POLICIES, GUIDELINES, PROCEDURES & BEST PRACTICES

Seventh Edition

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3624 Market Street
Philadelphia, PA 19104
Telephone: (267) 284–5000
Fax: (215) 662–5501
www.msache.org

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Introduction

This portfolio is a compendium of Commission policies and procedures that address the responsibilities of the Commission and its member institutions. It includes general accreditation policies, as well as those that refer specifically to the peer review process, the programs and services offered by member institutions, and administrative procedures of the Commission.

Taken together, Characteristics of Excellence, the Commission’s basic handbooks, manuals, and other publications, and this portfolio provide a comprehensive set of documents describing all aspects of the Commission’s accreditation protocol and related activities.

All of the policies and procedures are either elaborations of the standards for accreditation set forth in Characteristics of Excellence in Higher Education (2002), or they describe procedural requirements for institutions and for the Commission. Guidelines are based on best practices and provide advice to members for implementing the accreditation standards.

The Commission invites member institutions to comment on its policies and procedures even when a formal review is not in process. This type of feedback will help to improve Commission practices and keep the Commission in touch with constituent views on important issues that affect policy development.
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General Accreditation Policies, Guidelines, and Procedures
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Good Practice for Accrediting in Higher Education

The Middle States Commission on Higher Education follows these general guidelines in the review and accreditation of its members:

(a) arranges evaluations or other visits always in consultation with institutional officers;
(b) permits the withdrawal of a request for initial accreditation at any time (even after evaluation) prior to final action;
(c) recognizes the right of an institution to be appraised in light of its own stated purposes so long as those purposes demonstrably fall within, and adequately reflect, the expectations of institutions defined by the Commission in *Characteristics of Excellence in Higher Education*;
(d) considers a program or programs of study at an institution, including its administration and financing, not on the basis of a single predetermined pattern, but directly in relationship to the mission, operation, and goals of the entire institution;
(e) establishes criteria for accreditation in terms that are relevant to the quality of an institution, with respect for the principle of institutional uniqueness;
(f) uses only relevant qualitative and quantitative information in its evaluation process;
(g) assists and stimulates improvement in the educational effectiveness of an institution, and to this end is prepared to provide consultative assistance separate from the accrediting process;
(h) encourages sound educational experimentation and innovation;
(i) designs the evaluation process not only to obtain information for visiting evaluators but also to stimulate an institution to evaluate and improve itself;
(j) conducts evaluation visits by utilizing qualified evaluators under conditions that assure impartial judgment, including representation from the staff of other institutions knowledgeable about the type of institution to be visited;
(k) appoints visitors whom the institution does not reject for conflict of interest; however, the Commission has final authority in the formation of evaluation teams and follow-up visitors;
(l) cooperates with other accrediting organizations so far as possible in scheduling and conducting joint or collaborative visits with other accreditors, agencies, and organizations when an institution so requests;
(m) provides for appropriate consultation during an evaluation visit between and among the team members and the faculty and staff of an institution, including the chief executive officer, his or her designated representatives, and/or members of the governing body;
(n) provides opportunities for interviewing students during evaluation visits;
(o) provides the president of an institution being evaluated an opportunity to review a draft of the evaluation report prepared by the visiting team and to comment on its accuracy before it is submitted to the Commission;
(p) considers decisions relative to accreditation only after an institution has submitted a formal response to the substance of the evaluation report, and when the views of the evaluation team are adequately represented;
(q) regards the text of an evaluation report as confidential between an
institution and the Commission, except as otherwise provided by applicable law,
by accreditation standards or processes, or with the consent of the institution;
(r) permits an institution to make such public disposition of evaluation reports
as it desires, provided they are not used to misrepresent its status;
(s) refrains from conditioning accreditation upon payment of fees for purposes
other than membership dues or fees;
(t) notifies an institution in writing within 30 days regarding any accreditation
decision;
(u) revokes accreditation only after advance notice has been given to an
institution that such action is contemplated, and the reasons therefore,
sufficient to permit timely rejoinder and to pursue established procedures for
appeal and review;
(v) notifies the U.S. Department of Education, appropriate State agencies, and
the public in accordance with Commission policy and federal and state
regulation.

Regard for Decisions of States and
Other Accrediting Organizations

In making accreditation decisions, the Middle States Commission on Higher
Education adheres to these guidelines relative to the decisions of States and
other accrediting organizations:

(1) The Commission does not accredit or grant candidacy to institutions that
lack legal authorization under applicable State or foreign law to provide a
program of education beyond the secondary level, if such authorization is
required.

(2) The Commission does not accredit or grant candidacy, initial accreditation,
or renewed accreditation to an institution if it is known that the institution is the
subject of: a pending or final action brought by a State agency to suspend,
revoke, withdraw, or terminate the institution’s legal authority to provide
postsecondary education in the state; a decision by an accrediting organization,
which is recognized by the U.S. Secretary of Education, to deny accreditation or
candidacy; a pending or final action brought by a recognized accreditor to
suspend, revoke, withdraw, or terminate the institution’s accreditation or
candidacy, or probation or an equivalent status imposed by a recognized
accreditor, except as noted below in (3).

(3) If the Commission grants candidacy or accreditation to an institution
described in (2) above, the Commission provides to the U.S. Secretary of
Education, within 30 days of its action, a thorough and reasonable explanation,
consistent with its standards, why the action of the other accreditor does not
preclude the Commission’s grant of candidacy or accreditation.

(4) If the Commission learns that an institution that has candidacy or accredited
status with the Commission is the subject of an adverse action by another
recognized accreditor or has been placed on probation or equivalent status by
another recognized accreditor, the Commission promptly reviews the
accreditation or candidacy of the institution to determine whether the
Commission also should take adverse action or place the institution on probation
or show cause.

(5) The Commission shares with other appropriate recognized accrediting
organizations and recognized State approval agencies information about the
accreditation status of an institution and any adverse actions it has taken
against an accredited or candidate institutions.
Institutional Responsibilities
In the Accreditation Process

Accreditation is the educational community’s means of self-regulation through quality assurance and improvement. The accrediting process is intended to strengthen and sustain the quality and integrity of higher education, making it worthy of public confidence.

There are many ways in which institutions may affirm the value and realize the benefits of accreditation. The institution’s commitment to quality and regard for accreditation fundamentals are reflected in many ways, including:

- **Integrity:** (*Characteristics of Excellence in Higher Education*, Standard 6), including openness and access for the Commission and its evaluators and other representatives, as well as involvement of the institution’s constituencies in the accreditation process. The Commission relies on the accuracy and completeness of the information supplied by the institution. The institution complies with Commission requirements relative to substantive institutional change. In the event that an institution fails to submit a required follow-up or other report, including the Institutional Profile, fails to respond to Commission requests for information or scheduling a visit, or has not submitted its dues within 12 months of the billing date, the institution will be considered to have voluntarily allowed its accreditation to lapse, and the Commission may take action in accordance with its "Range of Accreditation Actions." In regard to its students, the institution must ensure that program length is appropriate to the objective of the degrees or credentials offered.

- **Public Information:** provision of information regarding its evaluation visit and accreditation status, among other things (See Policy, “Public Communication in the Accreditation Process.”)

- **Merging or Closing:** developing and following a teach-out plan if it merges or closes (See Policy, “Closing or Merging a Postsecondary Institution.”)

- **Student Complaints:** (See Policy, “Complaints and Third Party Comment Involving Affiliated Institutions.”)

- **Involvement in the Self-Study:** The institution should involve a sufficient number of administrators, faculty, students, and trustees in the self-study process to represent the institutional constituencies. It may also choose to involve alumnæ, alumni, and representatives of the local community. All constituencies should be apprised of self-study activities and progress. The level of awareness of the self-study effort on a campus is an indication of the level of institutional commitment and integrity in the accreditation process.

- **Continuous Improvement:** Because accreditation is a continuous process, not an end result of a self-study or Periodic Review Report, an institution’s responsibility to participate in the accrediting process and to improve persists throughout the ten-year accreditation cycle. See Standard 2, Planning, Resource Allocation, and Institutional Renewal; Standard 7, Institutional Assessment, and Standard 14, Assessment of Student
Learning in *Characteristics of Excellence* and the Commission’s handbook, Student Learning Assessment: Options and Resources.

- **Participation:** It is the institution’s responsibility to find ways to participate actively in the accreditation processes, such as policy development; decision-making; task forces; service on visiting teams or as reviewers of PRR and substantive change reports; nominating, electing, and serving as Commissioners; and attending Commission meetings.

- **Federal and State Requirements:** Institutions are required to meet Federal government laws and regulations in order to be eligible to participate in Title IV and other student assistance programs, and they also may be required to meet certain state or local requirements in order to be licensed or eligible to operate as an institute of higher education. Some requirements for institutions involve the standards and policies of accreditation agencies, such as those relating to student loan default data, the results of financial or compliance audits, program reviews, and graduation and placement rates. Institutions also will cooperate with the Commission to enable the Commission to comply with state and federal laws and regulations applicable to the Commission.

  - The Commission regularly informs its member institutions, other accrediting agencies, and state agencies of the standards and eligibility criteria required by the Commission. The Commission, however, does not act as a clearinghouse for all state, federal, local, or other requirements. It is the responsibility of the institution, therefore, to be apprised of and comply with any criteria or standards that are required directly by federal, state, or local governments or by any other external organization. Information on these requirements can be obtained directly from the organizations with which the institution must establish or maintain working relations.
Guidelines

Principles for Good Practices: Regional Accrediting Commissions

What an Accrediting Commission Should Reasonably Expect of Itself

1. Role of student learning in accreditation. Evaluation of an institution’s success in achieving student learning is central to each Commission’s function and public charter. The focus on student learning is conducted within the context of the mission of the institution, the suitability and effectiveness of processes designed to accomplish institutional goals, and the institution’s continued ability to fulfill its purposes.

2. Evidence used for accreditation. Commissions focus on the strength of the institution’s claim that is fulfilling its declared educational mission, and give particular attention to how the institution’s collection and use of student learning evidence helps to achieve its learning goals.

3. Forms of appropriate evidence. Evidence examined by Commissions for the purpose of evaluating the quality of student learning may include:
   a. fulfillment of institutional purposes in the form of evidence of student learning outcomes appropriate to its educational goals;
   b. institutional processes for evaluating educational effectiveness, in the form of student learning goals appropriate to its mission, procedures for collecting data on student achievement of these goals, and evidence that these data are used to effect improvements in educational offerings;
   c. effective teaching and learning practices, including such characteristics as academic challenge, engagement of students with faculty and each other, active and collaborative learning, and enriching educational experiences; and
   d. institutional capacity in the form of a climate conducive to educational and academic freedom, and appropriate and sufficient resources for effective teaching, learning, and assessment.

4. Role of commissions in improving student learning. Commissions not only evaluate and affirm educational quality, but also help institutions build capacity for documenting and improving student learning.

5. Training. Evaluation teams, commissions, and staff are trained in skills needed for effective accreditation practice, and operate within the spirit expressed by these principles.
What an Accrediting Commission Should Reasonably Expect of an Institution

1. *Role of student learning in accreditation.* Educational quality is one of the core purposes of the institution, and the institution defines quality by how well it fulfills its declared learning mission.

2. *Documentation of student learning.* The institution demonstrates that student learning is appropriate for the certificate or degree awarded and is consistent with the institution's own standards of academic performance. The institution accomplishes this by:
   a. setting clear learning goals which speak to both content and level of attainment;
   b. collecting evidence of goal attainment using appropriate assessment tools;
   c. applying collective judgment as to the meaning and utility of the evidence;
   and
   d. using this evidence to effect improvements in its programs.

3. *Compilation of evidence.* Evidence of student learning is derived from multiple sources, such as courses, curricula, and co-curricular programming, and includes effects of both intentional and unintentional learning experiences. Evidence collected from these sources is complementary and portrays the impact on the student of the institution as a whole.

4. *Stakeholder involvement.* The collection, interpretation, and use of student learning evidence is a collective endeavor, and is not viewed as the sole responsibility of a single office or position. Those in the institution with a stake in decisions of educational quality participate in the process.

5. *Capacity building.* The institution uses broad participation in reflecting about student learning outcomes as a means of building a commitment to educational improvement.

Adopted by the Council of Regional Accrediting Commissions, 2003

V: 0904
When an institution is accredited, or its accreditation is reaffirmed, that action applies to conditions existing at the time of the Commission’s decision. The Commission requires that all institutions be reevaluated periodically because institutions are in continual processes of change. While the decision to modify an institution is an institutional prerogative and responsibility, the Commission is obligated to determine the effect of any substantive change on the quality, integrity, and effectiveness of the total institution.

A principle of institutional accreditation is that everything done in the name of the institution is covered by its accreditation. Conversely, anything done without appropriate concern for consistency with an institution’s stated mission and concern for quality and integrity may threaten the accredited status of the entire institution.

Substantive changes are not automatically covered by the institution’s accreditation or candidate status and may precipitate a review of the accredited or candidate status of the institution. Institutions planning a substantive change have the responsibility to inform the Commission on Higher Education in advance, following the procedural guidelines. **Prior Approval** of the plan for substantive change **is required** before the change is included in the institution’s previously granted candidacy or accreditation status.

The Commission considers the following types of change to be substantive and therefore to require Commission review and approval. Substantive change includes, but is not limited to the following:

- **Significant Changes in Mission, Goals, or Objectives of an Institution**
  
  This includes any significant changes in the established mission, goals, or objectives of the institution.

- **Distance Learning; New Courses and Programs; Change in Content or Method of Delivery**
  
  This includes instruction constituting at least 50% of a degree program that represents a significant departure, in terms of either the content or method of delivery, from those assessed when the institution was most recently evaluated (e.g., distance learning; correspondence courses).

  Although an institution may have offered one or more **distance learning courses** in the past, the Commission requires that the institution receive prior approval through the substantive change procedures before offering 50% or more of a degree **program** through distance learning. The 50% standard includes only courses offered in their entirety via distance learning, not courses utilizing mixed delivery methods. At its discretion, the Commission may determine that only specified programs(s) delivered through alternative methods are included within the scope of accreditation.

  **The Commission requires that the first two programs for which 50% or more is offered through distance learning be submitted for Commission review and prior approval.** In special
circumstances further programs may require formal Commission review and action.

Higher Degree or Credential Level

The addition of courses or programs offered at a degree or credential level above that which is included in the institution's current accreditation or pre-accreditation must be approved by the Commission prior to implementation.

This includes first professional degrees at any level and certificate programs at the pre-baccalaureate and post-baccalaureate level if such programs are offered at a level higher than what is currently offered by the institution and included within the scope of its accreditation.

First professional degrees prepare a student to become a competent practicing member of a profession, and secondarily to produce an academic researcher or theoretician (and then only if a particular program is designed to produce research specialists). Although some of the first professional degrees incorporate the term “Doctor,” they are not research doctorates and not equivalent to the Ph.D.

The National Center for Education Statistics defines a First Professional degree as “a degree that signifies both completion of the academic requirement for beginning practice in a given profession and a level of professional skill beyond that normally required for a bachelor’s degree.”

Examples of First Professional degrees include the fields of dentistry, medicine, optometry, chiropractic, law, physical therapy, occupational therapy, and theological and Talmudic professionals.

At its discretion, the Commission may determine that only specified program(s) at the new degree level are included within the scope of accreditation.

Because branch campuses and additional locations operate with some independence from the main campus (including the resources available on each campus), the Commission also may require a branch campus or additional location to request a substantive change for the addition of programs at a higher degree level at that site, even if the main campus already offers that degree.

After the approval of the first two programs, new programs at an existing degree or credential level ordinarily do not require Commission review. However, the addition of such programs may necessitate prior approval if these new programs significantly alter the mission of the institution or affect significantly the institution’s ability to continue to support existing and proposed programs. Institutions should consult with Commission staff before submitting substantive change proposals for new programs at an existing degree level.

Contractual Agreements

Certain contractual agreements with an institution or organization not accredited by a Federally recognized agency to provide any portion of a program(s) on behalf of the accredited institution are subject to Commission review. This includes degree completion programs developed by third parties. In addition, certain contractual relationships with entities accredited by a Federally recognized agency to provide a credit-bearing program are substantive changes. (See also the Commission policy on Contractual Relationships with Non-MSA Accredited Organizations.) The types of factors that will determine whether a particular contract is a substantive change include: the
experience of the accredited institution and of the contracting entity in offering similar contracted services; the percentage of total programs affected; and the location and method of delivery of the program. Other contractual agreements may be considered substantive changes under other circumstances.

Institutions requesting approval of a contractual agreement should submit sufficient documentation to demonstrate that they meet the policy "Contracts by Accredited and Candidate Institutions for Education-Related Services."

Non-credit Offerings that Affect Mission

Commission review typically covers programs and courses that are offered for academic credit, including credit-bearing non-degree courses and certificate programs offered at either the pre-baccalaureate or the post-baccalaureate levels. Non-credit courses and community services offered in response to constituency needs do not normally fall within the purview of this policy unless they become a major component of the institution’s activities. Nonetheless, the Commission expects that established institutional procedures will ensure their quality and integrity, and will ensure that these offerings do not affect negatively the institution’s ability to meet its mission.

New Sites/Locations

Branch Campus

A branch campus is a location of an institution that is geographically apart and independent of the main campus of the institution. Branch campuses may be domestic or international. 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.

The institution must notify the Commission if it plans to establish a branch campus and submit a business plan for the branch campus that describes:

(i) The educational program to be offered at the branch campus
(ii) The projected revenues and expenditures and cash flow at the branch campus; and
(iii) The operation, management, and physical resources at the branch campus.

The Commission will include the branch within the scope of the institution’s accreditation only after it evaluates the business plan and takes whatever other actions it deems necessary to determine that the branch campus has sufficient educational, financial, operational, management, and physical resources to satisfy the Commission’s standards.

The Commission will undertake a site visit to the branch campus as soon as practicable, but no later than six months after the establishment of that campus. The Commission considers a branch campus to be “established” when it is operational with students enrolled.
Additional Locations

An additional location is a location, other than a branch campus, that is geographically apart from the main campus and at which the institution offers at least 50% of an educational program. Additional locations may be domestic or international. This includes corporate sites and locations for limited, rather than ongoing, provision of programs.

The Commission must determine if the institution has the fiscal and administrative capacity to operate the additional location. In addition, the Commission will visit within six months, each additional location the institution establishes, if the institution:

(i) has a total of three or fewer additional locations;
(ii) has not demonstrated, to the Commission’s satisfaction, that it has a proven record of educational oversight of additional locations; or
(iii) has been placed on warning, probation, or show cause by the Commission or is subject to some limitation by the Commission on its accreditation or preaccreditation status;
(iv) the first additional location of the institution to be located abroad, regardless of the number of domestic additional locations, unless waived by staff.

The purpose of visits to additional locations is to verify that the additional location has the personnel, facilities, and resources it claimed to have in its application to the Commission for approval of the additional location.

The Commission may conduct additional reviews as it deems appropriate, such as unannounced inspections. In addition, the Commission will conduct, at reasonable intervals, visits to additional locations of institutions that operate more than three additional locations.

Once an institution has established three Additional Locations, the institution still must notify the Commission of its intention to establish any new additional locations or to close locations even if the Commission explicitly no longer requires full Commission review and approval. The Commission shall then modify the institution’s SAS accordingly.

Rapid Growth

The Commission may at its discretion, conduct visits to additional locations, to ensure that accredited and preaccredited institutions that experience rapid growth in the number of additional locations maintain educational quality.

Institutions contemplating rapid growth (or uncertain whether planned changes fall under this category) should be in contact with the institution’s designated staff liaison prior to submitting comprehensive information to the Commission.

Changes that Otherwise Affect Significantly the Institution’s Ability to Support and to Continue the Support of Existing and Proposed Programs

❖ significant changes in governance or administrative structure (excluding changes in personnel) or finances
❖ significant new academic program or major that requires substantial financial investment or substantial reallocation of financial resources
Mergers and Other Changes in the Legal Status, Form of Control, or Ownership of the Institution:

This includes, for example, merger or consolidation with another institution; sale of a proprietary institution; beginning or ending public sponsorship and control.

The Commission will undertake a site visit to an institution that has undergone a change of ownership that resulted in a change of control as soon as practicable, but no later than six months after the change of ownership.

Definitions:

These summaries of definitions drawn from the federal regulations may be helpful:

Control. Control means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a corporation, partnership, or individual, whether through the ownership of voting securities, by contract, or otherwise.

Ownership. Ownership or ownership interest means a legal or beneficial interest in an entity, or a right to share in the profits derived from the operation of an entity. The term does not include the interests of a mutual fund that is regularly and publicly traded, of an institutional investor, or of a profit-sharing plan in which all employees of an entity may participate. A change in ownership of an institution that results in a change of control may include, but is not limited to merger of two or more eligible institutions, conversions of the institutions from a for-profit to a nonprofit institution, sale of the institution, transfer of the controlling interest of stock of the institution or its parent corporation, transfer of the liabilities of an institution to its parent corporation, or transfer of assets that comprise a substantial portion of the educational business of the institution (except where the transfer consists exclusively in the granting of a security interest in those assets).

If the change in ownership is due to the retirement or death of the owner, and the ownership is transferred either to a family member or to a person with ownership interest who has been involved in the management of the institution for at least two years preceding the transfer, the institution should contact the Commission’s staff liaison to determine whether approval or review is necessary.

Site Closure

An institution planning to close or merge an additional location or branch campus should inform the Commission no later than six months prior to the planned closure/merger date or as soon as such plans are approved. Additional locations are those sites at which a student can complete at least 50% of a program. A branch campus is geographically apart and 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.

For sites (other than those whose cohort has completed the course or program), institutions should submit plans describing how any students remaining in the program will be accommodated. Sites established for a specific cohort (such as a corporate site) do not require notification upon closure.
Institutional Closure

An institution planning to close or merge should inform the Commission no later than six months prior to the planned closure/merger date. Institutions planning an institutional closure should submit to the Commission for approval any plans to provide students with reasonable opportunities to complete their education, including any teach-out agreements that the institution has entered into or intends to enter into with another institution. Approvals from any licensing, regulatory or other legal entities as may be necessary also should be provided.

Under Federal law, the Commission can approve teach-out agreements only if the agreement is between institutions that are accredited or have Candidate status by a nationally recognized accrediting agency, is consistent with applicable standards and regulations, and provides for the equitable treatment of students by ensuring that:

- the teach-out institution has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the closed institution; and
- the teach-out institution demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances.

Institutions requesting approval of a teach-out agreement should provide sufficient documentation to demonstrate that they meet the policy “Closing or Merging a Postsecondary Institution.”

Clock/Credit Hours

- Change from clock hours to credit hours; or
- a substantial increase in the number of clock or credit hours required for the successful completion of a program, or the length of a program.

Processes

Notification to the Commission on Higher Education

Changes that are substantive must be reported to the Commission prior to the planned date of implementation, consistent with the timetable for submission detailed under “Commission Action/Determination of Status.” Requests for prior approval of Substantive Change should be reported to the Commission prior to the planned date of implementation and should be directed to the Commission’s Executive Director. **The Institutional Profile annual update is NOT an appropriate vehicle for notifying the Commission of a substantive institutional change.**

Although the Commission requires prior approval of substantive changes within both candidate and accredited institutions, once a request for approval of substantive change has been submitted, Candidate institutions must submit to a review of their candidate status (status review visit) as detailed in the Commission’s handbook *Candidacy for Accreditation*, unless staff determines otherwise. Visits or other types of review as required by specific types of change outlined in this policy also may apply.

If the institution is uncertain whether the proposed change is substantive or routine, the institution should contact the designated staff liaison with preliminary information on the nature and purposes of the activities. This should be done as early in the planning process as possible. Based on this preliminary
review, the staff liaison will advise the institution and send confirmation by letter if appropriate.

Content of Substantive Change Requests

Substantive change requests should provide the necessary information and analysis in as concise a presentation as possible. While the length will vary dependent on the complexity of the substantive change, most requests will not be more than 25 pages. Submission should be loosely bound and paginated. Any supplemental documentation that accompanies the request must be specifically referenced within the proposal itself, and the relevance of any such documentation must be made apparent.

