to the Commission.

The Commission's final decision may include several types of action: Affirmation of accreditation, affirmation with required follow-up reports, postponement, or non-compliance actions (warning, probation, or show cause why accreditation should not be withdrawn). The full range of possible Commission actions is included in the policy, "Accreditation Actions". In the event that an adverse action is taken by the Commission, the institution may invoke an appeal process. (See the Commission's procedures on Appeals from Adverse Accrediting Actions on the Commission's website.)

The Commission's action may require specific follow-up activities by the institution, such as submission of additional reports. Recommendations that do not require follow-up activities must be addressed in the Periodic Review Report, due five years after the decennial evaluation (see the section below on the Periodic Review Report). "Suggestions" in the Team Report do not require responses in the next Periodic Review Report.

"Requirements" are included in the Team Report only if the team finds that the institution does not meet one or more of the Commission's Standards for Accreditation and/or Requirements of Affiliation. When a Commission action includes any requirements, the institution will be placed on warning, probation, or asked to show cause why accreditation should not be withdrawn.

The action of the Commission is communicated in writing to the institution within ten business days after the Commission meeting. This communication is delivered in the form of an action letter addressed to the institution's chief executive officer. The letter should be circulated to all of the institution's constituencies in order to meet the Commission's expectation concerning communication of the Commission's formal action.

The action letter is accompanied by a copy of the institution's Statement of Accreditation Status (SAS), which the institution may review for accuracy. If errors of fact are found, the Commission office should be notified. The SAS, a public information document, includes basic information about the institution and its affiliation with the Commission. It provides a context for Commission actions and lists all Commission actions since the most recent decennial review. A sample Statement of Accreditation Status can be found in Appendix A. As a public information document, the SAS is accessible through the Commission's website.

When the Commission action involves a finding of non-compliance (warning, probation, or show cause) or adverse action (withdrawal), Commission staff will develop a Public Disclosure Statement (PDS) to accompany the Statement of Accreditation Status. This disclosure provides background information and identifies the next steps to be taken by the institution and the Commission. When the Commission takes a non-compliance or adverse action, the Commission provides written notice to the U.S. Secretary of Education, the appropriate state or other licensing or authorizing agency, and the appropriate accrediting agencies. (For more information see the Commission's policy, "Public Communication in the Accrediting Process.")

### **Follow-up Reports**

As a part of an accreditation action, the Commission may require institutions to submit a follow-up report, which may be a progress report, a monitoring report, a supplemental information report, or a show cause report. In addition, the Commission also may require a follow-up visit to an institution. Follow-up reports and visits may be required in the event that the Commission determines that there is a particular concern or a need for additional information about a specific area not adequately covered within the context of the Self-Study or the Evaluation Team visit. The Commission's guidelines on "Follow-up Reports and Visits" provide guidance on undertaking follow-up activities.

### **The Periodic Review Report (PRR)**

One of the principles of voluntary accreditation by the Middle States Commission on Higher Education is that peer review of written reports from institutional members is required at least every five years, and that on-site evaluation visits are required at least every ten years. Therefore, a Periodic Review Report (PRR) is due five years after the decennial Self-Study, and it leads to a decision about reaffirmation of accreditation.

The PRR is intended to be a retrospective, current, and prospective analysis of the institution. In the PRR, the institution reviews and analyzes its responses to all recommendations contained in the institutional Self-Study Report and the Evaluation Team Report from the previous decennial evaluation (unless they have already been addressed in required follow-up reports).

The institution also assesses the impact of major developments since its previous evaluation, provides enrollment and financial projections, examines the status of its assessment activities, and demonstrates that planning is linked to budgeting.

## Appendix A: Sample Statement of Accreditation Status (SAS)

NAME OF THE INSTITUTION  
Address of Institution  
City, State, Zip Code of Institution Phone:  
(xxx) xxx-xxxx; Fax: (xxx) xxx-xxxx  
www.xxxxx.edu

Chief Executive Officer:  
Systems Information:

### Institutional Information

Fall Enrollment (Headcount):  
Control:  
Affiliation:  
Carnegie Classification:  
Approved Degree Levels:  
Distance Education:

### Instructional Locations

Branch Campuses:  
Additional Locations:  
Other Instructional Sites:

### Accreditation Information:

Member Since:  
Last Reaffirmed:  
Status:  
Most Recent Commission Action:

*(Includes formal language from last action letter)*

Brief History Since Last Comprehensive Evaluation:  
*(Includes summary of all actions taken since last decennial review)*

Next Self-Study Evaluation: xxxx-xxxx.

Next Periodic Review Report: June 1, xxxx.

### Definitions

**Branch Campus:** A location of an institution that is geographically apart and independent of the main campus of the institution. The location is independent if the location: offers courses in educational programs leading to

a degree, certificate, or other recognized educational credential; has its own faculty and administrative or supervisory organization; and has its own budgetary and hiring authority.

**Additional Location:** A location, other than a branch campus, that is geographically apart from the main campus and at which the institution offers at least 50 percent of an educational program. **ANYA** (Approved but Not Yet Active) indicates that the location is included within the scope of accreditation but has not yet begun to offer courses. This Designation is removed after the Commission receives notification that courses have begun at this location.

**Other Instructional Sites:** A location, other than a branch campus or additional location, at which the institution offers one or more courses for credit.

**Distance Education Programs:** Yes or No indicates whether or not the institution has been approved to offer one or more degree or certificate/diploma programs for which students could meet 50 % or more of their requirements by taking distance education courses.

**FOR EXPLANATION OF COMMISSION ACTIONS – PLEASE SEE POLICY ON RANGE OF COMMISSION ACTIONS**

## **Appendix B: Documentation Roadmap**

# Documentation Roadmap



## Documents, Processes, and Procedures

**Evidence of Institutional Ability to Meet the Expectations of the Standards for Accreditation and Requirements of Affiliation of the Middle States Commission on Higher Education**

<u>Requirement of Affiliation</u>	<u>Compliance Process /Aligned with which Standard?</u>	<u>Documents, Processes, and Procedures</u>
<p>1. The institution is authorized or licensed to operate as a postsecondary educational institution and to award postsecondary degrees; it provides written documentation demonstrating both. Authorization or licensure is from an appropriate governmental organization or agency within the Middle States region (Delaware, the District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands), as well as by other agencies as required by each of the jurisdictions, regions, or countries in which the institution operates</p>	<b>(Compliance Review)</b>	List documentation here.
<p>2. The institution is operational, with students actively pursuing its degree programs</p>	<b>(Compliance Review)</b>	List documentation here.
<p>3. For institutions pursuing Candidacy or Initial Accreditation, the institution will graduate at least one class before the Evaluation Team visit for initial accreditation takes place (Step 7 of the initial accreditation process), unless the institution can demonstrate to the satisfaction of the Commission that the lack of graduates does not compromise its ability to demonstrate appropriate learning outcomes.</p>	<b>(Compliance Review)</b>	List documentation here
<p>4. The institution's representatives communicate with the Commission in English, both orally and in writing.</p>	<b>(Compliance Review)</b>	List documentation here

5. The institution complies with all applicable government (usually Federal and state) policies, regulations, and requirements.	<b>(Compliance Review)</b>	List documentation here
6. The institution complies with applicable Commission, interregional, and inter-institutional policies. These policies can be viewed on the Commission website, www.msche.org.	<b>(Compliance Review)</b>	List documentation here
7. The institution has a statement of mission and goals, approved by its governing body that defines its purpose within the context of higher education	<b>(Standard I)</b>	List documentation here
8. The institution systematically evaluates its educational and other programs and makes public how well and in what ways it is accomplishing its purposes	<b>(Standards III, IV, V, VI)</b>	List documentation here
9. The institution's student learning programs and opportunities are characterized by rigor, coherence, and appropriate assessment of student achievement throughout the educational offerings, regardless of certificate or degree level or delivery and instructional modality	<b>(Standards III, V)</b>	List documentation here
10. Institutional planning integrates goals for academic and institutional effectiveness and improvement, student achievement of educational goals, student learning, and the results of academic and institutional assessments.	<b>(Standards I, III, IV, V, VI)</b>	List documentation here