If the institution knows the proposed change is a substantive one or if the proposed institutional change is determined to be substantive based on staff review, five full copies of the following information should be provided. Additional elements listed below should be included if relevant to the type of substantive change.

The following information is required unless waived by staff in a specific situation:

1. A one-page executive summary of the substantive change proposal;
2. Statement of the nature and purposes of the activities, including relevance to the current institutional mission and evidence of need for the activities;
3. Financial Impact of the proposed change; and
4. Legal authorization to conduct the program(s) or activity, if required.

In addition, such other information and documentation will be submitted as necessary to evidence continuing compliance with all accreditation standards.

The institution should determine whether any of the following would be relevant to its particular proposal:

 kWh basic planning documents including:
 kWh the budget and other information showing adequate financing for the projected activities;
 kWh provisions for needed resources (faculty, library, facilities, etc.); and
 kWh analysis of the impact of the proposed change(s) on the rest of the institution;

 kWh intended constituency;

 kWh governance and administrative organization;

 kWh plans for the assessment of student learning outcomes;

 kWh records of institutional procedures followed in approving the activities;

 kWh copies of contractual arrangements; or

 kWh publications announcing and/or describing the planned activities, if available.

 kWh If the proposed change is to establish a branch campus, the request for inclusion within the scope of accreditation should include a description of the educational program(s) to be offered at the branch; the projected revenues and expenditures and cash flow at the branch;
and the operation, management, and physical resources at the branch campus.

êm If the proposed substantive change concerns a new degree or academic program, additional details should be included about the constituency that will be served, provision of necessary resources, expected budget, plans for assessing student learning outcomes, and any other relevant information.

êm If the Commission or Commission staff determine that the proposed change indicates rapid growth, the institution’s request for inclusion of the substantive change within the scope of accreditation should include:

• enrollment and financial projections for a three-year period;
• identification of educational programs offered and planned at each site and the mode(s) of instructional delivery;
• quality management controls (for the purpose of administrative and academic oversight);
• staffing plan for faculty, administration, and student services;
• plans (with timetable) for implementing the off-campus sites and for evaluating the progress of implementation; and
• the impact of the proposed substantive change on the institution’s other programs and services.

êm If the proposed substantive change involves matters requiring the approval of another agency, proof of that approval should be provided. For example: state agency approval (as required) for new degrees or programs should be provided; legal authorization should be included for programs offered in other countries or jurisdictions; etc.

Requests for approval of substantive change that fail to include adequate analysis (rather than merely provide documentation) may be rejected.

If an institution has prepared materials for approval by another agency, the institution may use these materials or excerpts from these materials, annotating and supplementing them as needed to meet the above information requirements.

Commission Review and Determination of Status

Staff has authority to designate any activity as a substantive change, or to waive its treatment as substantive change, provided that staff’s actions comply with all applicable laws and regulations. The types of factors staff may consider, for example, are the effect on other programs of the institution, the experience of the institution in the area of substantive change, the nature of an additional location, and other relevant information.

Substantive changes are usually brought for review to an appropriate committee of the Commission such as the Committee on Substantive Change or the Committee on Follow-Up/Candidate Institutions. In some cases, substantive changes may be reviewed and an action may be recommended by staff. In such cases, the action will be placed on a consent agenda for committee review/approval. The committees and staff have been authorized to act on behalf of the Commission, although any substantive change proposal may be referred to the full Commission for further review.
In order to assure timely review and response, institutions preparing substantive change requests should adhere to the following timetable:

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<th>Submit report by:</th>
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The range of possible Commission actions is included in the policy statement, "Range of Commission Actions on Accreditation."

**Extra-Regional Activities**

Institutions conducting educational activities or establishing locations in other regions will be evaluated under the procedures outlined in "Interregionally Operating Institutions." An instructional site located in a region other than that of its home campus, if it functions independent of operational control of the parent college or university, will be considered under the policy, "Separately Accreditable Institutions."

**Site Visits/On-Site Review**

In order to meet its obligations as an accrediting agency, the Commission may direct a site visit to an institution planning or undergoing change, as provided above, prior and/or subsequent to official action on the proposed change. The Commission and its staff will determine the individual(s) best suited to carry out the site visit.

**Follow-up Reporting**

Through specific follow-up activities directed by the Commission, or as part of the Periodic Review report or self-study, the institution may be asked to provide updated information to the Commission at critical stages in the implementation of the substantive change.

After review of the follow-up information (whether presented separately or as part of a self-study or PRR) the Commission may require further review including, where appropriate, on-site evaluation of the activities, complete re-evaluation of the entire institution, or such other measures as the Commission may determine.
Separately Accreditable Institutions

Each of the U.S. regional accrediting commissions adopted a policy similar to the following policy for institutions operating inter-regionally. In addition, the Middle States Commission on Higher Education applies the policy to institutions operating solely within the Middle States region.

Policy Statement:

An educational site located in a region other than that of the home campus of the accredited institution (the “home region”) must seek separate accreditation in the region where it exists (the “host region”) if it functions independently of operational control of the home campus of the college or university. An educational site located within the Middle States region also must seek separate accreditation if it is operationally independent of the home campus of the college or university.

An educational site will be deemed operationally independent and accreditable by the host region when it meets criteria such as:

The educational site:

1. has, under governing body policy, substantial financial and administrative independence from the home institution, including matters related to personnel;
2. has a full-time chief administrative officer;
3. is empowered, under governing body policy, to initiate and sustain its own academic programs;
4. has degree-granting authority in the state or jurisdiction where it is located.

The Commission of the home region determines whether a site is separately accreditable and the accreditation status of that site. The host region will review any educational sites identified as operationally independent in keeping with its policies and procedures for applying institutions. If possible, a host regional accreditor will accredit separately accreditable sites by transfer of accreditation as "full, faith and credit" from a sister regional accreditor without treating the site as a new candidate institution.

A site identified as separately accreditable will continue to be included in the accreditation of the home college or university until it achieves separate accreditation, as long as the separately accreditable site makes timely progress toward separate accreditation. Failure to do so may result in a negative accreditation action or removal of accreditation for the entire institution. Because the separately accreditable site was previously included in the accreditation of another accredited institution, accreditation may be removed for that site without a Commission vote of “show cause” for removal of accreditation.

If the separately accreditable site is located in the Middle States region, the Commission will notify the institution that the site must be separately accredited. If determined to be appropriate by the Commission, the site will be accredited only if it meets the Commission’s requirements, policies, and procedures for applicant institutions.
Nothing in this policy is intended to require the home region to accredit a separately accreditable site in another region or in the home region. For example, a site may no longer be sufficiently within the control of the home institution to be included in its accreditation, even if it does not meet the accreditation requirements of the regional accreditor in the host or home region.

Off-campus educational sites, regardless of location, not found to be operationally independent are included in the accreditation of the home campus. The operational independence of such sites is periodically reviewed under this policy.

Not adopted by other regions and applying only to those institutions operating within the Middle States region, the following differences between the site and the main campus also may indicate that an institution is separately accreditable:

- different mission;
- different demographics of the student body;
- different degrees offered; or
- students may complete the entire degree at that site without attending another site of the institution.
Interregionally Operating Institutions

Background

The Council of Regional Accrediting Commissions (CRAC) developed and the regional accrediting agencies have adopted the following policy that offers a common framework for the evaluation of institutions and defines the respective roles of the regional higher education accrediting commissions in assuring quality and encouraging the improvement of affiliated institutions operating interregionally. Specifically, the policy addresses differences that may exist among regional commission criteria and their application in off-campus operations. It encompasses only those colleges and universities which maintain a physical presence, have appropriate state authorization, and offer instruction equivalent to 50% or more of a degree program in a (host) region(s) other than the region where they hold accreditation (home region).

These policies are based upon the following fundamental premises:

- The home region should be demonstrably accountable for its accreditation decisions affecting institutions operating in host regions.
- The host region has a legitimate interest in the quality of institutions from other regions operating within its jurisdiction.
- The home and host regions, while honoring these policies and the procedures designed to implement them, have flexibility in defining the host region’s role in the evaluation of instructional sites operating in its region.
- The eight regional commissions, building on their commonality of tradition and longstanding mutual respect, will work cooperatively, together with affected institutions, to implement these policies toward the fulfillment of their quality assurance responsibilities in the review of transregional programming while honoring institutional autonomy and integrity.

The Policy

To preserve the values and practices of peer review and regional accreditation, the evaluation of institutions that deliver education at a physical site(s) in another region(s) will be undertaken with the participation of the host regional accrediting commission(s). This may include the joint (home/host) review of off-campus sites in a host region against the accreditation standards of that region.

Procedures for the evaluation of colleges and universities operating interregionally will honor these basic principles:

- The mission of the institution will be respected throughout the evaluation process.
- The design and implementation of the strategy fashioned to evaluate its host region instructional sites will be developed collaboratively by the participating regional commission together with the affected institution.
The home region’s evaluation processes will serve as the basis for the joint evaluations and the home region will take the leadership role in initiating and overseeing the process.

The home region will be solely responsible for final accrediting actions, but will respond to issues brought to its attention by the host commission as identified through its involvement in the institutional review.

Host commission participation in an interregional accrediting process shall not constitute accreditation of the institution by that commission.

The host region retains the discretion to determine its involvement in the evaluation of institutions operating interregionally.

Exchanging Information

To assure that each commission is adequately apprised of the instructional activities of out-of-region institutions in its region, the following information will be exchanged as specified:

A. Annually, each commission will notify the other affected commissions of any of its institutions operating interregionally. The information provided will include: locations(s), levels of degree offerings, and number of students enrolled. It is understood here as elsewhere, that notice need only be provided regarding those locations where 50% or more of a degree program is offered.

B. Each commission will notify other relevant commissions when one of its institutions intends to establish a new out-of-region additional location (one which offers 50 percent or more of a degree program). In such cases, the home commission in consultation with the host region will determine if the new site(s) constitute a substantive change and thus are subject to review under the interregional accrediting processes.

Procedures for the Interregional Accrediting Process

Notice to Host Region of Planned Evaluations

The home region will provide timely notice to the host region(s) of:

A. Scheduled comprehensive evaluations of institutions with instructional sites in the host region;

B. Any focused visits which include the review of sites in the host region or includes issues related to off-campus programming;

C. Any other evaluations of new sites in the host region.

Procedures for Evaluations

A. Standards to be applied. The standards of both the home and host region will be applied at host region sites using a “home standards plus” model. That is, the standards of the home region will be used as the basis for the evaluation, supplemented by any criteria of the host region identified in the design process for the evaluation and agreed to by the home region.
B. Evaluation protocol. Well in advance of the comprehensive visit, the home and host commissions, in consultation with the institution, will develop a protocol for the evaluation of host region sites to include: 1) the scope of the review; 2) which sites are to be reviewed, with the final decision remaining with the home region; 3) the content of the self-study report(s) for the sites to be visited with particular attention to how identified host region standards are to be addressed; and 4) any other matters of agreement relevant to the evaluation, including issues of possible public disclosure.

C. Site team composition. The size and composition of the team visiting host region sites will be jointly determined, with the host region being afforded the opportunity to appoint up to 50% of the team’s membership. The host region may appoint a vice or co-chair as agreed upon by the home region. Teams will otherwise be appointed in keeping with home region procedures. It is understood that the host region’s conflict of interest policy will apply for the team members it appoints.

D. Costs. The costs for the evaluation of host region sites will be billed in keeping with the home region’s policies. The home region will otherwise administer reimbursement of evaluator expense also in keeping with its policies.

Procedures for Evaluation Reports

A. A single evaluation report will be prepared for each of the sites visited within the host region, as agreed upon by the commissions involved.

B. The evaluation report will include a review of the site under the home region’s standards, and as appropriate, findings regarding the host region’s standards as previously identified and any topics included in the evaluation under prior agreement. Recommendations to the home region can be made by both home and host sub-groups on the team.

C. Site team reports are provided to the host region by the home region upon receipt. In cases of comprehensive evaluations, the home region’s institutional evaluation report is also forwarded to the host region.

D. The host region is responsible for establishing processes for the timely review of site-specific evaluation reports prior to their being considered by the home regional commission so as to provide any comments it believes should be taken into consideration as the institution’s case is reviewed.

E. The policy of confidentiality for team recommendations of the home region will apply.

Procedures for Decisions and Notification

A. The home region’s decision-making processes will ensure that the institution has the opportunity to respond to the team report and any comments from the host region before a final decision is made.

B. The home region takes the final accrediting action and is responsible for providing notification of that action to all relevant parties, including the host region.

C. When the final action differs from the recommendation and comments of the host region, if any, a rationale for the action will be sent upon request by the home region to the host region.

D. The home region is responsible for addressing any misrepresentation of the interregional evaluation on the institution’s accreditation status.

May 2000; Rev. November 2002

V: 0904
The Commission considers the president (or CEO) to be the official representative of each accredited institution and expects that member institutions also will designate a second individual on campus to serve as an Accreditation Liaison Officer (ALO) to work on matters of accreditation. The ideal ALO will have knowledge of the institution, a central administrative coordinating role, and experience with accreditation.

The president of the institution will be the primary recipient of all official correspondence regarding the institution’s accreditation status. He or she will be invited to submit nominations for Commission commissioners; to vote in the election of commissioners; to offer comments and to vote during the process for approving standards and other policies that require membership approval; and to be the official spokesperson for the institution’s position on other Commission requests for comment on activities related to higher education issues.

Communications such as the following may be directed to appropriate institutional representatives other than the president: announcements of Commission activities, conferences, training opportunities or other events relating to academic or student affairs; information on governance, student learning, strategic planning, and operational issues; and invitation for comment on Commission policies. Commission staff may determine that these issues may not specifically require the president’s immediate attention, although of course the president may request copies of all communications.

The Accreditation Liaison Officer will usually receive copies of most of the communications noted in the preceding paragraph for the purpose of ensuring that mail, fax, or e-mail directed to the CEO or other official reaches its addressee.

In addition, the duties of the ALO may include:

- Answering inquiries about accreditation and making available appropriate information.
- Serving as a key resource person in planning and carrying out the self-study and evaluation visit, Periodic Review Report, follow-up reports, and other reports and information for accreditation;
- Coordinating accreditation programs and schedules with specialized accrediting agencies, if necessary.
- Assuring compliance with the Commission’s requests for follow-up studies and reports.
- Ensuring the timely and accurate submission of the annual Institutional Profile to the Commission.
- Ensuring that the Commission on Higher Education is notified in advance of planned “substantive changes” at the institution.
- Assisting the Commission in creating/assessing its policies and processes, and giving feedback as requested.
Working with the institution to provide information requested by the Commission.

There are certain qualities that may increase the effectiveness of the accreditation liaison officer. These include knowledge of the institution, a central administrative coordinating role, and experience with accreditation. In addition, appointing an office (other than the President’s Office) rather than an individual may increase institutional memory and consistency in communications with the Commission.
Dues and Fees

[Effective: November 18, 2004]

The Commission's Financial Policy

The Commission’s financial support comes from two sources: annual membership dues and fees paid by accredited and candidate institutions of higher education in the Middle States region, and fees associated with special services and programs. Each institution’s financial support helps to sustain an independent non-government accrediting process, encourage the improvement of higher education, and ensure freedom so that institutions might participate in the development of policies and procedures which foster educational excellence.

Fees for various services are utilized to cover the actual costs of those activities, including staff travel and administrative overhead. All fees, charges, and travel reimbursements are billed by and payable to the Middle States Association of Colleges and Schools. All team members, consultants, and special visitors are reimbursed through the Middle States Association office upon presentation of vouchers and receipts. Direct financial transactions between evaluators and host institutions are not permitted.

Annual Dues

Member and candidate institutions are billed for annual dues on the basis of the total educational and general expenditures reported on the institution’s annual Institutional Profile and cross-checked against the institution’s audited financial statement for the previous fiscal year. (Note: In the table below, E&G expenses are in millions of dollars.)

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Candidates for Accreditation

(1) **Application Phase 1: Initial Review.** An initial review of documents by the Commission on Higher Education staff to determine if an institution appears to meet the Commission’s eligibility requirements.

   Fee: $2,000 (to be submitted with the Phase 1 application materials).

(2) **Application Phase 1: Visit.** After an initial review of the documents, if it appears that an institution meets the Commission’s eligibility requirements, a Commission staff member will visit the institution to gather further information, tour the facilities, discuss the full application procedure, and review the Commission standards for accreditation and the Commission’s expectations for the remaining materials that the applicant will prepare.

   Fee: $800, plus lodging and travel-related costs for Commission staff.

(3) **Application Phase 2: Application for Candidacy.** If the Commission staff determine that the institution may proceed to Application Phase 2, the institution prepares a self-assessment document which analyzes the institution within the context of the Commission’s accreditation standards.

   Fee: $2,000 (to be submitted with the self-assessment document).

(4) **Application Phase 2: Applicant Assessment Visit.** After a review of the self-assessment document, a two- or three-person team, plus a member of the Commission staff, will visit the institution to assess the institution’s readiness for candidacy status.

   Fee: $800, plus lodging and travel-related costs for all visitors, and a stipend of $150 for the Chair and $50 for each team member.

(5) **Candidate Consulting Visit.** This is usually a one day visit conducted by the person appointed to serve as a consultant to the institution throughout the candidacy period. Although the consultant typically makes two visits per year in most cases, the Commission staff liaison will join the consultant for one visit each year.

   Fee: $800, plus lodging and travel-related costs for the consultant and Commission staff, and a stipend of $150 per visit for the consultant.

(6) **Candidate Status Review Visit.** A visit by a small team appointed by the Commission when it feels the institution is failing to make satisfactory progress toward accreditation or if a major change has occurred since candidacy was granted. A Commission staff member may or may not accompany the team.

   Fee: $800, plus lodging and travel-related costs for team members and (if applicable) Commission staff, and a stipend of $150 for the Chair and $50 for each team member.

After acceptance as a Candidate, annual dues are assessed in accordance with the institution’s total educational and general expenditures. (See “Annual Dues” for further information.)
(7) **Deferment Visit.** A visit following a deferment of action on Initial Accreditation for a period to be determined by the Commission. The Commission may appoint a staff member and/or a small team to visit the institution.

   Fee: $800, plus lodging and travel-related expenses for each visitor and (if applicable) Commission staff, and a stipend of $150 for a single or a chief visitor and $50 for each additional visitor.

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**Self-Study Evaluation**

The direct cost of a Middle States self-study evaluation includes the following items [excluding charges billed by a state or specialized agency to cover the expenses incurred by its/their representative(s)]:

(1) **Deposit Against Expenses.** A $2,000 deposit against expenses is due one month prior to the date of the evaluation visit. The Commission may require a larger deposit if the self-study evaluation requires extensive foreign travel.

(2) **Self-Study Prep Visit.** Usually a one-day visit by the Commission staff liaison assigned to an institution, prior to the institution initiating self-study.

   Fee: Lodging and travel-related expenses for Commission staff

(3) **Evaluation Team Visit.** Initial accreditation or reaffirmation of accreditation.

   Fees:

   ➢ $1,500 for each institution;

   ➢ $500 for each branch campus and additional location (in accordance with the Commission’s definition) that the team visits within the Middle States region. The Commission’s policy is to visit all branch campuses and one-third of the additional locations.

   ➢ An additional fee of $500 (total fee of $1,000) will be assessed if the branch campus or additional location is outside the Middle States region.

   ➢ An additional fee of $1,000 (total fee of $1,500) will be assessed if the branch campus or additional location is outside the United States.

   ➢ An additional fee of $800 will be assessed for each study abroad site visited.

   [Note: An institution will not be assessed a fee in excess of $30,000 for visits to all branch campuses and additional locations.]

In addition:

➢ A stipend of $325 for the team chair or co-chair appointed by the Commission, plus lodging and travel-related expenses for the preliminary and evaluation visits to the institution and for travel to the Commission’s office to present the report.

➢ A stipend of $250 for generalist evaluators who review documents as part of a selected topics self-study and evaluation visit.

➢ A stipend of $50 for out-of-pocket expenses for each team member appointed by the Commission, plus lodging and travel-related expenses.
A stipend of $150 for each visitor to Study Abroad sites.

If the institution duplicates and ships the report, a stipend of $50 for the team chair (to cover typing, telephone calls, and other incidental costs in preparing the report); or if the team chair has the report duplicated and shipped, a stipend of $200 (in which case the institution is entitled to 50 copies).

[Note: The institution provides single rooms and meals for Commission visitors and pays for them directly. If institutional and auditing procedures require it, the cost of lodging and meals will be paid by the Middle States Association and reimbursed by the institution.

Collaborative Visit

The evaluation team for a collaborative visit is comprised of representatives of the Middle States Association and of one or more other accrediting agencies. The Commission’s fee structure is the same as the Self-Study Evaluation and applies only to those team members appointed by the Commission. The institution is responsible for fees and expenses assessed directly by the collaborating accrediting agency or agencies.

Periodic Review Report Costs

The fee covers the direct cost of a Commission evaluation via a Periodic Review Report (PRR). This includes the cost of report processing, handling, and shipping of PRR documents, and costs associated with transportation, meals, lodging and nominal honoraria for two PRR Readers and one Fiscal Staff Associate.

Fee: $1,500.

Other Visits and Fees

(1) **Self-Study Follow-Up Visit.** A Commission staff member may or may not accompany the visitor(s) appointed by the Commission.

Fee: $800, plus lodging and travel-related expenses for each visitor and (if applicable) Commission staff, and a stipend of $150 for a single or a chief visitor, and $50 for each additional visitor.

(2) **PRR Follow-Up Visit.** A Commission staff member may or may not accompany the visitor(s) appointed by the Commission.

Fee: $800, plus lodging and travel-related expenses for each visitor and (if applicable) Commission staff, and a stipend of $150 for a single or a chief visitor and $50 for each additional visitor.

(3) **Generalist Visit.** When a specialized accrediting agency visits a Middle States institution independently, the Commission, at the institution’s request, may appoint one or more generalists to work with the specialist visitors.

Fee: $800, plus lodging and travel-related expenses for each generalist, and a stipend of $150 for a single or a chief generalist and $50 for each additional generalist.
(4) **Institution-requested Visit.** A visit to an institution by Commission staff, at the request of the institution, to provide guidance in areas such as (but not limited to) accreditation, outcomes assessment, substantive change, or distance learning.

   Fee: $800, plus lodging and travel-related expenses for Commission staff.

(5) **Substantive Change.** A fee will be assessed if the proposed institutional change is substantive and requires Commission action (see “Institutional Change” policy statement).

   Fee: $500.

(6) **Substantive Change Follow-Up Visit.** A fee will be assessed if a proposed institutional change is substantive, requires Commission action (see the “Institutional Change” policy statement), and necessitates a follow-up visit. A Commission staff member may or may not accompany the visitor(s) appointed by the Commission.

   Fee: $800, plus lodging and travel-related expenses and a stipend of $150 for a single or a chief visitor and $50 for each additional visitor.

(7) **Institution-requested Training/Speaking Visit.** A visit to an institution by Commission staff, at the request of the institution, to provide guidance specifically tailored to the institution in areas such as (but not limited to) accreditation, outcomes assessment, substantive change, or distance learning.

   Fee: $1,500 to $4,000 per visit (depending on the complexity and extent of the training), plus lodging and travel-related expenses for Commission staff.

(9) **Staff/Commission-directed Visit.** At the direction of staff or the Commission, members of the Commission and/or staff may make visits, other than those listed above, relating to an accreditation decision.

   Fee: Lodging and travel-related expenses for the member of the Commission or for Commission staff.

(10) **Other Visits.** Other Visits are those visit types that are so infrequent that they are not listed on the Commission’s Schedule of Dues and Fees. A Commission staff member may or may not accompany the visitor(s) appointed by the Commission.

   Fee: Nominally $800 (but may be adjusted based on the nature of a specific visit), plus lodging and travel-related expenses for each visitor and (if applicable) Commission staff, and a stipend of $150 for a single or chief visitor and $50 for each additional visitor.

**Evaluation Team Associate**

The Commission will not assess a fee on the Associate’s institution, and the Commission will credit to the institution being visited $400 against expenses incurred by the evaluation team. The Associate is responsible for lodging and travel costs (including incidental travel costs) to and from the evaluation site.
The Middle States Commission on Higher Education has established separate fees for international institutions for the activities listed below. International institutions are those institutions whose primary instructional site is located outside the United States, Puerto Rico, and the U.S. Virgin Islands.