<p>11. The institution has documented financial resources, funding base, and plans for financial development, including those from any related entities (including without limitation systems, religious sponsorship, and corporate ownership) adequate to support its educational purposes and programs and to ensure financial stability. The institution demonstrates a record of responsible fiscal management, has a prepared budget for the current year, and undergoes an external financial audit on an annual basis</p>	<p><b>(Standard VI)</b></p>	<p>List documentation here</p>
<p>12. The institution fully discloses its legally constituted governance structure(s) including any related entities (including without limitation systems, religious sponsorship, and corporate ownership). The institution's governing body is responsible for the quality and integrity of the institution and for ensuring that the institution's mission is being carried out.</p>	<p><b>(Standard VII)</b></p>	<p>List documentation here</p>
<p>13. A majority of the institution's governing body's members have no employment, family, ownership, or other personal financial interest in the institution. The governing body adheres to a conflict of interest policy that assures that those interests are disclosed and that they do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution. The institution's district/system or</p>	<p><b>(Standard VII)</b></p>	<p>List documentation here</p>

<p>other chief executive of car shall not serve as the chair of the governing body.</p>		
<p>14. The institution and its governing body/bodies will make freely available to the Commission accurate, fair, and complete information on all aspects of the institution and its operations. The governing body/bodies ensure that the institution describes itself in comparable and consistent terms to all of its accrediting and regulatory agencies, communicates any changes in accredited status, and agrees to disclose information (including levels of governing body compensation, if any) required by the Commission to carry out its accrediting responsibilities.</p>	<p><b>Compliance Review</b></p>	<p>List documentation here</p>
<p>15. The institution has a core of faculty (full-time or part-time) and/or other appropriate professionals with so client responsibility to the institution to assure the continuity and coherence of the institution's educational programs.</p>	<p><b>(Standard III)</b></p>	<p>List documentation here</p>

## STANDARD I: Mission and Goals

*The institution's mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution's stated goals are clearly linked to its mission and specify how the institution fulfills its mission.*

Assemble the following, as appropriate.

**Statements regarding institutional mission and goals**

**Processes and procedures relevant to mission and goals**

In the section below, list any other documentation demonstrating the institution's ability to meet the expectations of this standard that the institution has assembled.

Click here to enter text.

This standard includes the following Criteria, which explicate the standard and specify particular characteristics or qualities that are incorporated in the standard. The Criteria are not a simple checklist. When an institution does not demonstrate evidence of a particular Criterion, it may demonstrate through alternative information that it meets the standard. This alternative information should be included in the expandable box above.

Complete the following table:

<u>Standard I Criteria</u>	<u>Documents, Processes, and Procedures</u>
<p>Ø Clearly defined mission and goals that:</p> <ul style="list-style-type: none"> <li>a) are developed through appropriate collaborative participation by all who facilitate or are otherwise responsible for institutional development and improvement;</li> <li>b) address external as well as internal contexts and constituencies</li> <li>c) are approved and supported by the governing body</li> <li>d) guide faculty, administration, staff, and governing structures in making decisions related to planning, resource allocation, program and curriculum development, and the definition of institutional and educational outcomes.</li> <li>e) include support of scholarly inquiry and creative activity, at all levels and of the type appropriate to the institution.</li> <li>f) are publicized and widely known by the institution's internal stakeholders</li> <li>g) are periodically evaluated.</li> </ul>	<p>Click here to enter text.</p>
<p>2. Institutional goals are realistic, appropriate to higher education, and consistent with mission</p>	<p>Click here to enter text.</p>
<p>3. Institutional goals focus on student learning and related outcomes and on institutional improvement; are supported by administrative, educational, and student support programs and services; and are consistent with institutional mission</p>	<p>Click here to enter text.</p>
<p>4. Periodic assessment of mission and goals to ensure that they are relevant and achievable</p>	<p>Click here to enter text.</p>

## STANDARD II: Ethics and Integrity

*Ethics and integrity are central, indispensable, and defining hallmarks of effective higher education institutions. In all activities, whether internal or external, an institution must be faithful to its mission, honor its contracts and commitments, adhere to its policies, and represent itself truthfully.*

Assemble the following, as appropriate.

- Recruitment and marketing materials (printed and electronic)**
- Public disclosure information required by the Commission and government entities (printed and electronic)**
- Institutional by-laws, guidelines, and policies.**
- Handbooks (student, faculty, employee, etc.)**
- Processes and procedures relevant to ethics and integrity**

In the section below, list any other documentation demonstrating the institution's ability to meet the expectations of this standard that the institution has assembled.

Click here to enter text.

This standard includes the following Criteria, which explicate the standard and specify particular characteristics or qualities that are incorporated in the standard. The Criteria are not a simple checklist. When an institution does not demonstrate evidence of a particular Criterion, it may demonstrate through alternative information that it meets the standard. This alternative information should be included in the expandable box above.

Complete the following table:

Standard II Criteria	<u>Documents, Processes, and Procedures</u>
1. Commitment to academic freedom, intellectual freedom, freedom of expression, and respect for intellectual property rights	Click here to enter text.
2. A climate that fosters respect among students, faculty, staff, and administration from a range of diverse backgrounds, ideas, and perspectives	Click here to enter text.
3. A grievance policy that is documented and disseminated to address complaints or grievances raised by students, faculty, or staff. The institution's policies and procedures are fair and impartial, and assure that grievances are addressed promptly, appropriately, and equitably	Click here to enter text.
4. The avoidance of conflict of interest or the appearance of such conflict in all activities and among all constituents	Click here to enter text.
5. Fair and impartial practices in the hiring, evaluation, promotion, discipline and separation of employees	Click here to enter text.
6. Honesty and truthfulness in public relations announcements, advertisements, recruiting and admissions materials and practices, as well as in internal communications	Click here to enter text.
7. As appropriate to mission, services or programs in place: <ul style="list-style-type: none"> <li>a) to promote affordability and accessibility, and</li> <li>b) to enable students to understand funding sources and options, value received for cost, and methods to make informed decisions about incurring debt</li> </ul>	Click here to enter text.
8. Compliance with all applicable federal, state, and Commission reporting policies, regulations, and requirements to include reporting regarding: <ul style="list-style-type: none"> <li>a) The full disclosure of information on institution-wide</li> <li>b) assessments, graduation, retention, certification and licensure or licensing board pass rates</li> <li>c) The institution's compliance with the Commission's Requirements of Affiliation</li> </ul>	Click here to enter text.

<p>d) Substantive changes affecting institutional mission, goals, programs, operations, sites, and other material issues which must be disclosed in a timely and accurate fashion</p> <p>e) The institution's compliance with the Commission's policies</p>	
<p>9.Periodic assessment of ethics and integrity as evidenced in institutional policies, processes, practices, and the manner in which these are implemented</p>	<p><a href="#">Click here to enter text.</a></p>

## **STANDARD III: Design and Delivery of the Student Learning Experience**

**An institution provides students with learning experiences that are characterized by rigor and coherence of all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.**

Assemble the following, as appropriate:

- Student catalogs, handbooks, course catalogs, and other information regarding the student learning experience.
  
- Program development and approval procedures.
  
- Faculty review procedures
  
- Processes and procedures relevant to the Design and delivery of the student learning experience

In the section below, list any other documentation demonstrating the institution's ability to meet the expectations of this standard that the institution has assembled

Click here to enter text.