<table>
<thead>
<tr>
<th>Activity</th>
<th>International Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Phase 1: Initial Review</td>
<td>$2,500</td>
</tr>
<tr>
<td>Application Phase 1: Visit</td>
<td>$2,500</td>
</tr>
<tr>
<td>Application Phase 2: Application for Candidacy</td>
<td>$3,500</td>
</tr>
<tr>
<td>Application Phase 2: Application Assessment Visit</td>
<td>$3,500</td>
</tr>
<tr>
<td>Candidate Consulting Visit, including two visits per year; staff participation on one visit per year</td>
<td>$1,750</td>
</tr>
<tr>
<td>Self-Study Visit</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

Higher (per day) fees may be assessed for international travel that requires multi-day travel to and from the institution.

The Commission may, at its discretion, adjust the stipend for chairs, co-chairs, evaluators, and consultants participating in a visit.

The institution will reimburse the Commission for lodging and travel-related costs for Commission staff, Commissioners, consultants, chairs, and evaluators for any visit.

For all other activities, the Commission will assess the same fees for domestic and international institutions in accordance with its publication Schedule of Dues and Fees.
II

The Peer Review Process
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Policy:

Cycle and Timing of Accreditation Review

Accreditation is viewed as a continuing status which, once conferred, is not removed except for cause, and then only with due process. To guide candidate and member institutions as they strive for excellence, and to ensure that they continue to meet the criteria for eligibility and membership in the Middle States Commission on Higher Education, the Commission conducts periodic evaluation of all institutions.

All institutions are reviewed through the application, candidacy, initial accreditation, reaccreditation, periodic review report, substantive change, and the follow-up processes described below, and through annual reporting. The Commission takes action on any of these reporting activities or visits (including information letters, etc.). Failure to submit the documents or to receive the Commission’s visitors/evaluators indicates an institution’s unwillingness to maintain its membership in good faith and is considered to be a voluntary lapse of accreditation, which is a basis for Commission action.

The Commission maintains a 10-year cycle of review, beginning with a self-study and on-site evaluation visit, and followed by a Periodic Review Report five years later. In addition, institutions may be reviewed in conjunction with follow-up reporting or substantive institutional change, or at the initiation of the Commission, based on developments within the institution.

Although the Commission follows an evaluation schedule at established intervals, the timing of such reviews may vary in accordance with the circumstances of a given institution and within the Commission’s judgment as to how it can best serve the institution’s needs while simultaneously meeting its broader accountabilities. However, an institution will not usually be permitted to go longer than five years without submitting a substantive report to the Commission, or longer than ten years without an evaluation visit.

Ideally, institutional self-study should be an integral and ongoing activity on every campus, only incidentally related to calendars and accreditation, but constantly keyed to the natural relationship among self-study, assessment, and educational planning.

In the fifth year following on-site evaluation, all institutions submit a Periodic Review Report (PRR). (Note: Five years following initial accreditation, institutions prepare a full self-study rather than the PRR. See Candidacy.) Complete information on the PRR can be found in the Handbook for Periodic Review Reports.

At the time of initial accreditation, reaffirmation, or follow-up, the Commission indicates the nature and timing of the institution’s next report. The Commission may thereafter grant extensions of reporting dates for good cause. It also may determine the type of evaluation visit which will follow the report; or it may await receipt of the report before deciding on the necessity or nature of a visit. The Commission’s review of a required letter or report, whether or not accompanied by a visit, constitutes review of an institution’s accreditation and is the basis for an accreditation action. The Commission’s accreditation action also may indicate specific areas to be addressed in the PRR or the next self-study in lieu of a follow-up report. (See “Range of Commission Actions on Accreditation.”)
The Commission monitors change that occurs between regularly scheduled periodic evaluations. Institutions must keep the Commission on Higher Education apprised of plans for change and of actual changes in their status. Substantive changes, as defined by the Commission’s policy statement, “Substantive Change,” require prior approval. The Commission must be current in its information about each institution in order to sustain and satisfy its accountability as an accrediting agency.

The Commission monitors institutions and maintains current information in several ways.

All institutions submit annually for Commission and staff review an Institutional Profile which includes information about enrollment, finances, new initiatives being developed, and programs offered off-campus or out-of-state.

Institutions also may be required to submit reports on a particular area of an institution, either as a stipulation of the accrediting action following periodic evaluation or upon Commission or staff determination of the need for such information.

The Commission may require an evaluation visit focused on specific developments or concerns within an institution. These visits may be mandated by the Commission’s most recent action or initiated by the Commission or staff because of circumstances existing at an institution.

If an institution undergoes substantive change or proposes developments and changes that may affect the educational effectiveness of the institution or its ability to meet accreditation standards, the Commission reserves the right to review that institution’s accredited or candidate status, without regard to any previously indicated schedule. (For a definition of substantive change and a description of the review procedures, see the Commission document, “Substantive Change.”)
Follow-up Reports and Visits

The information contained in this document should assist an institution in responding to a request for follow-up through a progress letter, a monitoring report, or a supplemental information report. Details about the conduct of a special visit are intended to provide guidance to an institution being visited, as well as guidance to the reviewers who will visit the institution. Finally, information about the Commission’s follow-up process is intended to outline how and when decisions will be reached and action taken.

Progress Letters

Progress letters are generally requested when issues are narrow in focus, less complex, and more limited in number. Progress letters are requested when the Commission requires assurance that the institution has carried out activities that will result in continued compliance with one or more accreditation standards.

Progress letters should be relatively short (usually no more than five pages in length). Other documents or evidence may be included with the letter but should be provided only if these documents are essential to an understanding of the issue or the actions being taken by the institution.

There is no set format for a progress letter. However, the first paragraph should identify the specific issues or topics that the institution has been asked to address. In subsequent sections of the letter, the institution should state explicitly the actions that have been taken relative to the issues or topics.

The focus of a progress letter should be on what the institution has accomplished to date rather than on what the institution intends to do in the future.

If supplemental or supporting documents are included with the letter, items should be clearly identified and their relevance should be noted in the body of the letter.

If the progress letter is required as a result of a substantive change consisting of new degree levels, off-campus educational activities, contractual arrangements with entities not accredited by a Federally-recognized accreditor, or other substantive new programs, such progress reports should assess:

- institutional mission and goals in relation to the implemented change;
- achievement of educational objectives, including student learning outcomes;
- faculty and instructional methods;
- fiscal, physical, and learning resources;
- curriculum (specific courses, modes of evaluating and granting credit); and
- student support services.
Progress letters should be directed to the institution’s staff liaison for initial review. If the staff liaison judges the report to be adequate and acceptable, a recommendation for action will be submitted as part of a consent agenda to the Committee on Follow-up Activities/Candidate Institutions. If the staff liaison believes that the progress letter may not adequately address issues or topics, the institution will be included on the regular agenda for consideration by the Commissioner-members of the Committee on Follow-up Activities/Candidate Institutions.

The Committee on Follow-up Activities/Candidate Institutions will subsequently forward a recommendation for action to the Commission for consideration at its next regularly scheduled meeting. Action taken by the Commission will be consistent with the options outlined in Range of Commission Actions on Accreditation.

**Monitoring Reports**

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission also will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation and when a non-compliance action is taken (see "Range of Commission Actions on Accreditation" for definitions).

Monitoring reports should be limited to no more than twenty-five pages. Where appropriate, supporting data or evidence should be provided to strengthen or clarify the report. Supplementary documents may be included, but these should be clearly identified and their relevance should be established in the body of the report.

Each monitoring report should include a title page and the sections outlined below. Those preparing the report should consult relevant institutional documents, such as the previous self-study and the evaluation team report, to identify the nature of concerns. If the institution requires clarification of the issues or the Commission’s expectations, contact should be made with the Commission staff member who serves as the assigned liaison to the institution.

**1. Cover Page.** The monitoring report should include a functional title page (see sample that follows), including the institution’s name and location; the date the report was submitted; the issue(s) or topic(s) covered in the report; and an identification of the most recent major accreditation activity (e.g., evaluation visit or periodic review report submission) that preceded the monitoring report.

**2. Issues or Topics Covered.** A brief introduction should clearly identify the issues or topics that will be addressed in the report.

**3. Institutional Context/Update.** This section of the report should include any institutional changes or developments that would help to inform readers/reviewers about aspects of the current institutional context that are relevant to the issues and topics addressed in the report. Examples of changes or developments that might be relevant would be changes in institutional leadership or major changes in curriculum, enrollment, or institutional financial health.

**4. Progress To Date.** For each of the issues or topics that is to be addressed, a substantive summary of the actions that have been taken or implemented should be included and results should be discussed. If significant progress has not been accomplished, an explanation should be provided. If additional key actions are planned or anticipated, these also
should be outlined. Subheadings should be used to clearly identify the issues and topics addressed.

5. Conclusion. The monitoring report should conclude with a brief summary expressing the institution’s view of the progress it has made relative to each issue or topic addressed in the report.

The completed report should be securely stapled together, not bound or placed in a looseleaf binder or in a folder. Send four copies of the follow-up materials, each with a copy of the institution’s most recent Institutional Profile attached, to the Evaluation Services Office at the Commission.

The monitoring report will be placed on the agenda for consideration by the Commissioner-members of the Committee on Follow-up Activities/Candidate Institutions, and the Committee will subsequently forward a recommendation for action to the Commission for consideration at its next regularly scheduled meeting. Action taken by the Commission will be consistent with the options outlined in the Range of Commission Actions on Accreditation.
Supplemental Information Reports

As noted in the policy statement, supplemental information reports are requested only when the Commission requires additional information about compliance with one or more accreditation standards in order to reach a decision about an action on accreditation. Supplemental information reports are intended only to allow the institution to supply further information, not to give the institution time to formulate plans or initiate remedial actions.

Supplemental information reports should be limited to no more than fifteen pages. Brevity is encouraged, and reports may be shorter than the maximum page length specified. Where appropriate, supporting data or evidence should be provided to clarify the report. Supplementary documents may be included, but these should be clearly identified and their relevance should be established in the body of the report. For example, assessment plans or institutional strategic plans might be examples of supplementary documents that could be relevant under certain circumstances.

Each supplemental information report should include a title page and the sections outlined below. Those preparing the report should consult relevant institutional documents, such as the previous self-study and the evaluation team report or the periodic review report and peer evaluator report, to identify the nature of concerns about incomplete information. If the institution requires clarification, contact should be made with the Commission staff member who serves as the assigned liaison to the institution.

1. Cover Page. The supplemental information report should include a functional title page (See sample above), including the institution's name and location; the date the report was submitted; the accreditation standards involved and supplemental information requested by the Commission; and an identification of the most recent major accreditation activity (e.g., evaluation visit or periodic review report submission) that preceded the report.

2. Introduction. A brief introduction should clearly identify the accreditation standard(s) involved and outline the information included in the report.

3. Supplemental Information. Subsequent sections of the report should present information for each standard involved. If the institution is unable to provide additional or supplemental information about compliance with a standard, an explanation should be provided. Subheadings should be used to clearly identify the standards addressed.

4. Conclusion. The monitoring report should conclude with a brief summary expressing the institution’s view regarding compliance with relevant accreditation standards.

The completed report should be securely stapled together, not bound or placed in a looseleaf binder or in a folder. Send four copies of the follow-up materials, each with a copy of the institution’s most recent Institutional Profile attached, to the Evaluation Services Office at the Commission.

The supplemental information report will be placed on the agenda for consideration by the Commissioner-members of the Committee on Follow-up Activities/Candidate Institutions, and the Committee will subsequently forward a recommendation for action to the Commission for consideration its next regularly scheduled meeting. Action taken by the Commission will be consistent with the options outlined in the Range of Commission Actions on Accreditation.
Visits

The Commission may direct that a visit take place in conjunction with either a monitoring report or a supplemental information report. As noted previously, a visit will be included if verification of institutional status or progress requires on-site (rather than a paper-based report only) review. Visits may be conducted by staff or by one or more peers. The following information is provided as an orientation to visit procedures:

Visiting Team Composition: Commission staff will identify a team and will communicate information about the team’s composition to the institution being visited. The visiting team may be as small as one person (who may be a staff member or a peer), or it may consist of one or more peers and a staff observer. As appropriate, representatives from system offices or state agencies also may be included in the visit.

Institutional Preparations for the Visit: The institution’s monitoring or supplemental information report will serve as a primary reference document for the visit. Copies of the report and any other specified documentation (e.g., institutional catalog) should be sent directly to team members as soon as contact information is provided by the Commission.

The institution will be asked to provide local accommodations and meal arrangements for the visiting team. Such accommodations should include single hotel rooms. Appropriate meeting space should also be reserved on campus and at the team’s hotel.

Visit Schedule: In consultation with the institution’s chief executive officer, the team chair will arrange a schedule that provides maximum contact for the team with appropriate institutional personnel. The team’s schedule should allow adequate time for the team members to review materials and to draft a team report.

The visit schedule also should include the following, separately or in combinations, if appropriate to the purposes of the visit:

- a preliminary team conference;
- meeting(s) with key administrators;
- interviews with representative faculty, staff, and students;
- a meeting with the full governing board or, at a minimum, with the board’s executive committee;
- meetings with special purpose groups;
- meetings of team members to discuss their findings; and
- an oral report to the institution’s representatives.

Team Preparations and Activities: The chair of the team visiting an institution will find it useful to review the Commission’s Handbook for Conducting and Hosting an Evaluation Visit. Of special importance are the sections on communicating with other team members about specific assignments and with the institution about the team members’ travel plans and meeting schedule. Team members should review the basic principles and procedures in the handbook, as adapted by the chair for the circumstances of the particular visit.

All evaluators should prepare for a visit by:

1. reviewing any reports and documentation the institution has submitted;
2. reading carefully any materials provided by the Commission;
3. understanding fully the accreditation standards detailed in *Characteristics of Excellence*;
4. communicating to the institution the team member’s travel plans and preliminary agenda; and
5. contacting the Commission staff representative if there are questions relating to the visit.

Evaluators who participate in a special visit should be guided by the following principles:

- It is the obligation of every team member to hold in total confidence any information learned about the host institution.
- Team members must not compare the campus situation they are observing with conditions at their home campuses.
- No member of a visiting team may serve as a consultant to the host institution for a period of one year following the visit.

The Commission relies on the personal and professional integrity of individuals to refuse any assignment where there is even the slightest potential for conflict of interest or the appearance of a conflict. (See policy statement entitled “Conflict of Interest: Commissioners, Chairs, Evaluators, and Officers.”)

The *Oral Exit Report*: An oral exit report will be presented by the team chair on behalf of the team at the conclusion of the visit. The oral exit report provides an opportunity to highlight the major findings of the team and should be consistent with the team’s written report. However, it does not include the team’s recommendation for Commission action. The audience for the exit report is determined by the institution in consultation with the team chair.

The *Team Report and Recommendation to the Commission*: The visiting team is responsible for preparing a report to the institution and to the Commission. The team also is responsible for providing a recommendation for accreditation action to the Commission.

Although all members contribute to the report, the chair has the chief responsibility for organizing and writing the report so that it covers the requested areas. The report on the visit should summarize: (1) the reasons for the visit, (2) the conduct of the visit, (3) team findings and conclusions, and (4) the course(s) of action recommended to the institution. The length of the report will vary according to the nature and scope of the visit; however, brevity and substance are expected. Institutions should be commended for their reports or follow-up activities as appropriate. If additional follow-up in the form of reports or visits is necessary, a rationale should be provided.

The team’s report should include a cover page that includes information as noted in the sample that follows.

The team chair must send a draft copy of the report to the institution’s chief executive officer, offering the institution the opportunity to correct any inaccuracies or errors of fact. The chair’s cover letter should indicate the date by which the corrected report should be returned to the chair.

The chair should send the team’s final report, incorporating any appropriate corrections that the institution recommended, to the institution and also should send four copies to the Evaluation Services Office at the Commission. The chair also should send a separate confidential brief, addressed to the Commission only, containing a brief summary of the team’s report and a recommendation for Commission action. The language of the team’s confidential recommendation should incorporate the appropriate language from the "Range of Commission Actions on Accreditation."
The Institutional Response

The institution is required to submit to the Commission a formal response to the team’s report. The response should be brief and forthright, addressed to specific issues, such as a disagreement with perceptions and/or interpretations, but it should avoid nitpicking over minutiae. Because the institutional response is considered a further extension of the self-study/evaluation process, it should involve the institution’s constituencies as appropriate to the areas being addressed. If the institution finds no major disagreement with the overall report, the response needs to state only that the institution accepts the report as written.

The institution should send four copies of its formal response to the Evaluation Services Office at the Commission.

Commission Review and Action

The institution’s monitoring or supplemental information report, the visiting team’s report, the institutional response, and the team chair’s confidential brief will constitute a package of materials for Commission review and action. The institution will be placed on the agenda for consideration by the Commissioner-members of the Committee on Follow-up Activities/Candidate Institutions, and the Committee will subsequently forward a recommendation for action to the Commission for consideration at its next regularly scheduled
meeting. Action taken by the Commission will be consistent with the options outlined in the Range of Commission Actions on Accreditation.

**Team Member Expenses**

Following the visit, each team member should report to the Commission immediately all expenses associated with the visit, including travel, incidentals, meals, and housing if not provided by the institution. Expenses should be reported on the form provided by the Commission, and receipts should accompany the report submitted. Team members are expected to pay for all personal expenses. In addition to expense reimbursement, visitors receive a modest stipend to defray personal expenses.

Approved by the Commission March 2004

V: 0904
Policy:

Range of Commission Actions On Accreditation

The accreditation process is a voluntary, self-regulatory, peer review process. As such, it relies upon candidate and member institutions to provide complete, accurate information and self-analysis as a foundation for review activities.

The Middle States Commission on Higher Education and its evaluators use this information, in conjunction with on-site interviews and data gathering, to determine whether an institution meets the standards for accreditation expressed in Characteristics of Excellence in Higher Education, the Commission’s statement of standards.

The Commission takes accreditation action after a review of information regarding the institution’s compliance with the Commission’s standards. Typically, these actions follow an on-site evaluation, a periodic review report (PRR), a follow-up report, or substantive change request, or occur at any other time that an institution’s accreditation is reviewed.

The Commission may conduct an accreditation review at any time if it has evidence that the institution may no longer meet eligibility requirements or accreditation standards. If the institution proposes developments and changes or conducts activities that affect the educational effectiveness of the institution or its ability to meet accreditation standards, the Commission reserves the right to review that institution’s accredited or candidate status, without regard to any previously indicated schedule. If the Commission determines that the institution no longer meets eligibility requirements or its ability to meet the standards is sufficiently in question, the Commission will require an institution to “Show Cause.” Show Cause is a procedural action, requiring an institution to demonstrate why its accreditation should not be removed. Show Cause may or may not result in the adverse action of Removal of Accreditation.

If an institution fails to submit a required follow-up or other report, including the Institutional Profile, fails to respond to Commission requests for information or scheduling a visit, or has not submitted its dues within 12 months of the billing date, the institution will be considered to have voluntarily allowed its accreditation to lapse. The institution will be allowed to present its case for continued accreditation by means of a substantive report and/or an on-site evaluation, or other action as determined by the Commission. Failure to schedule a visit or failure to submit required information to the Commission, such as a follow-up report or the annual Institutional Profile, that would allow the Commission to evaluate the institution’s compliance with accreditation standards is considered to be a voluntary lapse of accreditation. The Commission may require the institution to show cause as to why its accreditation should not be removed.

Evaluation teams, special visitors, PRR reviewers, and special committees will formulate their recommendations to the Commission based on this policy and the standardized action language accompanying this statement. The Chair or First Reviewer presents the recommendations to the appropriate committee of the Commission, and the committee either supports or modifies the
recommendations. The Commission then considers the recommendations from both sources in taking a final accreditation action. All actions are published and made available to the public in accordance with the Commission’s policy, "Public Communication in the Accrediting Process."

Types of Commission Actions

Affirming Actions
In the event that an institution meets the Commission’s standards for accreditation and there is no question or concern regarding the institution’s continued compliance, the Commission may act to reaffirm accreditation.

Monitoring Actions
A monitoring action indicates that the Commission has identified one or more standards with which an institution may not be in compliance, if the institution fails to give due attention and continue to make progress.

Procedural Actions
The Commission takes a procedural action when it requires further information in order to make a decision regarding accreditation. Postponement allows the Commission to consider additional information in order to determine whether the institution complies with the standards for accreditation. The institution reports back to the Commission with a Supplemental Information Report. A Lapse of Accreditation, Show Cause, and Suspension of Accreditation are considered to be procedural actions in order to allow the institution to inform the Commission why the institution’s accreditation should not be removed. For Show Cause, the Commission may require a substantive report and/or an on-site evaluation.

Non-Compliance Actions
A non-compliance action indicates that the Commission has identified one or more areas in which the institution does not meet the Commission’s standards for accreditation. These areas are identified as requirements in a team, reviewer’s, or other report, and they are specifically stated in the Commission’s action.

Adverse Action
In an adverse action, the Commission removes an institution’s Candidate for Accreditation status or its Accredited status.

Administrative Actions
In the event that the Commission is unable to evaluate the institution due to circumstances which the Commission determines to be outside of the institution’s or the Commission’s control (e.g., U.S. State Department travel warnings), the Commission may take an administrative action. This action does not speak to the accreditability of the institution, but rather to the ability of the Commission to conduct an appropriate review and to determine compliance. The institution maintains its accreditation status with the Commission during an administrative action. These actions are as follows:
**Continue Accreditation**

The Commission may act to Continue Accreditation for a period not to exceed one year if the Commission determines that the delay is appropriate to ensure a current and accurate representation of the institution or in the event of circumstances beyond the institution’s control (e.g., natural disaster resulting in suspension of academic programs, some instances of change in ownership, or U.S. State Department travel warnings to area in which institution is located). The institution maintains its status with the Commission during this period.

**Suspend Accreditation**

The Commission may act to Suspend Accreditation if, after accreditation has been continued for one year, it is not possible to conduct an appropriate review of the institution. This action is considered to be a procedural action (like show cause) and would result in Removal of Accreditation if the visit cannot be performed within the one year time frame. The institution maintains its status with the Commission during this period. An action to Suspend Accreditation is followed by an Adverse Action if the circumstances restricting the Commission’s review of the institution are not changed. If circumstances change to allow the Commission’s review, the Commission may at its discretion require resubmission or revision of any reports on which the review would be based.

**Types of Follow-Up**

The Commission may require some level of follow-up to ensure continued compliance with accreditation standards, to provide more information in order to make a decision regarding accreditation, or simply to keep the Commission informed of institutional progress. Levels of follow-up include letters, reports, and visits.

Commission actions of postponement, warning, or probation, none of which is deemed to constitute an adverse action under these procedures, automatically result in further Commission review of the institution’s status prior to the expiration of the maximum time period allowed for such action. Such review will either result in the lifting of the non-adverse action, the imposition of a subsequent non-adverse action, or the imposition of an adverse action. The Commission is not bound by the sequence suggested above nor precluded from taking an action at any level (e.g., warning need not precede probation; the next action following warning may be show cause).

**Within the Periodic Review Report:** The Commission may direct the institution to describe its progress relative to recommendations made by the team or reviewer in the Periodic Review Report (PRR), which all institutions submit in the fifth year following the on-site evaluation. The Commission also may require the institution to address activities that were being planned or implemented at the time of the on-site evaluation to enhance institutional effectiveness.

**Progress Letter:** The Commission may direct the institution to describe in a Progress Letter its progress relative to recommendations made by the team or reviewer. The Commission also may require the institution to address activities that were being planned or implemented at the time of the on-site evaluation to enhance institutional effectiveness.

**Supplemental Information Report:** In the event that the Commission has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards, the Commission will request a Supplemental Information Report. These are intended only to allow
the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions.

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

**Follow-Up Visits** are most often in conjunction with a request for a monitoring report or supplemental information report. A visit is required if verification of institutional status and/or progress requires an on-site review, in addition to a paper review. Visits may be conducted by a staff or individual evaluator, by a small team, or by a full team, depending on the nature and number of the Commission’s concerns. A visit always is required with a Show Cause action.