This standard includes the following Criteria, which explicate the standard and specify particular characteristics or qualities that are incorporated in the standard. The Criteria are not a simple checklist. When an institution does not demonstrate evidence of a particular Criterion, it may demonstrate through alternative information that it meets the standard. This alternative information should be included in the expandable box above.

Complete the following table:

Standard III Criteria	<u>Documents, Processes, and Procedures</u>
<p>1. Certificate, undergraduate, graduate and/or professional programs leading to a degree or other recognized higher education credential, designed to foster a coherent student learning experience and to promote synthesis of learning</p>	<p>Click here to enter text.</p>
<p>2. Student learning experiences that are:</p> <ul style="list-style-type: none"> <li>a) Designed, delivered, and assessed by faculty (full-time or part-time) and /or other appropriate professionals who are rigorous and effective in teaching, assessment of student learning, scholarly inquiry, and service, as appropriate to the institution's mission, goals, and policies</li> <li>b) Designed, delivered, and assessed by faculty (full-time or part-time) and /or other appropriate professionals who are qualified for the positions they hold and the work they do</li> <li>c) Designed, delivered, and assessed by faculty (full-time or part-time) and /or other appropriate professionals who are sufficient in number</li> <li>d) Designed, delivered, and assessed by faculty (full-time or part-time) and /or other appropriate professionals who are provided with and utilize sufficient opportunities, resources, and support for professional growth and innovation</li> <li>e) Designed, delivered, and assessed by faculty (full-time or part-time) and /or other appropriate professionals who are reviewed regularly and equitably based on written, disseminated, clear, and fair criteria, expectations, policies, and procedures</li> </ul>	<p>Click here to enter text.</p>
<p>3. Academic programs of study that are clearly and accurately described in official publications of the institution in a way that students are able to understand and follow degree and program requirements and expected time to completion</p>	<p>Click here to enter text.</p>

<p>4. Sufficient learning opportunities and resources to support both the institution's programs of study and students' academic progress</p>	<p>Click here to enter text.</p>
<p>5. At institutions that offer undergraduate education: A general education program, free standing or integrated into academic disciplines, that:</p> <ul style="list-style-type: none"> <li>a) offers a sufficient scope to draw students into new areas of intellectual experience, expanding their cultural and global awareness and cultural sensitivity, and preparing them to make well-reasoned judgments outside as well as within their academic field;</li> <li>b) offers a curriculum Designed so that students acquire and demonstrate essential skills including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, technological competency, and information literacy. Consistent with mission, the general education program also includes the study of values, ethics, and diverse perspectives;</li> <li>c) In non-US institutions that do not include general education, provides evidence that students can demonstrate general education skills.</li> </ul>	<p>Click here to enter text.</p>
<p>6. In institutions that offer graduate and professional education, opportunities for the development of research, scholarship, and independent thinking, provided by faculty and/or other professionals with credentials appropriate to graduate-level curricula</p>	<p>Click here to enter text.</p>
<p>7. Adequate and appropriate institutional review and approval on any student learning opportunities Designed, delivered, or assessed by third party providers</p>	<p>Click here to enter text.</p>
<p>8. Periodic assessment of the programs providing student learning opportunities</p>	<p>Click here to enter text.</p>



## STANDARD IV: Support of the Student Experience

*Across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.*

Assemble the following, as appropriate:

- Reports from student support offices
- Student handbooks
- Analysis of enrollment management plan (admission, retention, and completion).
- Processes and procedures relevant to support of the student experience.

In the section below, list any other documentation demonstrating the institution's ability to meet the expectations of this standard that the institution has assembled.

Click here to enter text.

This standard includes the following Criteria, which explicate the standard and specify particular characteristics or qualities that are incorporated in the standard. The Criteria are not a simple checklist. When an institution does not demonstrate evidence of a particular Criterion, it may demonstrate through alternative information that it meets the standard. This alternative information should be included in the expandable box above.