Letters and reports submitted for follow-up, candidacy, or PRR may be accepted, acknowledged, or rejected. The Commission “Accepts” a letter or report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns, without requiring additional information in order to assess the institution’s status. The Commission “Acknowledges” a letter or report when it addresses the Commission’s concerns only partially because of incomplete content or insufficient quality. The Commission may or may not require additional information in order to assess the institution’s status. A letter or report is "Rejected" when its quality or substance are insufficient to respond appropriately to the Commission’s concerns. The Commission requires the institution to resubmit the report and may at its discretion request a visit. Note that the Commission either will "acknowledge receipt of" or "reject" a Substantive Change request. The Commission cannot “accept” a Substantive Change request.

**Time Frames for Follow-Up**

Current U.S. Department of Education regulations require a maximum two-year time frame for further Commission review and action when an institution has been found not to be in compliance with Commission standards. If the compliance issues involve only programs of less than two years in length, the maximum time for compliance is 18 months.

Time limits are based upon the date of Commission action (not the date of the team visit). The Commission may at its discretion require an institution to report on progress sooner than the maximum time allowed, and may for good cause extend the time for demonstrating compliance. Good cause for extending the duration of a non-adverse action shall exist, for example, when in its discretion, the Commission determines that the institution is making a good faith effort to remedy existing deficiencies and a reasonable expectation exists that such deficiencies will be remedied within the period of extension if adverse action is postponed. No single period of extension may be greater than the length of the initial action.

The table below shows all actions available to the Commission (as a result of decennial review, Periodic Review Report, Substantive Change, Follow-Up, etc.) as well as the time limits within which the Commission must take action. (Note that the actions are grouped by type and are not listed in sequential order.)

Except for good cause, the Commission will not knowingly take action on any institution that is the subject of an action potentially leading to suspension, revocation, or termination of accreditation or candidacy by a state agency or by another accrediting agency or on any institution that has been notified of a threatened loss of accreditation by a state agency or by another accrediting agency. In such instances of good cause, the Commission will develop an explanation, consistent with its standards, why the action of the other accreditor
or agency does not preclude the Commission’s grant of candidacy, accreditation, or reaffirmation.

Adverse Commission actions are subject to appeal in accord with due process as allowed for in the Bylaws of the Middle States Association and delineated in the document *Procedures for Appeals from Decisions of an Accrediting Commission of the Association*. An institution’s accreditation is continued (a) while it complies with the Commission’s request for information, additional reports, special visits, or other non-adverse action, and (b) during an institution’s appeal of a Commission action.

## Summary of Actions

### Time Limit

<table>
<thead>
<tr>
<th>Affirming Actions</th>
<th>Monitoring Actions</th>
<th>Procedural Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ø Grant Accreditation</td>
<td>Ø Grant accreditation with monitoring report, with or without visit</td>
<td>Ø Defer a decision on initial accreditation with or without a visit</td>
</tr>
<tr>
<td>Ø Reaffirm Accreditation</td>
<td>Ø Reaffirm accreditation with monitoring report, with or without visit</td>
<td></td>
</tr>
<tr>
<td>Ø Reaffirm Accreditation with reporting in the Periodic Review Report or in a Progress Letter</td>
<td>Ø Include [substantive change] within scope, with monitoring report, with or without visit</td>
<td></td>
</tr>
<tr>
<td>Ø Include [the change] within the scope of the institution’s accreditation</td>
<td>Ø Include [substantive change] provisionally within scope, with monitoring report, with or without visit</td>
<td></td>
</tr>
<tr>
<td>Ø Include [the change] within the scope of the institution’s accreditation with a Progress Letter</td>
<td>Ø Include [substantive change] within scope, and direct institution to commence early self-study</td>
<td></td>
</tr>
</tbody>
</table>

**6-24 months**

**1-12 months**
Procedural Actions  

1-12 months

- Reject the [progress letter, monitoring report, supplemental information report, or Periodic Review Report] and request resubmission*
- Postpone a decision (on accreditation, candidacy, or continued Candidate for Accreditation status, substantive change) with a supplemental information report, with or without visit
- Deny request to include [substantive change] within scope of accreditation
- Acknowledge a voluntary Lapse of Accreditation
- Suspend Accreditation
- Show Cause

* If an institution is on warning or probation, a report can be resubmitted only if the total period of non-compliance does not exceed 24 months.

Non-Compliance Actions  

1-24 months*

- Warning with monitoring report, and with or without visit
- Probation with monitoring report, and with or without visit

* The total time for warning and probation combined may not exceed 24 months.

Adverse Action  

Subject to Appeal

- Deny Candidate Status
- Deny (initial) Accreditation
- Remove Accreditation or Remove Candidate for Accreditation Status


V: 0105
The following guidelines provide language that Commissioners, members of the Committee on Substantive Change, chairs of evaluation and special teams, and readers of Periodic Review Reports and follow-up reports should use as they formulate actions or recommendations to the Middle States Commission on Higher Education, based on the Commission’s policy statement, “Range of Commission Actions on Accreditation.”

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

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

Regardless of the institution’s stage in the accreditation cycle, if an institution fails to submit a required follow-up or other report, including the Institutional Profile, fails to respond to Commission requests for information or scheduling a visit, or has not submitted its dues within 12 months of the billing date, the institution will be considered to have voluntarily allowed its accreditation to lapse. The institution will be allowed to present its case for continued accreditation by means of a substantive report and/or an on-site evaluation, or other action as determined by the Commission. The following language would be used:

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

Please also note the following:

- Letters and reports submitted for follow-up, candidacy, or PRR may be accepted, acknowledged, or rejected. The Commission “Accepts” a letter or report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns, without requiring additional information in order to assess the institution’s status. The Commission “Acknowledges” a letter or report when it addresses the Commission’s concerns only partially because of incomplete content or insufficient quality. The Commission may or may not require additional information in order to assess the institution’s status. A letter or report is “Rejected” when its quality or substance are insufficient to respond appropriately to the Commission’s concerns. The Commission requires the institution
to resubmit the report and may at its discretion request a visit. These terms may be used for any action (reaffirm, postpone, warn, etc.)

- More than one of the options listed in the following sections may be combined for a single proposed action. Examples are provided in each section.

- All recommended actions should be followed by reminding the institution of its next evaluation visit or periodic review report.

- The following language also may be incorporated in all recommendations:
  - To commend the institution for progress to date and/or the quality of the report.
  - To commend the institution for the quality of its self-study process.
  - To direct a visit by a small team or by an individual evaluator.
  - To direct a staff visit to discuss the Commission’s expectations for reporting.
  - To direct a staff visit when a new president is appointed.
  - To cancel the earlier request for a visit.
  - To remind the institution of prior action or Commission requests within the next evaluation or Periodic Review Report.
  - To direct the institution to commence self-study, after consultation with Commission staff, in preparation for an evaluation visit in [academic year].

I: Self-Study for Initial Accreditation or Reaffirmation of Accreditation

Accredited Institutions

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

Affirming Actions

1.1 To reaffirm accreditation

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

1.2 To reaffirm accreditation and to request that the Periodic Review Report, due [DATE], documenting... [See Section V for possible options.]

The Commission may advise that improvements be made in general or specific areas in order for the institution to continue to meet the standards. The Commission requests reporting in the Periodic Review Report to assure itself that the institution is carrying out its plans for improvement.
1.3 To reaffirm accreditation and to request a progress letter, due by [date], documenting... [See Section V for possible options.]

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

**Monitoring Actions (6–24 months)**

1.4 To reaffirm accreditation and to request a monitoring report, due by [date], documenting... [See Section V for possible options].

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

1.5 To reaffirm accreditation and to request a monitoring report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the monitoring report.

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

**Procedural Actions (1–12 months)**

1.6 To postpone a decision on accreditation and to request a supplemental information report, due by [date], documenting... [See Section V for possible options].

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

1.7 To postpone a decision on accreditation, with a request for a supplemental information report, due by [date], on specific issues, to be followed by a visit.

The Commission postpones a decision and requests a supplemental information report when it has determined that there is insufficient information to substantiate institutional compliance with one or more accreditation standards. Supplemental information reports are intended only to allow the institution to provide further information, not to give the institution time to formulate plans or initiate remedial actions. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.
Non-compliance Actions (1–24 months)

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

1.8 To warn the institution that its accreditation may be in jeopardy and to request a monitoring report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the monitoring report.

Warning indicates that in the Commission’s judgment, the institution appears not to be in compliance with Commission standards. This action is accompanied by a request for a monitoring report, and a special visit may follow. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.

1.9 To place the institution on probation and to request a monitoring report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the monitoring report.

Probation may be used in various circumstances.

a) An institution found not to be in compliance with Commission standards may be placed on probation. Similarly, institutions for which a decision on accreditation has been postponed OR institutions already on warning may be placed on probation when, in the Commission’s judgment, the institution has failed to demonstrate that it has addressed satisfactorily the Commission’s concerns regarding compliance with Commission standards, as specified in the prior action of postponement or warning. This action is accompanied by a request for a monitoring report, and a special visit may follow. As such, probation may precede an action of show cause.

b) Probation will be required when an institution previously under show cause has presented substantive evidence of progress in addressing the Commission’s concerns and has been directed by the Commission to prepare a further monitoring report (with or without a visit) or to initiate self-study and host an evaluation visit.

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

Procedural Action (1-12 months)

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

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

Adverse Action (subject to appeal)

1.11 To remove accreditation.

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

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

**Affirming Actions**

1.12 To grant accreditation.

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

1.13 To grant accreditation, and to request that the Periodic Review Report, due [DATE], document...[See Section V for possible options].

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

1.14 To grant accreditation and to request a progress letter, due by [date], documenting... [See Section V for possible options].

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

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

1.15 To grant accreditation and to request a monitoring report, due by [date], documenting... [See Section V for possible options].

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

1.16 To grant accreditation and to request a monitoring report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the monitoring report.

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.
Procedural Action (1-24 months)

1.17 To postpone a decision on accreditation and to request a supplemental information report, due by [date, not to exceed 12 months], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the supplemental information report.

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

1.18 To defer a decision on accreditation and to request a monitoring report, due by [date, not to exceed 24 months], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the monitoring report.

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

1.19 To require the institution to show cause, due by [date, not to exceed 12 months], as to why its status as a Candidate for Accreditation should not be removed.

A show cause order requires an institution to present its case for continued Candidate for Accreditation status by means of a substantive report and/or an on-site evaluation.

When the Commission requires an institution to show cause, it will specify the nature, purpose, and scope of the information to be submitted and of the evaluation visit to be made.

Adverse Action (Subject to Appeal)

1.20 To deny accreditation.

An institution denied initial accreditation may be permitted to remain in candidate status until it is ready for a new evaluation within a limited period of time. In cases where the five-year limit on candidacy has been reached, the Commission may consider extending the limit on a case by case basis. If an extension is not granted, the institution may not reapply for candidacy for at least two years.
Examples

For institutions seeking reaffirmation of accreditation:

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

For candidates seeking initial accreditation:

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

Follow-up, Applicant, and Candidate Reports and Visits

Follow-up Reports & Visits

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

Letters and reports submitted for follow-up may be accepted, acknowledged, or rejected. The Commission “Accepts” a letter or report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns, without requiring additional information in order to assess the institution’s status. The Commission “Acknowledges” a letter or report when it addresses the Commission’s concerns only partially because of incomplete content or insufficient quality. The Commission may or may not require additional information in order to assess the institution’s status. A letter or report is “Rejected” when its quality or substance are insufficient to respond appropriately to the Commission’s concerns. The Commission requires the institution to resubmit the report and may at its discretion request a visit. These terms may be used for any action (reaffirm, postpone, warn, etc.)

Procedural Actions (1-24 months)

2.1 To accept the [progress letter, monitoring report, or supplemental information report].

Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.
2.2 To acknowledge receipt of the [progress letter, monitoring report, or supplemental information report].
Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

2.3 To reject the [progress letter, monitoring report, or supplemental information report] and request resubmission of the report by [date, not to exceed 12 months].
If this report is in response to an action of warning or probation, the due date for the report may not exceed a total of 24 months from the date of the Commission action of warning or probation.

2.4 To accept [or acknowledge receipt of] the [progress letter, monitoring report, or supplemental information report]. To request that the self-study, in preparation for the [academic year] evaluation visit, document... [See Section V for possible options].
The Commission may direct (request that) an institution address specific areas or issues during the next self-study process. Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

2.5 To accept [or acknowledge receipt of] the [progress letter, monitoring report, or supplemental information report]. To request that the Periodic Review Report, due June 1, [year], document... [See Section V for possible options].
The Commission may direct (request that) an institution address specific areas or issues within the next Periodic Review Report. Because no further action is required prior to the next regularly scheduled accreditation activity, this action carries no time limit.

2.6 To accept [or acknowledge receipt of] the [progress letter, monitoring report, or supplemental information report]. To request a [progress letter, monitoring report, or supplemental information report], by [date, not to exceed 24 months], documenting... [See Section V for possible options].
The Commission may request further follow-up if it is concerned regarding future non-compliance, where institutional attention and progress are not as expected, or if there is insufficient information to substantiate compliance with one or more accreditation standards.

2.7 To accept [or acknowledge receipt of] the [progress letter, monitoring report, or supplemental information report]. To request a [progress letter, monitoring report, or supplemental information report], by [date, not to exceed 24 months], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the [letter/report].
The Commission may request further follow-up if it is concerned regarding future non-compliance, where institutional attention and progress are not as expected, or if there is insufficient information to substantiate compliance with one or more accreditation standards. A visit is included if verification of institutional status and progress requires an on-site review, in addition to a paper review.
Examples

- To accept the [progress letter, monitoring report, or supplemental information report]. The next evaluation visit is scheduled for 2005-06.
- To acknowledge receipt of the [progress letter, monitoring report, or supplemental information report] and to request a [progress letter, monitoring report, or supplemental information report] by March 1, 2004, documenting further implementation of a comprehensive institutional strategic plan. The Periodic Review Report is due June 1, 2006.
- To accept the FY02 audited financial statement and management letter. The next evaluation visit is scheduled for 2004-05.
- To accept the [progress letter, monitoring report, or supplemental information report] and to request that the next self-study, in preparation for an evaluation visit in 2004-05, address further implementation of a comprehensive enrollment management plan.

Applicant Institutions

(following an Applicant Assessment Team Visit)

Affirming Actions

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

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

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

Institutions that meet the eligibility criteria and demonstrate substantial compliance with the accreditation standards as well as their readiness to conduct self-study and host an evaluation team may be granted Candidate for Accreditation status and be invited to initiate self-study.
**Procedural Action (1-12 months)**

2.10 To thank the institution for receiving the Commission’s representatives. To postpone a decision regarding Candidate for Accreditation status [for a specified time period not to exceed 12 months]. To request a supplemental information report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the supplemental information report.

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

**Adverse Action (Subject to Appeal)**

2.11 To thank the institution for receiving the Commission’s representatives. To deny Candidate for Accreditation status.

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

**Candidate Institutions**

Semi-annual interim reports may be accepted, acknowledged, or rejected. The Commission "Accepts" the report when its quality, thoroughness, and clarity are sufficient to respond to all of the Commission’s concerns, without requiring additional information in order to assess the institution’s status. The Commission “Acknowledges” the report when it addresses the Commission’s concerns only partially because of incomplete content or insufficient quality. The Commission may or may not require additional information in order to assess the institution’s status. The report is “Rejected” when its quality or substance are insufficient to respond appropriately to the Commission’s concerns. The Commission requires the institution to resubmit the report and may at its discretion request a visit.

**Procedural Actions (6 months)**

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

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

2.13 To accept [or acknowledge receipt of] the semi-annual interim report submitted by the institution and the consultant’s report. To request that the next semi-annual interim report, due [date], document [see Section V for possible options].

The Commission may request that a semi-annual interim report focus on one or more specific areas if it has concern that the institution is not making sufficient progress toward accreditation.
2.14 To accept [or acknowledge receipt of] the semi-annual interim report submitted by the institution and the consultant’s report and to invite the institution to initiate self-study.

2.15 To direct a Status Review Visit.

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

For Candidate Institutions, Following a Candidate Status Review Visit:

Affirming Action

2.16 To continue Candidate for Accreditation status.

Procedural Actions (1-12 months)

2.17 To postpone a decision on continued Candidate for Accreditation status. To request a supplemental information report, due by [date], documenting...[See Section V for possible options].

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

2.18 To postpone a decision on continued Candidate for Accreditation status. To request a supplemental information report, due by [date], documenting...[See Section V for possible options]. A visit [may/will] follow submission of the supplemental information report.

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

2.19 To require the institution to show cause, by [date], as to why its status as a Candidate for Accreditation should not be removed.

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

2.20 To remove Candidate for Accreditation status from the institution.

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

Examples

- To thank the institution for receiving the Commission’s representative and to invite the institution to initiate self-study.
- To accept the semi-annual interim report and the consultant’s report. To remind the institution that the next semi-annual interim report is due April 1, 2003.
- To accept the semi-annual interim report and the consultant’s report. To request that the next semi-annual interim report due April 1, 2003, document progress in the development of a comprehensive plan for the assessment of student learning.
- To acknowledge receipt of the semi-annual interim report, and to accept the consultant’s report. To direct a Status Review Visit in fall/spring 2004-05.
- To thank the institution for receiving the Commission’s representatives. To postpone a decision regarding Candidate for Accreditation status for six months. To request a supplemental information report, due by March 1, 2004, documenting (1) steps taken to strengthen graduate programs, (2) development of a comprehensive enrollment management plan, and (3) evidence that student learning assessment information is used to improve teaching and learning. A visit may follow submission of the report.

Substantive Change

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

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

Affirming Actions

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

The Commission has determined that no further follow-up relative to the substantive change is necessary prior to the next regularly scheduled review.
3.2 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request that the Periodic Review Report, due [DATE], document…[See Section V for possible options].

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

3.3 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request a progress letter, due by [date], documenting…[See Section V for possible options].

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

3.4 To acknowledge receipt of the substantive change request submitted by the institution; to include [the change] within the scope of the institution’s accreditation; and to request that a self-study, in preparation for an evaluation visit in [academic year], document…[See Section V for possible options].

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

3.5 To acknowledge receipt of the substantive change request submitted by the institution; to include [the change] within the scope of the institution’s accreditation; and to direct a visit by [date].

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

Monitoring Actions (6-24 months)

3.6 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request a monitoring report, due by [date], documenting…[See Section V for possible options].

Monitoring reports are requested when issues are more complex or more numerous, or when the issues require a more substantive, detailed response. The Commission will request a monitoring report when it is concerned about the potential for future non-compliance with one or more standards of accreditation.
3.7 To acknowledge receipt of the substantive change request submitted by the institution, to include [the change] within the scope of the institution’s accreditation, and to request a monitoring report, due by [date], documenting...[See Section V for possible options]. A visit may/will follow submission of the monitoring report.

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

3.8 To acknowledge receipt of the substantive change request submitted by the institution; to include [the change] provisionally within the scope of the institution’s accreditation; and to request a monitoring report, due by [date], documenting...[See Section V for possible options]. A visit may/will follow submission of the monitoring report.

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

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

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

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

3.10 To postpone a decision on the substantive change request. To request a supplemental information report, due by [date], documenting...[See Section V for possible options].

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

3.11 To refer the substantive change request to the full Commission for review and action.

This action is taken when the Committee on Substantive Change is unable to reach consensus.
3.12 To deny the institution’s request to include [the change] within the scope of the current accreditation.

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

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

Examples

- To accept the substantive change report submitted by the institution and to include the additional location at Bethesda, MD within the scope of the institution’s accreditation pending a site visit within six months. The Periodic Review Report is due June 1, 2005.

- To accept the substantive change report submitted by the institution and to include the B.A. in Computer Science offered via distance learning within the scope of the institution’s accreditation. To request that the self-study, in preparation for an evaluation visit in 2004-05, document further implementation of the distance learning program.

Periodic Review Reports

Periodic Review Reports may be accepted, acknowledged, or rejected. The Commission “Accepts” the report when its quality, thoroughness, and clarity are sufficient. The Commission “Acknowledges” the report when it is of incomplete content or insufficient quality. The Commission may or may not require additional information in order to assess the institution’s status. The report is “Rejected” when its quality or substance are insufficient. The Commission requires the institution to resubmit the report and may at its discretion request a visit.

Affirming Actions

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

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

4.2 To accept [or acknowledge receipt of] the Periodic Review Report, to reaffirm accreditation, and to request a progress letter, due by [date], documenting... [See Section V for possible options].

The Commission requests a progress letter in order to assure the Commission that the institution is carrying out activities planned or being implemented to enhance institutional effectiveness.
Monitoring Actions (6-24 months)

4.3 To accept [or acknowledge receipt of] the Periodic Review Report, to reaffirm accreditation, and to request a monitoring report, due by [date], documenting... [See Section V for possible options].

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

4.4 To accept [or acknowledge receipt of] the Periodic Review Report, to reaffirm accreditation, and to request a monitoring report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the monitoring report.

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

Procedural Actions (1-12 months)

4.5 To postpone a decision on accreditation and to request a supplemental information report, due by [date], documenting... [See Section V for possible options].

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

4.6 To postpone a decision on accreditation and to request a supplemental information report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the supplemental information report.

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

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

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

4.8 To reject the Periodic Review Report and to request resubmission of the report by [date].

Non-compliance Actions (1-24 months)

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

4.9 To warn the institution that its accreditation may be in jeopardy and to request a monitoring report, due by [date], documenting... [See Section V for possible options]. A visit [may/will] follow submission of the monitoring report.

Warning indicates that in the Commission’s judgment, the institution appears not to be in compliance with Commission standards. This action is accompanied by a request for a monitoring report, and a special visit may follow.

4.10 To place the institution on probation.

Probation indicates that in the Commission’s judgment, the institution is not in compliance with Commission standards. This action is accompanied by a request for a monitoring report, and a special visit may follow. As such, probation may precede an action of show cause.

Procedural Action (1-12 months)

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

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

Adverse Action

4.12 To remove accreditation.

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

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

Possible Options for Follow-up

To assist evaluators and the Commission in developing requests for follow-up reports on specific areas of concern, Section V provides guidance that follows the 14 standards contained in *Characteristics of Excellence* (2002). The suggested possible options are generally related to the fundamental elements of the corresponding standards. Please note that requests for follow-up should not incorporate language from the Optional Analysis and Evidence sections of the standards.

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

**Standard 1: Mission, Goals, and Objectives**

5.1 Revision/clarification of mission/vision.

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

5.2 Development and/or implementation of a comprehensive institutional strategic plan [which links long-range planning to decision-making and budgeting processes]

**Standard 3: Institutional Resources**

5.3 Development and/or implementation of a budget process that is aligned with the institution’s mission, goals, and strategic plan.
5.4 Development and/or implementation of a comprehensive facilities or infrastructure master plan.
5.5 Development and/or implementation of a technology plan.
5.6 Development and/or implementation of a long-term financial plan.
5.7 Audited financial statement and management letter for FY [year].
5.8 Steps taken to strengthen the institution’s finances.
5.9 Steps taken to strengthen library/learning resources.
Standard 4: Leadership and Governance

5.10 Development and/or implementation of a new governance structure.
5.11 Steps taken to strengthen shared governance.
5.12 Clarification of the role of the governing board.
5.13 Steps taken to assure continuity and stability of institutional leadership.

Standard 5: Administration

5.14 Development and/or implementation of a new administrative structure.

Standard 6: Integrity

5.15 Steps taken to improve the college catalog.
5.16 Steps taken to improve campus climate.
5.17 Development and/or implementation of a new faculty promotion and tenure process.
5.18 Progress in achieving diversity goals pursuant to institutional mission.

Standard 7: Institutional Assessment

5.19 Development and/or implementation of a written plan for the assessment of institutional effectiveness.
5.20 Steps taken to use assessment results to improve and gain efficiencies in administrative services and processes.

Standard 8: Student Admissions

5.21 Development and/or implementation of a comprehensive enrollment management plan.

Standard 9: Student Support Services

5.22 Development and/or implementation of a comprehensive student affairs assessment plan.
5.23 Steps taken to improve the student handbook.
5.24 Steps taken to strengthen student services.

Standard 10: Faculty

5.25 Steps taken to strengthen faculty professional development.
5.26 Steps taken to strengthen faculty credentials.
5.27 Steps taken to strengthen faculty diversity, pursuant to institutional mission.
5.28 Steps taken to improve the faculty handbook.
5.29 Steps taken to address dependence on part-time faculty.

Standard 11: Educational Offerings

5.30 Steps taken to strengthen the core curriculum.
5.31 Steps taken to strengthen the (academic content, rigor, or coherence) of the degrees offered.
5.32 Steps taken to strengthen graduate programs.
5.33 Development and/or implementation of a formalized information literacy program.
5.34 Development and/or implementation of a new academic program review process.

Standard 12: General Education

5.35 Steps taken to strengthen general education.

Standard 13: Related Educational Activities

5.36 Steps taken to strengthen basic skills.
5.37 Steps taken to strengthen certificate programs.
5.38 Steps taken to strengthen distance learning.
5.39 Steps taken to strengthen additional locations and/or other instructional sites.

Standard 14: Assessment of Student Learning

5.40 Development and/or implementation of a comprehensive plan for the assessment of student learning.
5.41 Establishment of learning goals [learning goals that are in some way measurable] at the [institutional/program/course] level(s), appropriate to [higher education/institutional mission].
5.42 Use of appropriate assessments of the attainment of learning goals at the [institutional/program/course] level(s).
5.43 Evidence of the interrelationship among goals at the [institutional/program/course] level(s).
5.44 Evidence of the interrelationship between general education and program goals.
5.45 Evidence of progress in attaining established learning goals at the [institutional/program/course] level(s).
5.46 Evidence of [direct/indirect] methods of assessment of student learning at the [institutional/program/course] level(s).
5.47 Evidence that student learning assessment information is used to improve teaching and learning.
5.48 Evidence that student learning assessment information is used as part of institutional assessment.

5.49 Evidence of institutional support for assessment activities.

Guidelines:

Institutional Evaluator from the Commission Accompanying a Specialized Accrediting Agency’s Team

When a specialized accrediting agency visits a Middle States institution independently—that is, not as part of a collaborative evaluation team involving Middle States—the Commission, at the request of the institution or specialized agency may appoint one or more evaluators to work with the specialist visitors. An evaluator representing the Middle States Commission during such a visit performs several functions.

The evaluator serves the Commission and the institution by providing both with:

1. a view of the institution as seen from the vantage point of one of its units or programs, and
2. a view of the relationships of the specialized unit or program with the institution as a whole.

The evaluator serves the specialized agency by assisting its representatives in:

- understanding the role of the specialized unit in relation to the institution’s total program, and
- evaluating this relationship.

The evaluator representing the Commission is expected to be a skilled evaluator. The Commission evaluator can promote understanding of institutional complexities, provide or aid in locating essential information, and alert specialists to institutional circumstances and concerns of which they might otherwise be unaware.

The Commission evaluator’s work may complement the Commission’s own evaluation procedure. His or her observations and recommendations, when coupled with those of the specialized agency(ies), may serve as the basis for Commission action on the institution’s accreditation.

Before the Visit

1. The institution should send the Commission evaluator:
   
   a) a complete set of catalogs and other informative materials covering its entire program, not just the part in which the specialized agency is interested;

      b) copies of all materials that have been prepared for the specialist visitors.

2. The institution should reserve accommodations for the Middle States evaluator.

3. If the specialized team visit is to last more than three days, the Commission evaluator may participate for only part of the visit.
During the Visit

The Commission evaluator is neither in charge of the evaluation nor a member of the specialized agency team. He or she represents the Commission as a consultant to the team and attends its meetings only upon invitation.

After the Visit

The Middle States representative may be asked by the visiting team chair to contribute to the written report of the specialized agency team.

The Commission evaluator also may be asked to prepare for the institution and the Commission a brief written report on the relation of the specialized school or program to the total institution and on any problems or opportunities perceived. The report should be sent to the office of the Commission for referral to the institution.

The report becomes part of the institution’s permanent file and will become available at the time of the institution’s next full review.

Finances

The Commission evaluator is entitled to an honorarium and reimbursement for expenses. The Commission will make these payments and will, in turn, bill the institution, including a processing fee.
Guidelines:

Selection of Chairs and Evaluation Team Members

The Commission staff is responsible for assigning persons to chair visiting teams to institutions and composing the teams based on the following principles.

The Commission maintains a substantial active file of educators who participate in the evaluation and consultative activities of the Commission. Individuals may be recommended by the heads of institutions, colleagues who have themselves participated in the evaluation process, Commission members, and by staff. They also may volunteer. Persons interested in participating in Commission accreditation activities should contact the Commission office or use the application form available on the MSCHE website.

General Principles

- General requirements for the team, but not specific persons, are usually discussed with the officers of the institution and depend upon the self-study model conducted by the institution.

- The person chairing is appointed as far in advance as possible so that dates for the evaluation visit can be set. The roster is shared with the institution as soon as it is complete. Incomplete roster drafts will be supplied earlier upon request.

- Chairs and team members must be generally acceptable both to an institution and to the Commission. Upon formal request by the institution’s chief executive officer, changes may be made by Commission staff. Final determination of the team’s membership, however, rests with the Commission.

- In order to avoid an actual or perceived conflict of interest, individuals are assigned to visit institutions outside of the state in which their institution is licensed or chartered. They are not assigned to neighboring or competing institutions or to institutions in which they have been either a recent employee or candidate for employment.

- The Commission attempts to match characteristics of the team members to the institution being evaluated, such as institutional size and type, diversity of the institution being evaluated, and whether the institution is public or private, non-profit or for-profit. However, the availability of evaluators with the appropriate areas of expertise from those types of institutions may preclude a perfect match. While the Commission accredits a number of religious institutions, religion is not a significant consideration in assigning teams.
Principles in Designating Team Chairs

As the key person in the evaluation process, the person chairing the team should be of sufficient professional stature to command the respect of the institution, prepared by experience to understand it, and able to represent the Commission. Therefore, individuals selected to chair will preferably have:

- a solid and varied professional background relevant to the institution which is to be evaluated, preferably including teaching;
- a substantial position in his or her own institution;
- experience as a member of several evaluation teams.

Principles in Constructing Teams

- Teams for comprehensive evaluations typically have six to eight persons to assure a variety of viewpoints and adequate coverage of each of the standards. In general, team size is relative to the complexity and diversity of the institution’s programs rather than to enrollment.
- Teams that review self-study reports for selected topics or other evaluations will have a chair and a generalist evaluator and may be smaller than those for comprehensive reviews. Additional members of the team will be determined based on the areas specified by the institution’s self-study. Separate arrangements are made for document review in connection with such self-study reports.
- Teams for collaborative reviews will have a chair and may have a co-chair, each representing the lead agencies involved in the visit. The composition of the team will complement the agencies represented in the evaluation in an effort to avoid duplication.
- Subject to the general principles in this policy, teams may include:
  - persons from institutions of the type to be evaluated;
  - others from dissimilar institutions;
  - a majority with previous Middle States team experience;
  - at least one experienced administrator, preferably a president unless the chair is a president, and specialists whose expertise is related to the needs of the institution, e.g., finance, outcomes assessment, distance learning, learning resources.
  - trustees or students as observers or full members, as appropriate to the issues raised by the institution’s self-study report;
  - individuals from secondary education as appropriate when articulation between levels of education is a concern.
- The team as a whole should represent, in a balanced fashion, the principal academic and professional disciplines of the institution to be evaluated.
The team should include teaching faculty members in some of the disciplines or subjects that are important in the offerings of the institution. A practitioner may be included if the team is visiting a single-purpose institution. Institutions may request a qualified, experienced evaluator for any other general academic area, such as career-oriented programs or graduate programs.

The team may include additional members if off-campus centers are to be visited, depending on the number of location of the sites.

The respective state education departments are invited to designate a representative to accompany most Middle States teams, at the department’s expense. While not a member of the team, the state representative may participate in campus interviews. It is the team chair’s prerogative to determine the extent to which the representative contributes to discussions, but he or she does not contribute to the team report or to the accreditation recommendation.
Guidelines:

Evaluation Team Associates

The Middle States Commission on Higher Education extends to its members the opportunity for professional education through participation on a Middle States evaluation team. The Commission may appoint one associate to accompany an evaluation team, provided that the institution to be visited and the team chair agree.

Appointment as an evaluation team associate is available to faculty members and administrators of candidate and member institutions, scholars or academic administrators visiting from abroad, professionals at education-related organizations, or others approved by the institution. Institutions preparing for evaluation may find it useful to secure such appointments to gain a general understanding of the accreditation process. In every case, however, associate appointments are made solely for the professional development of the individual and for the benefits to be gained for his or her institution. Participation as an Evaluation Team Associate does not necessarily lead to future assignments to evaluation teams.

Once appointed, the Associate will ordinarily receive information about the evaluation visit to be made. An evaluation team associate has access to the materials a team receives, is housed with the team, works closely with it under the direction of the chair, and usually participates in the team’s conferences. However, an associate does not contribute directly to the team’s evaluation report or to its recommendation regarding accreditation. Associates do not automatically receive a copy of the team’s report, although the institution may send a copy at its discretion. An associate is required to keep confidential all information relating to and learned in preparation for or during the visit.

Evaluation team visits for an institution’s initial or decennial reaccreditation typically last three days, and evaluation team associates usually participate for the entire period. Associates are not normally assigned to small teams that visit institutions for special purposes, which typically occur between decennial visits and are for shorter periods of time.

There is no fee for the evaluation team associate’s home institution. However, the Commission will compensate the host institution for expenses in accordance with the MSCHE Schedule of Dues and Fees. In addition, the associate or the associate’s home institution is responsible for paying directly for lodging and travel costs to and from the evaluation location.

Institutions wishing to place staff members as evaluation team associates should write to the Evaluation Services Coordinator at the Commission.
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III

Institutional Programs
And Services
The Commission’s requirements with respect to transfer and articulation are governed by Standards 8 (Student Admissions) and 11 (Educational Offerings) of *Characteristics of Excellence in Higher Education*. Assessing experiential learning for credit is addressed in Standard 13 (Related Educational Activities). The Commission does not dictate substantive norms, because admission standards are the responsibility and prerogative of the institution. These guidelines provide assistance to institutions in meeting the standards, and they are suggestive, not exhaustive.

The Commission standards and guidelines apply to transfer to an institution granting the same or a higher degree level, within or outside a university system; transfer of credits earned at foreign institutions or earned in U.S. sponsored programs abroad; transfer of students who have earned credits in non-traditional formats or have co-op or other extra-institutional learning; transfer of credits from virtual institutions or non-regionally accredited institutions; transfer of advanced placement credit, tech-prep credits, and credit based on exams; credit for experiential and other forms of learning.

**General Principles**

Although the extent to which transfer, articulation, and experiential learning issues apply to each institution will vary, the following usually characterize effective policies for transfer and experiential learning and their implementation.

- Transfer and experiential learning decisions are student-centered, striving for appropriate balance among fairness, consistency, flexibility, good educational practice, and academic program integrity. They address the needs of a student who has changed institutions or objectives, or has learned in non-traditional formats.

- Institutional mission and goals guide the formulation of policies and procedures for transfer and experiential learning. The basic principles of the institution regarding credit for prior learning are clear.

- Courses, programs, and other learning experiences are judged on their learning outcomes, using valid evaluation measures, including third-party review by appropriately qualified reviewers and recommendations from organizations experienced with such evaluations (e.g., ACE, CAEL).

- The acceptance or denial of transfer credit is not determined exclusively on the basis of the accreditation of the sending institution or the mode of delivery, but, rather, will consider course equivalencies, including expected learning outcomes, with those of the receiving institution’s curricula and standards. (*Characteristics of Excellence, Standard 11*)
Communication of the policies and procedures—written and oral, formal and informal—is clear and effective. It is clear what form the claim for credit should take (e.g., course equivalence, competency list) and the form that the evaluator’s recommendation should take (semester hours, course units, etc.). It is clear how credit for prior learning and transfer will be recorded on transcripts.

It is clear how college level learning is defined for the granting of credit for transfer of prior learning or advanced placement secondary learning, and it is clear that credit is awarded for learning, not experience.

It should be clear what degree requirements may or may not be met by prior or experiential learning. Specific general education core course requirements should be addressed. For example, does the receiving institution have required core courses which all students must complete? Are there opportunities for students to demonstrate competencies when course comparability is in question?

Outcomes assessment measures are directed towards evaluating institutional effectiveness and strengthening the public policy and educational environment for transfer students. Good outcomes data on the success of transfer students or students receiving credit for experiential learning is used, and multiple measures are used to assess the overall student experiences at the receiving institution.

Faculty participate in the creation, review and implementation of transfer and experiential learning policies/procedures, and they advise both incoming and outgoing transfer students and experiential learning students.

Evaluations of transcripts and experiential learning are conducted in a timely manner in order to be informative in academic advising and decision-making. Appropriate counseling (including any impact on financial aid eligibility) by well-informed faculty and others, and other support services are available.

Students are advised when the institution cannot guarantee the transferability of learning credits to other institutions.

Colleges should work towards establishing articulation agreements, where appropriate, with other institutions. Faculty should be involved.

The institution has provisions for periodic re-evaluation of policies and procedures.
Policy:

Contracts by Accredited and Candidate Institutions for Education-Related Services

As institutions seek to improve the ways in which they provide education to their students, they may find that it is more practical or efficient to contract with other institutions or organizations to provide certain components of the educational experience. Many organizations now exist to support institutions by developing courses (including those that use distance technology), recruiting students, or by providing faculty.

Any institution accredited by the Middle States Commission on Higher Education is held responsible for all activities carried out under the institution’s name. The Commission’s accreditation standards, policies, and procedures, especially the Commission’s policies regarding outcomes assessment, advertising, and recruitment, apply to any contractual arrangements as well as to the institution’s regular activities.

Principles of Good Practice for All Contracts

The following principles are required for institutions entering into agreements with other institutions or organizations, whether or not regionally accredited, to provide education-related services:

- The primary purpose of offering a contracted course or program is educational.
- Any course or program involved in any contractual arrangement must be consistent with the institution’s educational purpose and objectives as they were at the time of the last evaluation. The Commission must be notified in accordance with the policy “Substantive Change” if the institution alters its mission, goals, and objectives, or if the contract is with a non-regionally accredited entity.
- Courses to be offered and the value and level of their credit must be determined by the accredited institution in accordance with established institutional procedures, and under the usual mechanisms of review. Evidence that established institutional procedures have been followed must be available.
- the Commission member institution (hereinafter, member institution) is responsible for informing the non-MSA accredited party that the contract does not imply or extend any accredited status to that entity.
- The member institution is responsible for any activities conducted in its name.
- The member institution is responsible for the accuracy of all advertising and promotional materials.
- In developing any contractual relationship, the member institution follows the Commission’s policies that require prior approval of specific institutional changes.
Although the sponsoring institution’s faculty might or might not teach the course, faculty or appropriate representatives of the member institution retain overall responsibility for ongoing curriculum planning at the institution, including oversight and general guidance of the process and assurance that the course work is consistent with the overall program design and curriculum intent.

The sponsoring institution is ultimately responsible for the performance of the following functions:
- admissions criteria
- appointment of faculty
- content of courses/programs
- instructional support resources (library/information resources, etc.)
- institutional and student learning outcomes assessment

The contract should assure that conduct of courses meets the standards of the member institution’s regular programs as disclosed fully in the institution’s publications, and that the credit-granting institution adequately reviews and approves work performed in each functional area by the contractor.

Contracts between Regionally-accredited Institutions Concerning Educational Courses/Programs

This section applies if an accredited Commission institution is contracting with another regionally accredited institution. It applies also to contracts with non-regionally accredited organizations and international entities, as noted in later sections of this document.

A contract should be executed only by duly designated officers of the institution and their counterparts within the contracting institution. The contract clearly establishes:
- the nature of the services to be performed by each party;
- the period of the agreement, and the conditions under which any possible renewal, renegotiation, or termination of the contract could take place;
- appropriate protection for enrolled students in the event that a contract is terminated or renegotiated;
- the procedures for grievances regarding any aspect of the offerings; and
- appropriate avenue(s) for addressing perceived breaches of the contract.

The contract explicitly defines:
- the institution(s) awarding the credit;
- educational courses, program(s), and services included in the contract;
- how outcomes assessment will be conducted and how the faculties of the contracting entities will periodically review the courses and programs;
- how student support services necessary to the courses/programs(s) will be assured; and
- how student access to the learning resources requisite for the courses/program(s) will be assured.
The contract explicitly states financial arrangements:

- that specify the compensation and other considerations for the services provided by each of the parties;
- that set forth a mechanism to account for the services provided by each of the parties; and
- that meet all legal requirements for federal and state student aid programs that might be used by students or the contracting entities.

The contract is:

- submitted to federal and state agencies when required by regulations;
- submitted to the Commission for approval when required by federal or state regulations;
- submitted, when appropriate, to the Commission as part of a request for approval of substantive change; and
- available on request by the Commission and evaluators acting on its behalf.

**Contractual Arrangements with Non-regionally-accredited Organizations**

In addition to the principles set forth above, the Commission expects institutions accredited by Commission to utilize the following guidelines when establishing contractual arrangements with organizations that are not regionally accredited.

- The accredited member institution’s appropriate representatives have the responsibility to review and approve the content of the courses/programs, and those representatives have credentials that are appropriate to the level and content of the course or program.

- The member institution follows all of the procedures established by its governance structure and by the Commission for approval of the courses/programs.

- The member institution has not only the contractual obligation, but also systematic processes, to ensure its capacity to carry out its responsibility for oversight of:
  - advertising and recruitment
  - admissions
  - appointment of faculty
  - content and rigor of course/program(s)
  - evaluation of student work
  - award of credit/certificates/degrees
  - outcomes assessment
  - academic advising
  - support services
Contractual Arrangements with International Entities

The contract follows the good practices outlined above. The contract is in English and the primary language of the international contracting entity.

The contract specifically provides that the U.S. institution exercises appropriate oversight for the international program in conformity with the Commission’s “Foreign Programs Offered by Accredited Institutions” and the Commission’s accreditation standards.
Athletic Programs

The evaluation of institutional effectiveness rests upon the contribution that each of the institution's programs makes toward achieving the educational objectives of the institution as a whole. To this end, athletics programs should be fully integrated into the larger educational environment of the campus and linked to the institutional mission.

Programs

The objectives of a collegiate athletics program should be published, clear and upheld; consonant with the aims of the institution itself and with the fundamental purpose of higher education. The quality of the athletic experience, safety, and overall welfare of the participants should be paramount. Athletics programs should be conducted in a manner consistent with an institution's published objectives and educational mission. The statement of objectives for athletics programs, as well as the operating principles and policies, should be approved by faculty, administrators, and trustees and reviewed on a regular basis.

The type and level of intercollegiate competition should be determined in the context of the size and resources of the institution. Intercollegiate programs should be constructive and not addressed solely to the special interests of the institution, the alumni, or the public. Intercollegiate programs should be balanced against opportunities for intramural and recreational athletics on a campus.

Athletic programs should comply with applicable rules and policies of the institution, and of any athletic league (conference) or national organization of which the institution is a member. Procedures to verify compliance should be in place. Programs (in intramural as well as intercollegiate competition) should be in compliance with Title IX provisions and provide broad opportunities for as many students as possible.

The professional qualities and attitudes of coaches and athletics administrators are of primary significance in establishing and maintaining academic integrity and good sportsmanship and ethical behavior.

Those who participate in collegiate athletics must be properly registered students in the institution they represent and subject to clearly stated polices and procedures with respect to matters such as:

- Admissions standards;
- Administration of financial aid;
- Opportunities for scholarship funds for men and women;
- Credit-granting procedures;
- Progress toward and achievement of academic degrees; and
- Transfer procedures.
In short, student-athletes should be treated as any other student on campus and perform to the same academic standard.

**Organization**

While organizational details such as the status of coaches and athletic directors will vary with local conditions, the ultimate responsibility for all programs rests with the chief executive officer of the institution and the governing board. This is particularly important in light of the Knight Commission reports.

In the institutional governance structure, the committee overseeing athletic programs should involve representatives of appropriate constituencies, including faculty, students, key staff (e.g., from admissions, registrar and financial aid offices) and administrators. Some oversight of rules compliance and adherence to academic standards should be conducted by someone outside of the athletics department.

**Finance**

All expenditures for and income from athletics, from whatever source, and the administration of scholarships, grants, loans, and student employment, should be fully controlled by the institution and included in its regular budgeting, accounting, and auditing procedures.
Policy:

Closing or Merging a Postsecondary Institution

Closing or merging an institution means a decision permanently to discontinue its identity as a separate educational entity. Responsibility for the final decision to close or merge rests with the governing body. A governing body considering such actions should consult appropriate educational and legal authorities. Institutional and specialized accrediting organizations as well as state officials also should be consulted and informed. Most institutions of higher education are corporations established under the provisions of state law, and may have legal responsibilities (holding title to real property, for example) that may require the continued existence of the corporation after the educational activities of the institution have been terminated.

A decision to close or merge an educational institution requires thoughtful planning, careful consultation, sharing available information, and disclosure with all affected constituencies. Specific plans are necessary for providing in appropriate ways for the students, the faculty, the administrative and support staff, and disposition of the institution’s assets.

The items detailed below are relevant to all institutions planning a closure, and they will apply in varying degrees to institutions planning a merger.

Reporting to the Commission:
Teach-out Agreements and Other Key Issues

An institution planning to close or merge should provide students with reasonable opportunities to complete their education and should inform the Commission no later than six months prior to the planned closing/merger date. To the extent feasible, the Middle States Commission on Higher Education will work with the U.S. Department of Education and with the appropriate State agencies to ensure that the institution has met its obligations to its students.

The closing institution’s report to the Commission must include any teach-out agreement that the institution has entered into or intends to enter into with another institution. The report must be approved by the Commission and must demonstrate that the other institution is accredited by a federally recognized accreditation agency and that the agreement is consistent with applicable standards and regulations. The teach-out plan will be approved only if it provides for the equitable treatment of students by ensuring that (1) the teach-out institution has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the closed institution, and (2) the teach-out institution can provide students access to the program without requiring them to move or travel substantial distances.

In addition to any teach-out agreement, the report to the Commission should address the items below.
The Students

Students who have not completed their degrees should be provided for according to their academic needs. Arrangements for transfer to other institutions will require prompt transfer of complete academic records and all other related information to receiving institutions. Arrangements made with other institutions to receive transferring students and to accept their records should be in writing. If financial aid is involved, particularly federal or state grants, arrangements should be made with the appropriate agencies to transfer the grants to the receiving institutions. If such arrangements cannot be completed, students should be fully informed. If students have held institutional scholarships or grants and there are available funds which can legally be used to support students while completing degrees at other institutions, appropriate agreements should be negotiated.

Academic Transcripts and Financial Aid Records

All academic, financial aid information, and other records should be prepared for permanent retention. Arrangements should be made with the state department of higher education or other appropriate agency for keeping student records. If there is no state educational agency which can receive records, arrangements should be made with another college or university or with the state archives to preserve the records. Notification should be sent to every current and past student indicating where the records are being stored and how the student can obtain them. If possible, a copy of a student’s record also should be forwarded to the individual student.

Completion of Institutional Obligations

When a student chooses to continue at another institution but is within a year or 18 months of completing an academic degree in the closing institution, arrangements may be made to permit that student to complete the requirements for a degree elsewhere but to receive the degree from the closed institution. This may require special action by the appropriate state agency. Such arrangements also should include provision for continuation of the institution’s accreditation only for this purpose by the accrediting agency involved. These steps normally require the institution to continue as a legal corporate entity beyond the closing date. Any such arrangement must be established in consultation with the appropriate authorities and with their written consent.

Provision for Faculty and Staff

In every possible case, the institution should arrange for continuation of those faculty and staff who will be necessary for the completion of the institution’s work up to the closing date. When faculty and staff are no longer needed, the institution should make every effort to assist them in finding alternative employment. It should be understood that the institution can make no guarantees, but good faith efforts to assist in relocation and reassignment are essential. In the event that faculty or staff members find new positions, early resignations should be accepted.
The Final Determination

Determinations must be made to allocate whatever financial resources and assets remain after the basic needs of current students, faculty, and staff are provided for. When the financial resources of the institution are inadequate to honor commitments, the governing body should investigate what alternatives and protection are available under applicable bankruptcy laws before deciding to close. If funds are insufficient to maintain normal operations through the end of the closing process, the institution should consider the possibility of soliciting one-time gifts and donations to assist in fulfilling its final obligations.