Complete the following table:

<p>1. Clearly stated, ethical policies and processes to admit, retain, and facilitate the success of students whose interests, abilities, experiences, and goals provide a reasonable expectation for success and are compatible with institutional mission, including:</p> <ul style="list-style-type: none"> <li>a) accurate and comprehensive information regarding expenses, financial aid, scholarships, grants, loans, repayment, and refunds;</li> <li>b) a process by which students who are not adequately prepared for the study at the level for which they have been admitted are identified, placed, and supported in attaining appropriate educational goals;</li> <li>c) orientation, advisement, and counseling programs to enhance retention and guide students throughout their educational experience;</li> <li>d) processes Designed to enhance the successful achievement of students' educational goals including certificate and degree completion, transfer to other institutions, and post-completion placement</li> </ul>	<p>Click here to enter text.</p>
<p>2.. Policies and procedures regarding evaluation and acceptance of transfer credits, and credits awarded through experiential learning, prior non-academic learning, competency-based assessment, and other alternative learning approaches.</p>	<p>Click here to enter text.</p>
<p>3. Policies and procedures for the safe and secure maintenance and appropriate release of student information and records</p>	<p>Click here to enter text.</p>
<p>4. If offered, athletic, student life, and other extracurricular activities that are regulated by the same academic, fiscal, and administrative principles and procedures that govern all other programs</p>	<p>Click here to enter text.</p>
<p>5. If applicable, adequate and appropriate institutional review and approval of student support services, Designed, delivered, or assessed by third-party providers</p>	<p>Click here to enter text.</p>
<p>6. Periodic assessment of the effectiveness of programs supporting the student experience.</p>	<p>Click here to enter text.</p>

## STANDARD V: Educational Effectiveness Assessment

**Assessment of student learning demonstrates that the institution's students have accomplished educational goals consistent with their programs of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.**

Assemble the following, as appropriate:

**Documentation of an implemented, systematic, and sustained process to assess student learning at all levels and utilization of results**

**Processes and procedures relevant to educational effectiveness assessment**

In the section below, list any other documentation demonstrating the institution's ability to meet the expectations of this standard that the institution has assembled.

Click here to enter text.

This standard includes the following Criteria, which explicate the standard and specify particular characteristics or qualities that are incorporated in the standard. The Criteria are not a simple checklist. When an institution does not demonstrate evidence of a particular Criterion, it may demonstrate through alternative information that it meets the standard. This alternative information should be included in the expandable box above.

Complete the following table:

Standard V Criteria	<u>Documents, Processes, and Procedures</u>
<p>1. Clearly stated student learning outcomes, at the institution and degree/program levels, which are interrelated with one another, with relevant educational experiences, and with the institution's mission</p>	<p>Click here to enter text.</p>
<p>2. Organized and systematic assessments, conducted by faculty and/or appropriate professionals, evaluating the extent of student achievement of institutional and degree/program goals. Institutions should:</p> <ul style="list-style-type: none"> <li>a) define meaningful curricular goals with defensible standards for evaluating whether students are achieving those goals;</li> <li>b) articulate how they prepare students in a manner consistent with their missions for successful careers, meaningful lives, and, where appropriate, further education. They should collect and provide data on the extent to which they are meeting these goals; and,</li> <li>c) support and sustain assessment of student achievement and communicate the results of this assessment to stakeholders</li> </ul>	<p>Click here to enter text.</p>
<p>3. Consideration and use of assessment results for the improvement of educational effectiveness. Consistent with the institution's mission, such uses include some combination of the following:</p> <ul style="list-style-type: none"> <li>a) assisting students in improving their learning;</li> <li>b) improving pedagogy and curriculum;</li> <li>c) reviewing and revising academic programs and support services;</li> <li>d) planning, conducting, and supporting a range of professional development activities;</li> <li>e) planning and budgeting for the provision of academic programs and</li> </ul>	<p>Click here to enter text.</p>