Policies for dividing the resources among those with claims against the institution should be equitable. It is useful to involve potential claimants in the process of developing the policies. Time and effort devoted to carrying the process to a judicious conclusion may considerably reduce the likelihood of lawsuits or other forms of confrontation.

It is impossible to anticipate in advance the many claims that might be made against remaining resources of an institution, but the following three principles may help to sort out possible claims and to set priorities:

(a) Students have the right to expect basic minimal services during the final semester, not only in the academic division but also in the business office, financial aid office, registrar's office, counseling, and other essential support services. Staff should be retained long enough to provide these services. It may be appropriate to offer special incentives to keep key personnel present.

(b) Reasonable notice should be given to all employees, explaining the possibility of early termination of contracts and explaining that the reasons for retaining some personnel longer than others are based on satisfying the minimal needs of students and the legal requirements for closing.

(c) Long-term financial obligations (loans, debentures, etc.) should be honored, if possible, even though the parties holding such claims may choose not to press them.

The Closing Date

The governing body should take a formal vote to terminate the institution on a specified date. That date will depend on a number of factors, including the decision whether or not to file for bankruptcy. Another key factor is whether or not all obligations to students will have been satisfactorily discharged. This is particularly important if the decision is made to allow seniors in their final year to graduate from the institution by completing their degree requirements elsewhere. If such arrangements are made, the governing body must be certain to take the legal action necessary to permit awarding degrees after an institution otherwise ceases to function. Normally, formal vote to award a degree is made after all requirements have been met, but it is legally possible to make arrangements for a student to complete the requirements for a degree at another institution and to receive the degree from the closed institution. These requirements must be clearly specified along with a deadline for completion. Also, the governing body must identify the person or persons authorized to determine whether or not these requirements have in fact been satisfied. Arrangements must be completed with the appropriate state and accrediting agencies in advance in order to assure that the degree is awarded by a legally authorized and accredited institution.
Disposition of Assets

In the case of a not-for-profit institution, the legal requirements of the state and the federal government must be followed with respect to the distribution of institutional assets. Arrangements for the sale of the physical plant, equipment, the library, special collections, art, or other funds must be explored with legal counsel. In the case of wills, endowments, or special grants, the institution should discuss with the donors, grantors, executors of estates and other providers of special funds arrangements to accommodate their wishes.

All concerned federal and state agencies shall be informed of the institution’s situation and any obligations relating to state or federal funds should be approved by the proper agencies.

Other Considerations

The institution should establish a clear understanding with its creditors and all other agencies involved with its activities to assure that their claims and interests will be properly processed. Insofar as possible, the institution should assure that its final arrangements will not be subject to later legal proceedings which might jeopardize the records or status of its students or faculty.
IV

Public and Government Relationships and Communication
Accrediting agencies and institutions must demonstrate integrity in their actions and communicate clearly to the public not only their purposes, but also whether and how these purposes are being achieved. They cannot earn public confidence simply by stating that they operate with integrity. While maintaining the privacy of the self-study and evaluation process, Commission policies provide for sharing with the public essential information about its standards, its procedures, and the status of its constituents.

Institutions, as well, must hold themselves accountable for honest communication with the public on institution-related issues in which the public has a legitimate interest. To the extent that each institution assumes this responsibility, its autonomy will be strengthened, and its freedom from external controls will be enhanced. Beyond these pragmatic considerations, the Commission holds honest public communication to be a matter of institutional integrity.

This policy statement covers the following areas:

I. Community Involvement:
   Addresses the involvement of a member institution’s constituencies in the accreditation process.

II. Distribution of Reports and Records:
   Describes each of the reports and records of the accreditation process and the Commission’s expectation with regard to distribution and sharing of each type of report.

III. Notification of Accreditation Decisions:
   Provides the Commission’s practices with regard to notification and publication of its accreditation decisions.

IV. Statement of Accreditation Status:
   Describes the Commission’s official public statement of an institution’s accredited status and recent accreditation activity.

V. Communication and Information Sharing with State Agencies and Others:
   Describes the Commission’s expectation with regard to institutional communication with state agencies.

VI. Public Statements by Institutions:
   Provides for an appeals procedure for adverse accrediting decisions and describes the Commission’s authority in the event that an institution misrepresents its accredited status.

VII. Communication between the Commission and Member or Candidate Institutions:
   Outlines the nature of the reporting relationship between the Commission and its member or candidate institutions.
VIII. Other Published Information:
Describes the information that the Commission may make public in its directory.

IX. Commission Reporting to the U.S. Department of Education:
Describes the federal reporting requirements with which the Middle States Commission on Higher Education complies.

I. Community Involvement

Institutional commitment to quality and improvement is demonstrated through the institution’s involvement of administrators, faculty, students, and trustees in the self-study process. While administrators, faculty, students, and trustees are essential participants in the self-study activities, alumnae, alumni, and representatives of the local community may contribute as well. Although the size of the college or university may affect the number of those participating in the self-study, involvement must be representative of the institution’s constituencies.

Each institution may define its public constituencies differently. In defining these, an institution may wish to consider its relationship with groups such as students (current, former, and prospective), the local community (including neighbors, local government, elementary and secondary schools), employers of graduates, financial supporters (including parents and religious or other sponsors), state government, sponsoring corporations, and contractual partners.

In order to involve the appropriate constituent groups, institutions should inform them of the application for Candidacy or the self-study process and explain how these constituents can be involved. Because the Commission cannot possibly reach all constituencies of member or candidate institutions, it is particularly important that the institution keep the community informed through mechanisms that may include the campus website; a campus newspaper, newsletter or other on-campus media; or specific outreach such as an information letter, press release, or survey. Institutions should choose the media that are appropriate to the constituencies it defines. (For example, the alumni newsletter can be used to reach alumni and parents.)

II. Distribution of Reports and Records

The Commission’s policy on public communication is based on and falls within the limits established by the Bylaws of the Middle States Association of College and Schools (MSA) which require that accreditation records are usually confidential, except with members’ consent, or pursuant to Commission policies or applicable law.

As part of the accrediting process, the Commission distributes confidential copies of evaluation team reports to the members of the Commission and members of the evaluation team (but not to Evaluation Team Associates). When an institution is being discussed by the Committee on Evaluation Reports, the Committee on Follow-up, the Committee on Periodic Review Reports, or other committee, the Commission also distributes to the members of the committee confidential copies of the chair’s brief or the reviewer's report, which includes the recommended accreditation action, and the institutional response. Unless explicitly permitted by the institution or required by Commission policies or applicable law, the Commission does not share evaluation team reports or other documents in the accreditation process directly with any of an institution’s constituencies, with governmental or any other public or private agency, or with
individuals. Discussion during meetings of the Commission and its committees is confidential.

**Institutional Reports and Submissions: Self-Studies, Periodic Review Reports, Follow-Up Reports, Substantive Change Requests**

Self-studies and evaluation team reports (and the parallel documents in the Periodic Review and other processes) become the property of the institution following Commission review; thus, the ultimate responsibility for distributing or providing access to these documents rests with the institution.

**Commission Reviewers’ Reports: Evaluation Team Reports, PRR Reviewers’ Reports, and Special Visit Reports**

An institution may release its team report or reviewers’ report to any audience after final Commission action. Indeed, the Commission on Higher Education requires the institution to make the reports readily available or distribute them as widely as possible on campus, because reports are addressed to an institution’s entire constituency—administration, trustees, faculty, students and staff. The institution is required also to communicate the Commission’s formal action to institutional constituencies.

When distributing a report, however, the institution should indicate that the report does not constitute a summary of the entire Middle States evaluation process. It is only one piece of a much larger whole which may include the institutional self-study, the site visit, the Commission’s committee review, and deliberations of the full Commission. The Commission’s review processes sometimes result in an accrediting action other than the one recommended by the team or the reviewers.

An institution may use excerpts from a team report, provided that the excerpt includes an appropriate context. Excerpts must be accompanied by a note saying that a copy of the entire report is available upon request.

When an institution has misrepresented a team report, misquoted excerpts from a report, or otherwise used a report to create a misleading impression about the institution or its accredited status, the Commission reserves the right to release the full report to the public. The Commission will endeavor to settle such issues first with the institution and may require the institution to take steps necessary to correct any misquotes or misleading impressions.

**Institutional Response to the Report of Commission Teams and Reviewers**

The institution is required to submit to the Commission a formal response to the report of the team or reviewer. Because the institutional response to the report is considered a further extension of the evaluation process, it should involve the institution’s constituencies as appropriate to the areas being addressed, and it should be shared with them. (See Conducting and Hosting an Evaluation Visit, Handbook for the Periodic Review Report, or Follow-up Reports and Visits, as appropriate.)
Other Accrediting Documents and Records

Correspondence between the Commission and a member or applying institution should be treated confidentially by both parties, except that the Commission may share such correspondence between the Commission and a member or candidate institution on a confidential basis with other recognized accrediting bodies, with the Council for Higher Education Accreditation (CHEA), or with the U.S. Department of Education (USED) in conjunction with the recognition process. The institution also may share it with the USED in conjunction with its application to participate in Title IV programs.

Minutes of the Commission’s Executive Committee, the Commission, and committee meetings shall be available to members of the MSA Board of Trustees, members of the Commission on Higher Education, and to the Commission’s professional staff. Commission meeting Minutes related to action and business of the Commission are available to the Association Secretary Business Manager; members of the Commission on Elementary Schools and Commission on Secondary Schools and their professional staffs; and to the Executive Directors of the regional accrediting associations.

III. Notification of Accreditation Decisions

The Middle States Commission on Higher Education makes every effort to notify institutions of all accrediting decisions (decennial evaluation, periodic review reports, follow-up reports, substantive change requests, applicant assessment and other special visits) within 10 business days following a Commission meeting. The Commission makes additional notification of accreditation decisions as outlined below.

Initial or Renewed Accreditation

The Commission will provide written notice of decisions to award initial accreditation or candidacy, or to renew accreditation within 30 business days of the Commission’s decision to the U.S. Secretary of Education, the appropriate State or other licensing or authorizing agency, and the appropriate accrediting agencies.

The public will be informed within 30 days of the decision through the Commission website, currently found at www.msache.org.

Final Decisions on Probation, Denial, Withdrawal, or Termination

No later than 30 days after each Commission meeting, the Commission provides written notice of final decisions on probation and final unappealable decisions to deny, withdraw, suspend, revoke, or terminate candidacy or accreditation to the U.S. Secretary of Education, the appropriate state or other licensing or authorizing agency, and the appropriate accrediting agencies. For institutions which have appealed an adverse Commission decision, the final action is published only after the appeals process has been completed.

When the Commission action involves warning, probation, or show cause, Commission staff will develop a Public Disclosure Statement that is sent to the institution with the Commission’s action letter and the Statement of Accreditation Status.
For any decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution, the Commission makes available to the same agencies and the public, upon request, no later than 60 days after the decision, a brief statement summarizing the reasons for the Commission’s decision and the comments, if any, that the affected institution or program may wish to make regarding the decision.

The Commission provides written notice to the public within 24 hours of informing the institution of decisions to place an institution on probation or to deny, withdraw, suspend, revoke, or terminate accreditation. The information is made available on the Statement of Accreditation Status, described below.

If an institution decides to file an appeal, information about the appeal may be included by the Commission in the Public Disclosure Statement. The Commission will direct further public inquiries to the institution itself if additional information is requested.

Voluntary Withdrawal or Lapse of Accreditation

In the event that an institution voluntarily withdraws from accreditation or candidacy, the Commission will notify within 30 days of receiving notification from the institution of the institution’s decision: the U.S. Secretary of Education, the appropriate State or other licensing or authorizing agency, and the appropriate accrediting agencies. If an institution allows its accreditation or candidacy to lapse, the Commission will notify the same agencies within 30 days of the date on which accreditation or candidacy lapses.

Other Forms of Notification Regarding Accreditation Actions

Notification to the U.S. Secretary of Education occurs through a letter listing all Commission accreditation actions from a meeting. A copy of the letter is sent to each state licensing or authorizing agency in the Middle States region or other appropriate governmental authority and to regional accrediting agencies and specialized accrediting agencies.

The Commission also notifies the public by means of the Statement of Accreditation Status described below.

Notification of Substantive Change and Follow-up Actions

Substantive change and follow-up actions are official actions of the Commission and are included in the Statement of Accreditation Status.

IV. Statement of Accreditation Status

For each candidate or accredited institution in its membership, the Commission maintains an official statement of that institution’s current status and recent accreditation history. This document, the Statement of Accreditation Status (SAS), is developed by the Commission based on Commission action and information provided by the institution through annual reporting.

The SAS provides information to interested members of the public who wish to have more detailed background about an institution than that which is available from the Commission’s directory. The Commission shares the SAS with the general public after the institution has been given notice regarding the action from the Commission.
The range of possible Commission actions includes adverse actions as well as actions that may be perceived as negative by the institution. When the Commission takes any action other than reaffirmation of accreditation—whether based on an evaluation visit, a periodic review report (PRR), a required follow-up, or an unanticipated development in an institution’s affairs—the SAS will note the date of and reasons for the action. (For a complete list of the Commission’s actions, see “Range of Commission Actions on Accreditation” and "Standardized Language for Commission Actions on Accreditation.")

If an institution appeals an adverse Commission action (denying candidacy or initial accreditation, or terminating or denying renewal of candidacy or accreditation), the SAS will note the date of any request for reconsideration, the first step in the appeals process, and the date of an appeal and its status or outcome.

The first section of the SAS contains information, based on self-reported data provided annually by the institution on its Institutional Profile, such as:

- Contact information for chief administrators.
- The type of institution and degree levels. Changes such as expansion or change of degree programs or establishing degrees through distance learning may have been included by the institution in its annual Institutional Profile, but if they have not been approved in advance by the Commission as required by “Substantive Change,” the institutional changes are not included within the scope of the institution’s accreditation and may affect its accreditation.
- An indication of whether the institution utilizes distance learning delivery. If more than two programs have been approved, and approval of additional programs is not required, the SAS will simply say “Yes” for distance learning delivery.
- National and specialized accreditation.
- A list of branch campuses, additional locations offering at least 50% of a degree program, and other instructional sites.

The second section of the SAS presents a brief history of the institution’s relationship with the Commission and indicates the ways in which the Commission may monitor the institution in the future, including:

- The institution’s current accreditation status (Candidate for Accreditation or Member), the date when the current status was first granted, and the date of the most recent reaffirmation of that status.
- The date and nature of the most recent accreditation action, including a description of any required follow-up activities and the specific areas in which follow-up is required.
- The date of the last comprehensive evaluation and a description of accreditation activities and actions since that evaluation.
- The academic year in which the next regularly scheduled on-site evaluation following self-study is expected, unless changed by the Commission. (A self-study is currently required every 10 years.)
- The date when the next periodic review report is regularly due, unless changed. (A PRR is currently required in the fifth year after the self-study evaluation, unless changed by the Commission.)
- The date the SAS is printed.
Any other information appropriate under Commission policies or applicable laws or regulations.

V. Communication and Information Sharing with State Agencies and Others

Institutions may share with State agencies and others self-studies, PRRs, and evaluation reports and their responses to these reports. It is the institution’s responsibility to determine whether and when to share a self-study, PRR, evaluation team report, or other documents and related responses with a State agency or others. Commission policy is to submit evaluation team reports only to the individual institutions but to share final accreditation actions with State agencies. (See the policy on “Government Agencies and the Commission on Higher Education” for a comprehensive statement on this topic.)

VI. Public Statements by Institutions

Should an institution choose to contest an adverse decision of the Commission, an appeals procedure is provided for in the Bylaws of the Middle States Association and delineated in the document, Procedures for Appeals from Decisions of an Accrediting Commission of the Association. If an institution publicly takes issue with an official Commission action (relating to that institution), the institution waives the confidentiality of the proceedings resulting in such action.

The Commission reserves the right to request additional information from the institution concerning any institutional action or policy that may affect any matter within the Commission’s jurisdiction.

In the event that an institution misrepresents the accreditation action taken by the Commission or the institution’s accredited status, the Commission reserves the right to make a public statement regarding the action or status, to disclose the team report, or to require the institution itself to make a public correction. The Commission will endeavor to contact the institution first.

VII. Communication between the Commission and Member or Candidate Institutions

The Commission endeavors to maintain complete openness of communication between itself and the institutions with which it works. Thus, every member and candidate institution is expected to provide the Commission with any information deemed pertinent to a determination of its accreditation or other recognized status. Failure to give information to the Commission is sufficient reason for reconsidering an institution’s status. Simultaneously, it is the Commission’s obligation to maintain the confidentiality of information received and not to disclose any action with respect to the status of an individual institution, except as provided in Commission policies or applicable laws or regulations. However, the Commission cannot be responsible for unintended uses of its position or correspondence.
If an institution conducts its affairs in ways which generate serious public concern, the Commission reserves the right to request further information from the institution. The Commission also may find it necessary and appropriate to disclose its position. This may result in a need to breach the usual confidential character of the Commission’s relations with an institution.

When institutions are related to a centralized system or state agency, the Commission will at all times strive to work directly with the individual units. The Commission may at its discretion correspond or consult directly with a coordinating or other agency.

VIII. Other Published Information

In addition to the Commission actions listed in the CHE Letter, selected data about each institution may be included in the Commission’s Directory of Member and Candidate Institutions, such as: name of institution, address, telephone number, name of chief executive officer and chief academic officer; degrees offered and type of institution; institutional control; enrollment; affiliation; date of initial accreditation and most recent reaccreditation; for candidate institutions, date when candidacy was granted; other instructional locations.

IX. Commission Reporting to the U.S. Department of Education

In addition to the reporting detailed in this policy, the Middle States Commission on Higher Education complies with federal reporting requirements by providing to the U.S. Department of Education:

1. a copy of any annual report it prepares;
2. a copy of any printed directory of accredited and candidate institutions, updated annually, or access to the directory on the Commission’s website;
3. a summary of major accrediting activities during the previous year, if requested by the Secretary to carry out the Secretary’s responsibilities;
4. notification of any proposed change in policies, procedures, or accreditation or candidacy standards that might alter its scope of recognition or compliance with the criteria for recognition;
5. the name of any institution accredited by Commission that Commission has reason to believe is failing to meet its Title IV, Higher Education Act (HEA) program responsibilities or is engaged in fraud or abuse, along with the agency’s reason for concern about the institution;
6. if the Secretary requests, information that may bear upon an accredited or candidate institution’s compliance with its Title IV, HEA program responsibilities, including the eligibility of the institution to participate in Title IV, HEA programs.
Policy:

Advertising, Student Recruitment, and Representation of Accredited Status

Advertising, Publications, and Promotional Literature

1. Educational programs and services offered should be the primary emphasis of all advertisements, publications, promotional literature, and recruitment activities.

2. All statements and representations should be clear, factually accurate, and current. Supporting information should be kept on file and readily available for review.

3. Catalogs and other official publications should be readily available either on-line or in hard copy and should accurately depict:
   a. institutional purposes and objectives;
   b. admission requirements and procedures, including policies on transfer credit;
   c. academic calendars and basic information on programs and courses, with required sequences and frequency of course offering explicitly stated;
   d. degree and program completion requirements, including length of time normally required to obtain a degree or certificate of completion;
   e. grievance procedures;
   f. faculty and primary administrators (full-time and part-time listed separately) with degrees held and the conferring institution;
   g. institutional facilities and services readily available for educational use;
   h. rules and regulations for conduct;
   I. grading system and related policies;
   j. tuition, fees, and other program costs;
   k. opportunities and requirements for financial aid;
   l. policies and procedures for refunding fees and charges to students who withdraw from enrollment.

4. In college catalogs and/or official publications describing career opportunities, clear and accurate information should be provided on:
   a. national and/or state legal requirements for eligibility for licensure or entry into an occupation or profession for which education and training are offered;
   b. any unique requirements for career paths, or for employment and advancement opportunities in the profession or occupation described.

5. Information on student learning outcomes should be available to prospective students.
6. Policies and procedures regarding transfer of credit and credit for extra-institutional college-level learning should be published and implemented. (See "Transfer Credit, Prior Learning, and Articulation.")

7. All information required to be disclosed by applicable law or regulation should be disclosed as required.

**Student Recruitment for Admissions**

1. Student recruitment should be conducted by well-qualified admissions officers and trained volunteers whose credentials, purposes, and position or affiliation with the institution are clearly specified.

2. Independent contractors or agents used by the institution for recruiting purposes shall be governed by the same principles as institutional admissions officers and volunteers.

3. No misrepresentations should be made in student recruitment, including:
   a. assuring employment unless employment arrangements have been made and can be verified;
   b. misrepresenting job placement and employment opportunities for graduates;
   c. misrepresenting program costs;
   d. misrepresenting abilities required to complete intended program;
   e. offering to agencies or individual persons money or inducements other than educational services of the institution in exchange for student enrollment.

**Representation of Accredited Status**

1. The term “accreditation” is to be used only when accredited status is conferred by an accrediting agency recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation.

2. No statement should be made about possible future accreditation status or qualification not yet conferred by the accrediting body.

Statements such as the following are not permissible:

-“(Name of institution) has applied for candidacy with the Commission on Higher Education of the Middle States Association of Colleges and Schools”,
-“The (Name of program) is being evaluated by the Association of ________, and it is anticipated that accreditation will be granted in the near future.”

3. Any reference to state approval should be limited to a brief statement concerning the actual charter, incorporation, license, or registration given.

4. The phrase “fully accredited” must not be used, since no partial accreditation is possible.

5. When accredited status or Candidate for Accreditation status is affirmed in institutional catalogs and other official publications, in print, via the internet or other electronic transmissions, it should be stated accurately and fully in a comprehensive statement including:
   a. identifying the accrediting agency by name, including the agency’s address and telephone number
b. indicating the scope of accreditation as:

(1) institutional (regional or national)

**Example for a Candidate Institution:**

The University of _________ is a Candidate for Accreditation by the Commission on Higher Education of the Middle States Association of Colleges and Schools, 3624 Market Street, Philadelphia, PA 19104. (267-284-5000)

Candidate for Accreditation is a status of affiliation with a regional accrediting commission which indicates that an institution has achieved initial recognition and is progressing toward, but is not assured of, accreditation. It has provided evidence of sound planning, appears to have the resources to implement the plans, and appears to have the potential for reaching its goals within a reasonable time.

**Example for an Accredited institution:**

The University of _________ is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104. (267-284-5000)

The Middle States Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation.

Note that the Commission is recognized by the U.S. Secretary of Education for accrediting activities in the Middle States region, which includes the District of Columbia, Delaware, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands.

**Institutions based outside of the United States**, whether or not chartered or licensed within the Middle States region, may not make reference to the Commission’s recognition by the U.S. Secretary of Education. Any reference to accredited status may not imply that the Secretary’s recognition of the agency extends to foreign institutions.

(2) programmatic (curriculum or unit accredited must be specified)

**Examples:**

Programs in Art and Design are accredited by the National Association of Schools of Art and Design, a specialized accrediting agency recognized by (the U.S. Secretary of Education and/or the Council for Higher Education Accreditation).

The Department of Music at the University of _________ is accredited by the National Association of Schools of Music, a specialized accrediting agency recognized by (the U.S. Secretary of Education and/or the Council for Higher Education Accreditation).

Programs for the preparation of elementary, secondary, and special education teachers at the bachelor’s and master’s level, for the preparation of guidance counselors at the master’s and specialist degree level, and for school superintendents at the specialist and doctoral degree level are accredited by the National Council for Accreditation of Teacher Education, a specialized accrediting agency recognized by (the U.S. Secretary of Education and/or the Council for Higher Education Accreditation).

Under no circumstances may the institution imply that the program is accredited by the Middle States Commission on Higher Education.
6. The accredited status of a program should not be misrepresented.
   a. The accreditation granted by an institutional accrediting agency has reference to the quality of the institution as a whole. Since institutional accreditation does not imply specific accreditation of any particular program in the institution, statements like “this program is accredited” or “this degree is accredited” are incorrect and misleading.