<p>services;</p> <p>f) informing appropriate constituents about the institution and its programs;</p> <p>g) improving key indicators of student success, such as retention, graduation, transfer, and placement rates; and,</p> <p>h) implementing other processes and procedures Designed to improve educational programs and services.</p>	
<p>4.If applicable, adequate and appropriate institutional review and approval of assessment services Designed, delivered, or assessed by third party providers</p>	<p>Click here to enter text.</p>
<p>5.Periodic evaluation of the assessment processes utilized by the institution for the improvement of educational effectiveness</p>	<p>Click here to enter text.</p>

## STANDARD VI: Planning, Resources, and Institutional Improvement

*The institution's planning processes, resources, and structures are aligned with each other and are sufficient to fulfill its mission and goals, to continuously assess and improve its programs and services, and to respond effectively to opportunities and challenges.*

Assemble the following, as appropriate:

**The institution's two most recent externally-audited financial statements, including management letters**

**Financial projections for the next two years.**

**Documentation of an implemented, systematic, and sustained institutional assessment process linking planning, assessment and resource allocation decisions.**

**Institutional strategic planning documents.**

**Processes and procures relevant to planning, resources and institutional improvement**

In the section below, list any other documentation demonstrating the institution's ability to meet the expectations of this standard that the institution has assembled.

Click here to enter text.

This standard includes the following Criteria, which explicate the standard and specify particular characteristics or qualities that are incorporated in the standard. The Criteria are not a simple checklist. When an institution does not demonstrate evidence of a particular Criterion, it may demonstrate through alternative information that it meets the standard. This alternative information should be included in the expandable box above.

Complete the following table:

<b><u>Standard VI Criteria</u></b>	<b><u>Documents, Processes, and Procedures</u></b>
1. Institutional objectives, both institution-wide and for individual units, that are clearly stated, assessed appropriately, linked to mission and goal achievement, reflect conclusions drawn from assessment results, and are used for planning and resource allocation	Click here to enter text.
2. Clearly documented and communicated planning and improvement processes that provide for constituent participation and incorporate the use of assessment results	Click here to enter text.
3. A financial planning and budgeting process that is aligned with the institution's mission and goals, evidence-based, and clearly linked to the institution's and unit's strategic plans/objectives	Click here to enter text.
4. Fiscal and human resources as well as the physical and technical infrastructure are adequate to support the institution's operations wherever and however programs are delivered	Click here to enter text.
5. Clear assignment of responsibility and accountability	Click here to enter text.
6. Comprehensive planning for facilities, infrastructure, and technology that includes consideration of sustainability and deferred maintenance and is linked to the institution's strategic and financial planning processes	Click here to enter text.
7. An annual independent audit confirming financial viability with evidence of follow-up on any concerns cited in the audit's accompanying management letter	Click here to enter text.
8. Strategies to measure and assess the adequacy and efficient utilization of institutional resources required to support the institution's mission and goals	Click here to enter text.
9. Periodic assessment of the effectiveness of planning, resource allocation, institutional renewal processes, and availability of resources.	Click here to enter text.

## STANDARD VII: Governance, Leadership, and Administration

*The institution is governed and administered in a manner that allows it to realize its stated mission and goals in a way that effectively benefits the institution, its students, and the other constituencies it serves. Even when supported by or affiliated with governmental, corporate, religious, educational system, or other unaccredited organizations, the institution has education as its primary purposed, and it operates as an academic institution with appropriate autonomy.*

Assemble the following, as appropriate:

- By-laws and other institutional documents identifying the group legally responsible for the institution and its role in governance.
- Conflict of interest policies and other ethics policies of the Board.
- A list of current governing board members (name, affiliation, and occupation; members who are remunerated by the institution through salaries, wages or fees; members who are creditors of the institution, guarantors of institutional debt, or active members of businesses of which the institution is a customer).
- Organizational chart for the institution (names and titles of the individuals in each position)
- Succession planning for board members and senior leadership
- Processes and procedures relevant to governance, leadership, and administration

In the section below, list any other documentation demonstrating the institution's ability to meet the expectations of this standard that the institution has assembled.