   Institutions wishing to make a statement about the relationship of a degree or program to the institution as a whole should state that the program or degree is offered at an institution that is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104, 267-284-5000. The statement also should make clear that Commission accreditation does not imply specialized accreditation of the programs offered.

   b. “Free-standing” institutions offering programs in a single field (e.g., a school of art, engineering, or theology), granted accreditation by a regional or national institutional accrediting agency alone, should clearly state that this accreditation does not imply specialized accreditation of the programs offered.

   c. Institutions granted the status of Candidate for Accreditation must use the statement described above under Representation of Accredited Status. In addition, the institution should indicate the effective date (month and year) candidate status was granted.

7. Institutions shall not display the logo of the Commission on Higher Education, Middle States Association of Colleges and Schools, to indicate the accredited status of the institution.
Guidelines:

Government Agencies and the Middle States Commission on Higher Education

Educational institutions, state agencies, federal agencies, and the Middle States Commission on Higher Education have unique, yet complementary roles in promoting and maintaining the quality and integrity of higher education—including an institution’s responsibility for self-regulation, state agency authority for licensure and general oversight of educational institutions, and the Commission’s role in peer-review evaluation on a voluntary basis.

The Commission has a long tradition of cooperative relations with state agencies in the Middle States region. It is sensitive to the concerns and interests of state agencies in the area of higher education, particularly in establishing minimum standards for operating educational institutions. As a prerequisite for accreditation, the Commission requires institutions to procure an appropriate license or charter from a state agency or other appropriate government agency where required by law. Moreover, the Commission acknowledges the rightful role of the state in such matters as protecting against fraud, violations of health and safety regulations, and the oversight of public funds.

In its relationships with state agencies, the Commission acts as a voluntary, non–governmental membership educational organization. It does not, and cannot, assume the statutory responsibilities of any state or other governmental agency.

State Agency Representatives on Middle States Evaluation Teams

The Commission’s primary obligations are to institutions and to the public interest. Working relations with state education agencies in the Middle States region should be continued and strengthened without compromising the Commission’s independence as a non-governmental organization.

State representatives are invited to accompany Middle States evaluation teams. In order to maintain a distinction between government agencies and the Commission, state representatives are considered to be working with, but not to be members of, Middle States evaluation teams. Representatives of state agencies normally receive copies of self-studies from the institutions to be evaluated and may participate in campus interviews and in team deliberations, but it is the prerogative of the team chair to determine the extent to which the representative contributes to discussions. The team chair and the state representative should discuss the scope and nature of the representative’s involvement prior to the actual visit. However, a state representative does not share in the final determination of a team’s recommendation with respect to accreditation.

The Commission expects the state to contact the institutional head regarding the role of the state representative in an evaluation visit and of any special relationship he or she has to the team or to the institution. By prior arrangement with the institution and the Commission office, a state representative may
pursue a separate agenda in conjunction with a Middle States evaluation. All materials relating to the visit, including the self-study or other reports, should be obtained by the state directly from the institution.

The Commission may invite state representatives to its workshops and orientation programs for evaluators and maintain the practice of notifying the related state agencies of upcoming evaluations of institutions within their states. Periodically, Commission staff may meet with representatives of state agencies.

**Collaborative Reviews with Governmental Agencies**

the Commission Handbook for Collaborative Reviews describes other types of cooperation, such as state agency reliance on Commission accreditation and reviews by different agencies that occur simultaneously, sometimes using the same self-study, team report, and visiting team. It is possible to execute a formal agreement between Commission and a governmental agency for joint or collaborative reviews.

**Communication and Information**

**Sharing with State Agencies**

Institutions may share evaluation team reports and their responses to the reports with state agencies at the earliest feasible date, but it remains the institution’s prerogative, except where explicitly required by law, to determine whether and/or when to share an evaluation team report and related responses with a state agency. The Commission’s usual policy is to submit evaluation team reports only to the individual institutions. Once an accreditation action of the Commission is final, however, the Commission notifies the appropriate state agency of any final actions taken by the Commission regarding institutions that are licensed by the state.

The Commission will exert every effort to protect its confidential relationship with accredited and candidate institutions. However, in the interest of providing optimum assistance to educational institutions, sharing of non-confidential information is encouraged between the Commission and respective state agencies, particularly through informal communication between and among staff members.

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Policy:

Political Intervention in Education

The interdependence of educational institutions and their academic freedom are essential to the quality and integrity of all education. Teaching and learning require free and full exposure to information and ideas, the right to question or dissent, and opportunities to study, research, and debate, free of political pressure. The academy requires that inquiry and analysis must be guided by evidence and ethics, unfettered by political intervention.

A college or university must be sensitive to the conditions of the society in which it exists, but it must also be free to determine how to be most responsive and responsible. Political interference in the affairs of an educational institution presents a threat to its freedom and effectiveness. Direct intervention by elected or appointed officials, political parties, or pressure groups in the selection of faculty, the determination of curricula, textbooks, course content, or in admissions or retention policies, injects factors which are often inimical to the fulfillment of an institution’s mission. In the matter of appointments, for example, political control at any level results in divided loyalty and weakened authority. To impose political considerations upon faculty selection and retention harms an institution intellectually and educationally, not only by reducing its options in the recruitment of talent, but also by creating pressures against dissent on important policy issues. When political considerations irrelevant to the functions of the office determine the selection of trustees or similar officers, they impose restrictions on choice. Moreover, appointments based on political grounds entail external liaisons which may contravene the educational purposes of the institution.

If the tenure of an educational administrator is subject to political partisanship, or if appointments to the board of trustees or the faculty are made only with regard to their political implications, the institution may be weakened and its prospects for excellence seriously diminished.
V

International Programs
An accredited institution may offer education abroad through branch campuses or additional locations or by contractual relationships with other non-accredited providers (including consortia of which it is part). Such offerings may include limited study abroad activities as well as the provision of entire degree programs. The education and degrees may be offered to students matriculating at its U.S. campus and/or to foreign nationals.

Institutions whose home campus is outside of the U.S. are governed by this policy with respect to all programs offered outside the country of their primary location.

All such activities must be addressed within the self-study and periodic review report, and in certain cases locations abroad must be visited by the Commission’s representatives as part of decennial, substantive change, or other reviews.

If a Middle States accredited institution contracts with an international institution to provide any aspect of the educational experience, the contract should comply with the requirements set forth in the policy, “Contracts for Education-Related Services,” and it should:

- be in English and in the primary language of the host institution;
- state that the legal jurisdiction under which its provisions will be interpreted will be that of the accredited member institution;
- provide protections for enrolled records for storage of records; and
- comply with all of the applicable provisions of this policy.

The institution should confirm that the foreign party to the contract is legally qualified to enter into the contract.

Good Practice for Programs Abroad Offered by Accredited Institutions

All international programs should:

- meet all accreditation standards.
- meet standards for quality of instruction, academic rigor, educational effectiveness, and student achievement comparable to those of other institutional offerings. Resources such as student services should be appropriate to the culture and mores of the international setting.
- be rooted in the institution’s mission and have clear educational goals. The Commission must be notified in advance in accordance with its “Substantive Change” policy if the institution alters its mission, goals, and objectives.
reflect the educational emphasis of the U.S. institution, including commitment to general education, with appropriate adaptation to the culture of the location abroad.

- be included in its regular budgeting and auditing processes, and be offered without diminishing its financial support for its US operations.

- provide the Commission on request accurate financial records for the program, including accounting for funds designated for third parties within any contractual relationship.

- meet all internal and external approval requirements, such as that of the governing body, system administration, government bodies, and accrediting associations, both in the U.S. and abroad, including consultation with national quality assurance agencies in countries where programs are offered.

In addition, the accredited member institution should:

- ensure adequate supervision of the program both on-site and by the home campus including recruitment and admission of students and supervision of the teaching and administrative staff abroad responsible for the educational quality of the international program. Visits from overseas representatives to the home campus are encouraged.

- share with prospective and enrolled students, the following types of information:
  - the learning goals of the program
  - the relationship, if any, to a foreign institution
  - grading practices and policies for assigning credit, especially if several institutions are involved with a single overseas institution or consortium
  - significant differences between the home campus experience and what can be expected abroad
  - the extent of responsibility assumed by the program for housing participants
  - what services will and will not be provided.

- maintain official records of academic credit earned in its international program if academic credits earned in the program abroad are applicable to degree programs in the accredited member institution, and the official transcript should follow the institution’s practices in identifying every site or through course numbering the credits earned in its off campus programs.

- inform students in advance that they will ordinarily not receive credit for foreign study undertaken without prior planning or approval by the students’ home campus administrators.

- assure fair reimbursement to participants if the program is not delivered as promised for reasons within the institution’s control, or because of international exigencies.
Policy:

Institutions Located Outside
The United States

Under its charter and in fulfillment of its mission, the Middle States Commission on Higher Education (Commission) has extended its accreditation to a number of U.S. institutions outside the U.S. and its territories. The original policy statement under which these institutions were granted accreditation stated that they were “intended primarily to serve U.S. nationals abroad.” The policy was subsequently applied to institutions abroad meeting Commission standards for U.S. style institutions.

Commission is now authorized by the MSA Charter and Bylaws and by its own eligibility requirements to accredit foreign institutions that meet Commission standards in accordance with this policy.

U.S. Institutions Abroad

An institution of higher education, established under American auspices outside the United States and its territories, chartered or licensed to grant academic degrees by the appropriate agency of a state within the Middle States region, the District of Columbia, Puerto Rico, or the U.S. Virgin Islands, may initiate application for institutional accreditation by following the procedures outlined in Candidacy: Handbook for Applicant and Candidate Institutions.

Non-U.S. Institutions Abroad

An institution abroad not having degree-granting authority from an appropriate agency of a state within the Middle States region may be invited to submit materials for application for accreditation at the sole discretion of the Commission. Interested institutions must submit a formal letter of intent describing the institution’s reasons for seeking Middle States accreditation, and providing the institution’s language of instruction and assurance that all accreditation documents can be provided in English, describing and documenting that the institution has degree-granting authority from a U.S. or foreign governmental or other agency outside the Middle States region, and describing any external quality assurance activities or reviews. The letter should acknowledge review of the eligibility requirements and standards and assert that the institution has the capacity to meet them. These preliminary materials will be reviewed by staff and must be approved by the Commission before an institution is invited to submit complete Phase I application materials. The Commission may decline to invite an institution to submit an application for any reason, at the sole discretion of the Commission, whether or not related to eligibility requirements.
Procedures

All inquiries should be addressed to the Executive Director, Middle States Commission on Higher Education.

An overseas institution will bear all costs of assessment, evaluation, and staff and evaluator visits, as well as paying the dues and fees required of members. Please see “Schedule of Dues and Fees.”

Please see policy, “International Travel by Commission Staff and Volunteers,” for limitations on travel by staff and volunteers under certain conditions, and the effect of these limitations on initial and continuing accreditation.

The Commission on Higher Education reserves the right to alter threshold conditions when appropriate.
Procedures:

International Travel by Commission Staff and Volunteers

If a Travel Warning for a particular destination has been posted by the U.S. State Department, the staff and volunteers of the Middle States Commission on Higher Education are not permitted to travel to the site. If the U.S. State Department has issued a Public Announcement about the destination, staff and volunteers may travel to the site only with the approval of the Executive Director and one member of the Executive Committee, upon petition by the staff liaison. If a consular information sheet contains advice about security risks, the individual traveling should decide whether to proceed. The staff liaison for each institution will investigate the status of foreign countries to which travel is proposed and will notify the person(s) traveling of public announcements or consular information advice.

Delays and Accommodations

Whenever possible, visits should be conducted by alternative means such as videoconferencing, conference calls, or meetings in another location unless staff determine that on-site visits are necessary. These accommodations do not apply to decennial team visits or team visits for initial accreditation.

Accredited institutions affected by these travel guidelines that are due for such visits may be given an extension by staff for a specified period that is appropriate under the specific circumstances so that the situation can be re-examined at the end of the specified period. Such extensions shall not exceed two years, without explicit approval of the Executive Committee or the Commission. Any paper submissions due during that period must be submitted as usual.

Candidate or applicant institutions abroad may be granted delays or variances by staff, consistent with the provisions in the preceding paragraph.

Commission Action Regarding International Institutions or Non-Domestic Branch Campuses/Additional Locations

If an international site (either an entire institution or a branch campus/additional location operated by a domestic institution) scheduled for Commission action is located in an area that is subject to a U.S. State Department Travel Warning, Public Announcement, or consular information noting security risks, the Commission will act on the merits of the case exclusive of the security situation. However, the Commission reserves the right to terminate review processes for international institutions and branch campuses/additional locations operated by domestic institutions if the Commission deems the situation to be too dangerous to conduct an on-site review.
Deadlines

In the event that the Commission is unable to evaluate the institution as scheduled due to a Travel Warning or other restriction as determined by the Commission, the Commission may take an administrative action as defined in its policy, "Range of Commission Actions on Accreditation." The institution maintains its accreditation status with the Commission during an administrative action.

Approved 11/21/02
Revised April 2003

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VI

Commission Administrative Procedures
Policy:

Review of Commission Standards, Policies, and Procedures

The primary document of the Middle States Commission on Higher Education, Characteristics of Excellence in Higher Education: Eligibility Requirements and Standards for Accreditation, is reviewed and approved periodically by the colleges and universities that are accredited by the Middle States Commission on Higher Education. The Commission conducts ongoing review of the standards by soliciting written comments following on-site evaluation. The standards are reaffirmed at least every seven years, based on an assessment of the adequacy of all standards as meaningful measures of quality. If the Commission determines that changes in the standards may be warranted, action will be initiated within one year and the revision process will be completed within the following year. Proposals will be sent to member institutions and other constituencies for comment or discussion. Thereafter, proposals will be sent to the membership for approval.

Several types of Commission publications supplement the basic accreditation standards. Policies are elaborations of the accreditation standards in Characteristics of Excellence. Guidelines (based on best practices) are advice to members for implementing standards; Administrative Procedures are processes to guide the work of the Commission and its members; and handbooks assist members in implementing the accreditation standards. All of these publications are subject to approval by the Commission, and policies that affect the substance of accreditation standards are also subject to approval by the membership.

Suggestions and recommendations are regularly solicited from the Commission’s constituency and other appropriate communities of interest to ensure the relevance and appropriateness of the Commission’s policies and procedures. In addition, the experience of institutions and evaluation teams provides continuous commentary on the quality and practicality of Commission documents.

The Commission reviews its policies and procedures in accord with the cycle outlined below:

- Following the cyclical review of Characteristics, the Commission reviews other policies and procedures which are affected by changes in Characteristics.

- After first review by the Commission, the text of proposed major new policies or major substantive revisions is made available on the Commission’s website, in the newsletter, or other special publications as the Commission’s method of soliciting comments from the Commission’s broad constituency, which includes member and candidate institutions and other communities of interest. The document is returned to the Commission for second review and approval.

- Following Commission approval, member institutions are given the opportunity to vote on the policy by mail ballot or at a special meeting convened by the Commission for that purpose.
Major substantive policy statements (not including statements of good practices or principles) which originated with other organizations (such as the Council for Higher Education Accreditation) and are endorsed by the Middle States Commission on Higher Education also must be approved by the institutions that are accredited by the Commission.
Policy:

Conflict of Interest: Commissioners, Chairs, Evaluator, and Others

The purpose of the attached “Conflict of Interest Disclosure Statement” is to maintain the integrity, credibility, and codes of good conduct in accreditation and policy making processes and to avoid actual conflicts, potential conflicts, or even the appearance of conflicts of interest in the Commission’s decisions. Individuals covered by this policy may serve in the capacity of Commissioner, Commissioner Pro Tempore, Team Chair, Team Member, Substantive Change Committee Member, Periodic Review Report Reviewer, Candidate Consultant, and/or Finance Associate.

The Commission relies on the personal and professional integrity of individuals to refuse any assignment where the potential for an actual or perceived conflict of interest exists. The Commission expects any committee member, team chair, evaluator, PRR reviewer, or other individual acting on behalf of the Commission to recuse him or herself from any discussion or accreditation decision if any of the following conditions exist. The Commission will not assign an individual as a chair, team member, reader, or reviewer if:

- the individual’s home institution is part of the same system;
- the individual has been a candidate for employment in the evaluated institution within the past year;
- the individual has been employed by the institution within the past five years;
- the individual belongs to the governing body of the institution;
- the individual has a personal, business, consultative, or other interest in or relationship to the institution under review and consideration that could affect his or her objectivity;
- the individual’s institution has a material interest in a positive accreditation outcome based on a significant business or other fiduciary agreement (excluding routine articulation or similar inter-institutional agreements);
- the individual has a family member who is an employee, board member, candidate for employment, or student at the institution;
- the individual has expressed personal opinions bearing upon the accreditability of the institution;
- the individual is an alumnus or alumna of the institution; or
- in the individual’s judgment, there is any other circumstance that could be perceived as a conflict of interest.
In addition, Chairs, team members, PRR readers, substantive change committee members, finance reviewers and others usually may not serve in any capacity if the individual’s home institution is in the same state in which the institution being reviewed is located.

In some cases, exceptions may be made to these policies after consultation with the institution to be visited.

**Consulting**

To avoid the appearance of possible conflict of interest, no member of a visiting team may serve as a paid consultant in any area related to accreditation to the institution being visited for a period of one year following the official accrediting action. The institution is expected to respect the process by not engaging any team member as a consultant for one year following evaluation or considering any team member for permanent employment within one year of the evaluation.

Commissioners may not receive consulting fees or any other form of remuneration for any accreditation-related consulting from any Commission member or candidate institution.

Seminars or workshops for faculty or administrators to share institutional or discipline-related information or expertise are not considered to be accreditation-related.

**Commissioners**

Each Commissioner is expected to submit a conflict of interest statement annually, or when a change occurs. No Commissioner will knowingly be assigned as a Commissioner-reader or reviewer of any institution for which a conflict exists. Commissioners absent themselves during any substantive discussion and recuse themselves from any decision involving an institution with which they have a conflict.

Commissioners may not receive honorary degrees from any Commission member or candidate institution.

Commissioners may not be employed by the Middle States Association or the Commission on Higher Education within a one-year period following their tenure in office.

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Conflict of Interest Disclosure Statement

In accord with the Commission’s policy statement, “Conflict of Interest,” please read carefully the disclosure statement below and, to the best of your judgment, disclose any conflicts or potential conflicts of interest at the bottom, and sign and return the form to the Commission office as soon as possible. The Commission will use the information provided to help control the compilation and distribution of information for participants in the accreditation process, to monitor the participation of readers and representatives on visits, and to determine who participates in discussions or decisions concerning institutions. If, in your opinion, you are not involved in any situations or circumstances which would be considered conflicts or potential conflicts of interest, simply write “None” on the form.

Please indicate your participation in the accreditation process. You may be asked to complete a form each time you participate in a different aspect of accreditation. Please also indicate whether you are being considered as a Public Representative.

Disclosure

I am serving as a:
- Commissioner
- Commissioner Pro Tempore
- Team Chair
- Team Member
- Substantive Change Committee Member
- PRR Reviewer
- Finance Associate

If you are serving as a commissioner, please indicate your status:
- I am being considered as a Public Representative of the Commission
- I am not being considered as a Public Representative of the Commission

I have read and fully understand the attached conflict of interest guidelines. To the best of my knowledge, I have disclosed below all situations and circumstances which may be considered conflicts of interest or potential conflicts of interest. Also, during my service to the Commission, I will voluntarily disclose any situation or circumstance which may, in my judgment, be considered a conflict or potential conflict of interest as it arises.

Attach separate sheet(s), if necessary:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Signature: ___________________________________________

Please print or type: ___________________________________

Date: __________________
Administrative Procedures:

Conflict of Interest:
Commission Employees

The Middle States Commission on Higher Education seeks to ensure that the personal or professional obligations or interests of all employees do not interfere with their ability to conduct their duties in a fair and impartial manner. This policy statement defines those areas that the Commission considers to represent an actual or potential conflict of interest. The Commission’s purpose in defining these parameters is to:

- maintain credibility in the accreditation process and confidence in its decisions
- assure fairness and impartiality in decision-making
- avoid allegations of undue influence in the accreditation process; relationships that might bias the actions, deliberations, or decisions of the Commission; conflicts that would impair judgment; and circumstances that could interfere with an individual’s capacity to make objective, detached decisions; and
- assure opinions free of self-interest and personal bias.

Staff liaisons to member institutions will not be assigned to an institution from which they have graduated or where they have been employed. If an employee is a candidate for a position with an institution for which he or she is the designated liaison, the employee must immediately relinquish responsibility for that institution to another employee, in consultation with the executive director. No employee may serve as a liaison to an institution at which he or she has been a candidate for employment within the past year.

In making assignments, the executive director also will consider the status at an institution of close personal friends or family members and the holding of privileged information not available to others involved in the evaluation process.

No employees are permitted to accept honorary degrees or other honors or awards from member or candidate institutions in the Middle States region during the period of their active service.

Except in exceptional circumstances and subject to the approval of the Commission’s executive director or the approval of the Executive Committee for the executive director, employees are not permitted to participate as a representative of the Middle States Commission on Higher Education in ceremonial occasions at Middle States member or candidate institutions.

Employees may serve as a consultant to non-member or non-candidate institutions or organizations on their earned vacation time. Any professional consulting arrangement, private consulting, or other employment arrangements between employees and outside organizations or institutions may be made only with the approval of the executive director. Employees may not serve as consultants to member or candidate institutions.
Employees may not serve as a participating “voting” member of an assessment visit team for Candidacy or a decennial evaluation team, nor may staff serve as a PRR reviewer for any institution to which the employee serves as liaison, but staff may accompany such teams and review such documents. If the institution is on warning, probation, or show cause, the staff liaison may not serve as the sole evaluator.

In addition, the Commission relies on the personal and professional integrity of individuals to refuse any assignment in which an actual or potential conflict of interest exists. If an unanticipated actual conflict of interest develops, the employee should withdraw at that point.

It is the responsibility of the employee in all cases to determine whether or not an outside relationship does in fact constitute a conflict of interest. The executive director may, at his or her discretion, bring the matter to the Executive Committee for specific waivers or other consideration.
The committees of the Commission designated to review institutional reports are the Committee on Evaluation Reports, Committee on Periodic Review Reports, Committee on Follow-up Activities/Candidate Institutions, and the Substantive Change Committee. The Substantive Change Committee is authorized to act on behalf of the full Commission on all requests for approval of substantive changes at institutions, and the Executive Committee has the authority to act on behalf of the Commission on all matters arising between Commission meetings. All committees except the Substantive Change Committee and the Executive Committee are expected to recommend an action to the Commission.

All committees are chaired by a member of the Commission. Committee members receive numerous institutional documents and instructions which enable them to complete thoroughly their specific review assignments and to participate in the decision-making process for all institutions on the day’s agenda. All committee members are encouraged and expected to attend the meeting and participate in discussions on each of the institutions.

Confidentiality

All documents, discussions, and team and committee recommendations related to the accreditation of an institution are considered confidential. Chairs of evaluation teams or any other participant in a committee meeting should not under any circumstances share the team’s recommendation, the Chair’s brief, or the committee’s recommendation with the institution.

Committee on Evaluation Reports

The Committee on Evaluation Reports meets several times each year and is charged to conduct an independent review of institutions that have submitted their decennial self-study documents and hosted a peer review team; to consider the team’s recommendations, the institution’s response, and any staff comments; and to recommend an accrediting action to the Commission. A commissioner, the Chair of the evaluation team, and the staff liaison are assigned to each institution and serve at the committee meeting as reviewers and presenters.

Role of the Evaluation Team Chair

The Chair presents a brief of the evaluation team report orally, discusses in greater detail any concerns or commendations the team expressed regarding compliance with accreditation standards, and proposes the action that the Committee should recommend to the Commission. The Chair’s brief is a succinct reflection of the team’s findings and should be no more than two pages in length. It is further described in the Handbook for Conducting and Hosting an Evaluation Visit.
Role of the Commissioner

Prior to the meeting, the commissioner reviews the four major documents involved in the evaluation cycle: (1) the institutional self-study document; (2) the evaluation team report; (3) the Chair’s brief of the evaluation report; and (4) the institution’s response to the evaluation report. At the meeting, the commissioner will address key issues not discussed by the team Chair, raise relevant questions for response by the team Chair, and propose an action to the Commission.