Click here to enter text.

This standard includes the following Criteria, which explicate the standard and specify particular characteristics or qualities that are incorporated in the standard. The Criteria are not a simple checklist. When an institution does not demonstrate evidence of a particular Criterion, it may demonstrate through alternative information that it meets the standard. This alternative information should be included in the expandable box above.

Complete the following table:

<b><u>Standard VII Criteria</u></b>	<b><u>Documents, Processes, and Procedures</u></b>
1.A clearly articulated and transparent governance structure that outlines its roles, responsibilities and accountability for decision making by each constituency, including governing body, administration, faculty, staff, and students	Click here to enter text.

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2. A legally constituted governing body that:

- a) Serves the public interest, ensures that the institution clearly states and fulfills its mission and goals, has fiduciary responsibility for the institution, and is ultimately accountable for the academic quality, planning, and fiscal well-being of the institution;
- b) Has sufficient independence and expertise to ensure the integrity of the institution. Members must have primary responsibility to the accredited institution and not allow political, financial, or other influences to interfere with their governing responsibilities;
- c) Ensures that neither the governing body nor individual members interferes in the day-to-day operations of the institution;
- d) Oversees at the policy level the quality of teaching and learning, the approval of degree programs and the awarding of degrees, the establishment of personnel policies and procedures, the approval of policies and by laws, and the assurance of strong fiscal management;
- e) Plays a basic policy-making role in financial affairs to ensure integrity and strong financial management. This may include a timely review of audited financial statements and/or other documents related to the fiscal viability of the institution;
- f) Appoints and regularly evaluates the performance of the Chief Executive Officer;
- g) Is informed in all its operations by principles of good practice in board governance;
- h) Establishes and complies with a written conflict of interest policy Designed to ensure that impartiality of the governing body by addressing matters such as payment for services, contractual relationships, employment, and family, financial or other interests that could pose or be perceived as conflicts of interest; and,
- i) Supports the Chief Executive Officer in maintaining the autonomy of the institution

[Click here to enter text.](#)

<p>3. A Chief Executive Officer who:</p> <ul style="list-style-type: none"><li>a) Is appointed by, evaluated by, and reports to the governing body and shall not chair the governing body;</li><li>b) Has appropriate credentials and professional experience consistent with the mission of the organization;</li><li>c) Has the authority and autonomy required to fulfill the responsibilities of the position, including developing and</li><li>d) implementing institutional plans, staffing the organization, identifying and allocating resources, and directing the institution toward attaining the goals and objectives set forth in its mission;</li><li>e) Has the assistance of qualified administrators, sufficient in number, to enable the Chief Executive Officer to discharge his/her duties effectively; and is responsible for establishing procedures for assessing the organization's efficiency and effectiveness.</li></ul>	<p>Click here to enter text.</p>
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<p>4. An administration possessing or demonstrating:</p> <ul style="list-style-type: none"> <li>a) An organizational structure that is clearly documented</li> <li>b) and that clearly defines reporting relationships;</li> <li>c) An appropriate size and with relevant experience to</li> <li>d) assist the Chief Executive Officer in fulfilling his/her roles</li> <li>e) and responsibilities;</li> <li>f) Members with credentials and professional experience consistent with the mission of the organization and their functional roles;</li> <li>g) Skills, time, assistance, technology, and information systems expertise required to perform their duties;</li> <li>h) Regular engagement with faculty and students in advancing the institution's goals and objectives; and,</li> <li>i) Systematic procedures for evaluating administrative units and for using assessment data to enhance operations</li> </ul>	<p>Click here to enter text.</p>
<p>5. Periodic assessment of the effectiveness of governance, leadership, and administration.</p>	<p>Click here to enter text.</p>