Role of the Staff Liaison

Staff serve as a resource. As appropriate, the assigned staff person may provide comments and answer questions or address concerns of the Committee regarding the institution.

Role of the Chair and Other Members of the Committee

A commissioner serves as Chair of the Committee and, as Chair, is responsible for assuring that there is appropriate participation and consistency in the decision-making process. The Chair allows general discussion and questions by everyone present to facilitate agreement on the action which the Committee will recommend to the Commission. The Committee decides if the institution should be placed on the agenda for consent or discussion by the Commission.

Committee on Periodic Review Reports

The Committee on Periodic Review Reports is an ad hoc committee charged with reviewing a comprehensive report submitted by each institution five years after its decennial review and visit and recommending an accrediting action to the Commission. Institutions submit their reports in June. After thorough review of the materials, the Committee convenes in the fall.

Role of the External Reviewers

In advance of the meeting, each reviewer receives packets for each institution on the agenda, which include: (1) the executive summary for each PRR; (2) the external reviewer’s analysis; (3) the reviewer’s brief; (4) the finance associate’s report; and 5) the institution’s response.

The first reviewer will read orally a brief of the reviewers’ report, make additional observations if desired, and propose the action that the Committee should recommend to the Commission.

The second reviewer will make additional comments relative to other key issues in the institution’s report and the reviewers’ report.

Role of the Staff Liaison

Staff serve as a resource. As appropriate, the assigned staff person may provide comments and answer questions or address concerns of the committee regarding the institution.
Role of the Chair and Other Members of the Committee

A commissioner serves as Chair of the Committee and, as Chair, is responsible for assuring that there is appropriate participation and consistency in the decision-making process. The Chair allows general discussion and questions by everyone present to facilitate agreement on the action which the committee will recommend to the Commission. The Committee decides if the institution should be placed on the agenda for consent or discussion by the Commission.

Committee on Follow-up Activities/Candidate Institutions

The Committee on Follow-up Activities/Candidate Institutions is charged with reviewing reports from: (1) institutions for which the Commission has mandated follow-up reports or activities; and (2) institutions seeking or already in Candidate for Accreditation status, and with recommending an accrediting action to the Commission.

Role of the Committee Members

The Committee is composed of five or more commissioners. Each commissioner is assigned a comparable number of reports. For follow-up activities, the Committee is charged with reviewing all institutional and special visit reports, evaluating them in light of the concerns expressed by the Commission, and recommending appropriate actions to the Commission. The Committee’s chief responsibility to applicant and candidate institutions is to recommend to the Commission appropriate action on the invitation of institutions to apply for Candidate status and on the admission of institutions to Candidate status. The Committee also determines if institutions in candidacy are making timely progress toward accreditation.

Role of the Staff Liaison

Staff serve as a resource. As appropriate, the assigned staff person may provide comments and answer questions or address concerns of the Committee regarding the institution. For institutions where written institutional reports are not required, Committee members will review and discuss staff reports.

Role of the Chair and Other Members of the Committee

A commissioner serves as Chair of the Committee and, as Chair, is responsible for assuring that there is appropriate participation and consistency in the decision-making process. The Chair allows general discussion and questions by everyone present to facilitate agreement on the action which the committee will recommend to the Commission. The Committee decides if the institution should be placed on the agenda for consent or discussion by the Commission.

Substantive Change Committee

The Substantive Change Committee monitors substantive changes that occur between regularly-scheduled periodic evaluations, because changes within institutions are frequent and there is a need to assure educational quality as institutions change. Institutions seeking prior approval of or providing information regarding a substantive change submit a report that provides basic planning information, including the nature and purpose of the proposed activity, its relevance to the institution’s current mission, and its impact on the rest of the institution.
The Committee is charged with reviewing all reports requesting approval of a substantive change and with taking a final action on such requests. It is chaired by a commissioner, and a public representative on the Commission serves as a standing member.

Role of the Committee Members/Reviewers
Committee members serve as first and second reviewers for particular substantive change requests. Each of the two reviewers reports orally on the institutional materials sent to them and proposes what action should be taken in response to the substantive change request(s) assigned to them. Committee members participate in a discussion of the action which the committee should take on behalf of the Commission or, alternatively, in the determination that a substantive change request should be forwarded to the full Commission for review at its next meeting.

Role of the Staff Liaison
Staff serve as a resource. As appropriate, the assigned staff person may provide comments and answer questions or address concerns of the committee regarding the institution.

Role of the Chair
A commissioner serves as Chair of the Committee and, as Chair, is responsible for assuring that there is appropriate participation and consistency in the decision-making process. The Chair allows general discussion and questions by everyone present to facilitate agreement on the action which the Committee will take on behalf of the Commission.

The Chair of the Committee reports the actions to the full Commission. The Committee may, at its discretion, refer a decision to the full Commission for discussion and/or decision.

Administrative Procedure:

Travel Expenses

The following guidelines should be used by all persons traveling on official business of the Middle States Commission on Higher Education, including:

- Members of the Commission on Higher Education
- Evaluators, Team Associates, and Consultants to Institutions
- Task Forces, Advisory Groups, Committees, and Consultants to the Commission
- Guest Speakers, Panelists, and Facilitators at Commission-sponsored events

At the conclusion of a trip authorized by the Commission or Commission staff, each traveler is required to file an expense voucher in order to provide an account of expenditures incurred and to request reimbursement. All expense vouchers must be accompanied by receipts or invoices in order to comply with the minimum accounting standards established by the Internal Revenue Service and the reporting standards of the Middle States Association of Colleges and Schools. A copy of the expense voucher is available on the Commission’s website at www.msache.org.

Failure to submit vouchers within one month following a travel event could result in the forfeiture of reimbursement. Please note that a signed voucher should be returned to the Commission even if no expenses are incurred.

For evaluators, team associates, and consultants: Under no circumstances are expenses to be reported directly to the institution, nor should team members or consultants accept any form of direct reimbursement from the institution.

In selecting a means of transportation, a balance must be struck between the need for economy on the one hand and the efficient use of time on the other. Taking that into consideration, the traveler should:

- use public transportation (e.g., airport buses, commuter trains, airport limousines), unless group taxi fares are most convenient and no more costly;
- use private automobiles as opposed to rental cars; and
- travel by air or rail at coach rate fares.

Air Travel

All travelers are expected to travel at coach rate fares, unless the institution has allowed for an upgrade. Even within coach, airline fares may vary considerably, depending on the airline, the travel agent, and other factors such as a Saturday night stay. Some lower fares are available through the services of a consolidator. Please use the least expensive reasonable transportation. If the quoted fares seem high, check with the Commission office or with the institution you will be visiting (if applicable) for suggestions for economical approaches.
Airlines often will offer special rates for travel that includes a Saturday night stay. If the potential savings exceed the cost of an overnight stay at a hotel, the traveler should take advantage of this option if it is convenient to do so, unless the ticket is non-refundable and the traveler anticipates a change or cancellation. If non-refundable tickets cannot be used by the traveler, they should be surrendered to Commission.

If a traveler does not have the resources to cover out-of-pocket travel expenses, or needs to be reimbursed prior to the actual meeting date, he or she should contact the Commission staff. If an individual does not carry personal flight and travel insurance, the cost of its purchase in amounts up to $100,000 for a specific trip is a legitimate expense. The traveler should check with his or her home institution, which may have such coverage for faculty, administrators, and staff.

**Rail Travel**

All travelers are expected to travel at coach rate fares. Although travel on Amtrak’s Acela Express is permissible, travelers should not use First Class unless they are prepared to pay the difference themselves. Regular Amtrak or Metroliner is preferable to Acela.

**Travel by Automobile**

Travel by private automobile is generally limited to round-trip distances of no more than 500 miles, and expenses are reimbursed at a flat mileage rate set by Commission and consistent with IRS regulations. The flat rate is intended to cover all operating expenses, including depreciation and insurance.

The Middle States Association does not carry automobile liability or collision insurance for the protection of persons traveling on Commission business in their own cars. For travel by private automobile in excess of 500 miles, for which specific exemption has been obtained, reimbursement will be based on either the flat mileage rate or the air coach fare rate, whichever is less.

Rental cars should be at competitive rates, and the traveler should purchase insurance for liability and collision, unless it is already covered by personal automobile insurance.

**International Travel**

When a traveler is going to an overseas location on official Commission business, prior approval must be sought before making arrangements to travel by business class. Failure to secure permission may result in the traveler’s paying the difference between coach and business class fares.

Expenses incurred in the preparation for international travel (e.g., passport/visa fees, immunization costs, etc.) should be reported on the Commission’s expense voucher and accompanied by receipts.

Please refer to “International Travel by Commission Staff and Volunteers” for restrictions on travel abroad.
Housing

For Commission-sponsored meetings, single rooms will be reserved for each traveler if an overnight stay is approved by Commission staff. Only room and tax charges will paid by the Commission. Travelers must be prepared to cover all other expenses. Approved expenses, such as meals not provided by the Commission at an event, should be noted on the expense voucher.

Other Expenses

The Commission (or the institution hosting visiting evaluators) does not pay for persons not directly involved in the conduct of official Commission business. The Commission (or the institution hosting evaluators) will take responsibility only for reasonable travel costs, lodging, parking, and meals not included at official Commission functions. Personal expenses such as movies and alcoholic beverages will be deducted.
VII

Complaints, Comments, And Appeals
Policy:

Complaints Involving Member And Candidate Institutions

The Middle States Commission on Higher Education recognizes the value of information provided by students, employees, and others in determining whether an institution’s performance is consistent with the Commission’s standards and expectations for accreditation. The Commission’s interest also is in assuring that member institutions maintain appropriate grievance procedures and standards of procedural fairness and that procedures are followed appropriately.

Individuals can submit at any time information regarding an institution’s compliance with Commission eligibility requirements, standards, or policies or regarding an institution’s compliance with its own policies or procedures. Individuals interested in submitting information regarding an institution’s accreditability to be considered during an upcoming accreditation review should follow the policy on Third-Party Comment. The Commission reserves the right to review information under either policy as it determines to be appropriate under the circumstances.

The Commission’s complaint procedures are created to address non-compliance with the Commission’s or the institution’s standards, policies, or procedures. They are not intended to be used to involve the Commission in disputes between individuals and affiliated institutions, or to cause the Commission to interpose itself as a reviewing authority in individual matters of admission, grades, granting or transferability of credits, application of academic policies, fees or other financial matters, disciplinary matters, contractual rights and obligations, or similar matters. Nor does the Commission seek any type of compensation, damages, readmission, or any other redress on an individual’s behalf. The Commission does not respond to, or take action on, any complaint or allegation that contains defamatory statements. The Commission expects individuals to attempt to resolve the issue through the institution’s own published grievance procedures before submitting a complaint to the Commission. Therefore, the Commission’s practice is not to consider a complaint which is currently in administrative proceedings, including institutional proceedings, or in litigation. However, if the Commission determines that the complainant raises issues which are so immediate that delay may put the institution’s accreditation in jeopardy, or delay has the potential to cause harm to students or the campus community, the Commission may, at its discretion, choose to proceed with the review.

Because of the need for information to be current, except in extraordinary circumstances, the Commission will not consider complaints if two years or more have passed since the complainant initiated the institution’s grievance procedure.
Aggrieved individuals must submit complaints in writing and address them directly to the Middle States Commission on Higher Education. The Commission will not review complaints that are not in writing (e-mail is not acceptable) or which are anonymous. The Commission also will not act on complaints which are submitted on behalf of another individual or complaints which are forwarded to the Commission.

**Procedures**

The following procedures will be followed for all complaints received by the Middle States Commission on Higher Education.

- Complaints must be in writing and signed by the complainant. They should be submitted to the Executive Director, who may assign the complaint to a staff member for substantive review.

- The complaint should identify the specific standards or fundamental elements, policies, or procedures which have been allegedly violated. The Commission’s standards for accreditation, Characteristics of Excellence in Higher Education, are available as a publication at [www.msache.org](http://www.msache.org)

- The complainant should identify any steps already taken to resolve the complaint within the process provided for by the institution.

- The Commission recognizes the importance of timely resolution of complaints as promptly as feasible, consistent with fairness to the complainant and the institution. It will acknowledge receipt of all complaints within 30 days.

- The Commission considers all complaints to be confidential between the complainant and the Commission, until such time as written permission for disclosure is received from the complainant. The Commission will not contact the institution concerning the complaint until such permission is received. However, the Commission cannot proceed with its review unless the institution is permitted to see the complaint and to respond to specific charges in the complaint.

- If the complaint is not within the purview of the Commission, the Commission will notify the complainant. If it is not clear whether the complaint appears to be within the purview of the Commission, the complainant will be contacted for further information or documentation in order to determine the status of the complaint.

- If the complaint appears to be within the purview of the Commission, the assigned staff will contact the complainant regarding the Commission’s consideration of the complaint, seeking further clarification or support of the complaint in order to consider the complaint fairly, and/or requesting authorization to forward the complaint to the institution for response.

- After obtaining written permission from the complainant, the Commission will ordinarily forward a copy of the complaint to the principal administrative officer of the institution and request an institutional response. The institution is asked to respond to the Commission regarding the complaint within 60 days after the Commission mails a copy of the complaint and related materials to the institution. In consideration of the circumstances of, or issues raised in the complaint, the Commission may, on occasion, request a response within a shorter period.

- If an institutional response is not received by the Commission within the requested time period, or if the Commission does not consider the institutional response to have satisfactorily resolved the issue or issues
raised in the complaint, or if the Commission otherwise concludes that a violation of the Commission's standards, eligibility requirements or procedures may have occurred, the Commission may initiate further proceedings as the circumstances warrant, including the initiation of proceedings which may result in an adverse accreditation action.

- The Executive Director places the matter on the agenda of the Executive Committee for its determination as to the future course of action. If a complaint prompts action by the Commission, it is placed in the institution's file in the Commission office and is shared with the next evaluation team. All complaint records are maintained in the Commission office.

- If the Commission determines that the institutional response satisfactorily addresses the issue(s) raised in the complaint, or if the Commission is otherwise satisfied upon its own review that no violation of the Commission's accreditation standards or its eligibility requirements has occurred, or that no violation of the Commission's or institution's policies or procedures has occurred, the matter will be considered closed.

- The Commission will attempt to notify the complainant of the results of the review in writing within 30 days after the institution has submitted its response.
Policy:

Third-party Comment

The Commission on Higher Education invites third-party comment on those institutions undergoing an evaluation for Candidacy or for initial accreditation or a decennial review for reaffirmation of accreditation. The purpose of the Commission’s review is limited to assessing the institution’s ability to meet the eligibility requirements and standards for accreditation. Comments must be written and signed (i.e., not anonymous) and should be addressed specifically to one or more of the Commission’s eligibility requirements or standards for accreditation.

Although the Commission actively invites comments during the self-study processes for initial accreditation or reaffirmation of accreditation, comments submitted at other times will be considered during the next appropriate review, either the Periodic Review Report or scheduled follow-up. The Commission reserves the right to initiate an independent review if no accreditation activity is scheduled within a reasonable period of time.

The Commission publishes the names of institutions in candidacy preparing for initial accreditation review or otherwise undertaking self-study through appropriate Commission mechanisms; institutions also should publicize self-study activities and invite third party comment to assist them in the self-study process.

Notification and Invitation by the Commission

In addition to the institution’s involvement of its constituencies in the initial accreditation, self-study and evaluation processes, the Commission on Higher Education invites third party comments. At least one year prior to the on-site evaluation, the Commission on Higher Education publishes on its website a list of institutions (including candidate institutions) undertaking self-study and scheduled for on-site evaluation in the next three academic cycles. The Commission also may invite comments through other means, such as letters or announcements to specific groups, including state agencies and other regional or professional accrediting organizations.

The Commission’s notice will include at least the name of the institution, the academic year in which the on-site evaluation is scheduled, the address of the Commission to which comments and information can be sent. Because comments should be submitted no later than six weeks prior to the visit and because visit schedules vary, contact the Commission office for exact dates.

Review and Response

The Commission office will review all third party comments received and forward to the institution those comments that are relevant to the accreditation standards or eligibility criteria. Comments that may be defamatory, in restraint of trade, or addressed to matters not relevant to the accreditation or candidacy status of the institution will not be shared with the institution or team.
Because third-party comments provide the Commission with information or evidence regarding an institution’s ability to meet accreditation standards, the institution is afforded the opportunity to respond to the comments and/or provide evidence to demonstrate whether the institution can or does meet the standards. Therefore, those who offer third-party comments must provide written permission for the comments to be shared with the institution.

The institution is invited to respond through the self-study report or separately. If comments are received after the institution has submitted its self-study, the Commission will provide the comments to the institution and invite response if time permits, or will inform the institution that the team will receive a copy and will invite a response from the institution during the on-site visit.

**Evaluation Team Review**

The third-party comments received and the institution’s response (if submitted) are provided to the chair of the evaluation team to be considered as part of the information that guides the team during the evaluation review.

If time does not allow the institution to respond prior to the visit, the team chair will be informed that the institution has received the comments, and that the matter may be discussed during the visit.

The team chair should consider the comments to be supplemental information, but it is not the responsibility of the team chair or the team as a whole to resolve the concerns outlined in the comments. This policy is not intended to resolve individual issues with an institution. The Commission’s concern is regarding the ability of the institution to meet accreditation standards.

The team chair may designate one or more team members to review the comments in the context of the visit and self-study materials to determine whether the comments raise concern as to whether the institution fails to meet accreditation standards or has failed to follow its own policies or procedures.

If the team identifies any areas of concern, it is the responsibility of the visiting team to recommend to the Commission an appropriate course of action. However, the team should not suggest an action based solely on the comments. Any areas of concern must be verified through the visit process or in the self-study document.
Policy:

Complaints against the Commission

To be considered as a formal complaint against the Commission, a complaint must involve issues broader than concern about a specific institutional action or a specific team. The document must state clearly the nature of the complaint, and it must be signed. The purpose of this policy is to ensure that the Commission follows its own published policies and procedures and operates within federal regulations and within the recognition criteria of the Council for Higher Education Accreditation (CHEA).

The Executive Director, on behalf of the Commission (or the Chair, if the complaint involves the Executive Director) responds to each complaint made against the Commission within 30 days; reports regularly to the Executive Committee and the Commission on the nature and disposition of complaints against the Commission; and compiles annually a list, available to the public on request, that summarizes the complaints and their dispositions. Upon advice of counsel, the Commission retains the right to withhold public disclosure of information if potential legal action is involved in the complaint.

For complaints regarding individual institutions, see the policy “Complaints Involving Affiliated Institutions.” For appeal of specific actions, please see Procedures for Appeals from Decisions of an Accrediting Commission of the Association.
Procedures for Appeals from Decisions of an Accrediting Commission of the Association

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IV. Subsequent Action
Pursuant to Article IV of the Bylaws of the Association, these procedures are established for the appeal of decisions of an Accrediting Commission of the Association.

I. Definitions and General Provisions

A. Association. The Middle States Association of Colleges and Schools.
B. Board. The governing body of the Association.
D. Secretary or Designated Official. The Secretary of the Association, or an individual designated by the Association to carry out certain functions under these procedures.
E. Executive Director. The Executive Director of the Commission.
F. Adverse Accrediting Action. A decision denying the initial candidacy or accreditation status of an institution, or terminating or denying renewal of the candidacy or accreditation status of an institution.
G. Appellant. An institution that is the subject of an Adverse Accrediting Action.
H. Day. Unless otherwise stated, a calendar day.
I. Date of Receipt. The date a document is actually received by a party, as evidenced by a postal service, courier or private carrier receipt.
J. Chair. The chair of a Hearing Panel.
K. Common Costs. As used in these procedures, the costs incurred by the Association in empaneling a Hearing Panel and conducting a Hearing, travel and accommodation costs for panel members and Association staff involved in the conduct of a hearing, costs of facilities for the conduct of the hearing, if held at other than the offices of the Association, transcript fees, and legal fees incurred by the Hearing Panel or the Association in the conduct of the appeal, except that Common Costs do not include the costs incurred by either Appellant or the Commission in preparing for or participating in the appeal process, nor does it include the costs of legal counsel for either party or any costs incurred by Appellant’s or the Commission’s participation in the proceedings.
L. Selection of Appeal Panel. At the Annual Meeting of the Board of Directors of the Association, the President shall propose and the Association Board of Directors shall approve the selection of sixteen (16) women and men, each with substantial experience and participation in the education community, to serve as Appeal Panel members. Appeal panel members may serve on more than one Hearing Panel during the term of their appointment.

II. Request for Reconsideration

A. Appellant Rights. Notice of an Adverse Accrediting Action subject to reconsideration or appeal under these procedures shall be accompanied by a copy of these procedures and a statement respecting the obligation of Appellant to share the Common Costs incurred in affording the appeal, and to assume further costs if the appeal is deemed frivolous.

1. If an Appellant fails to file its request for reconsideration, notice of intent to appeal and the required filing fee, or its appeal document, in a timely fashion, the Appellant shall have waived its right to appeal.
2. An Appellant must first request reconsideration of an Adverse Accrediting Action by filing a written request with the Executive Director of the Commission within thirty (30) days of receipt of the Adverse Accrediting Action. In the event of an appeal from a joint committee of accrediting Commissions, an Appellant shall direct the appeal to the chairperson of the committee, with copies to the Executive Directors of the participating Commissions.

   a. The written request shall contain a concise statement setting forth the basis for the request.

3. The accreditation status of an Appellant automatically remains in effect until the expiration of the period within which Appellant may file a Request for Reconsideration, or the completion of the Association appeals process, whichever shall later occur.

B. Grounds for Reconsideration. Reconsideration will be granted where the Appellant demonstrates by clear and convincing evidence that the Commission erred in issuing its Adverse Accrediting Action.

C. Form of Request for Reconsideration. A Request for Reconsideration shall be based solely upon the evidence before the Commission at the time the Adverse Accrediting Action was made and shall specify the particular asserted error or errors in the Adverse Accrediting Action.

   1. Notwithstanding the foregoing, Appellant may also submit documentary evidence, including affidavits, not previously submitted to the Commission demonstrating substantially changed circumstances that, if presented to the Commission, may reasonably have resulted in a different accreditation action.

D. Action on Request for Reconsideration. The Executive Committee of the Commission shall review a Request for Reconsideration together with all admissible submissions and shall issue a written decision whether to grant the Request within thirty days of receipt of the Request. In the event a Request for Reconsideration is granted, the decision shall provide the Commission with such guidance as the Executive Committee deems necessary to ensure that the issues raised in the Request for Reconsideration are properly addressed.

   1. If the Executive Committee grants the Request for Reconsideration, the Adverse Accrediting Action shall be remanded to the Commission for further proceedings consistent with the direction of the Executive Committee.

   2. If the Executive Committee denies the Request for Reconsideration, the Adverse Accrediting Action shall take effect on the eleventh day after receipt by Appellant of notice of denial, unless Appellant appeals said Decision in accordance with these procedures.

   3. An Adverse Accrediting Action that has been remanded to the Commission for further proceedings shall not be subject to further Requests for Reconsideration, but shall be appealable to the Association in accordance with these procedures.
III. Appeals

A. Nature of Appeals. Except as otherwise specifically set forth herein, appeals from Adverse Accrediting Action shall be based solely on the evidence and record before the Commission, inclusive of any evidence of substantially changed circumstances submitted as part of a Request for Reconsideration. The burden shall be upon the Appellant to demonstrate that:

1. there were errors or omissions in carrying out prescribed procedures on the part of the evaluation team or the Commission which materially affected the Commission’s decision;
2. there was demonstrable bias or prejudice on the part of one or more members of the evaluation team or Commission staff or Commission which materially affected the Commission’s decision;
3. the evidence cited by the Commission in reaching the decision which is being appealed was in error on the date when it made the decision and the error materially affected the Commission’s decision; or
4. the decision of the Commission was not supported by substantial evidence or was arbitrary and capricious.

B. Cost of Appeals. The parties shall equally divide the Common Costs of an appeal under these procedures, except that a party shall pay the full costs of an appeal, inclusive of reasonable attorneys fees of the prevailing party, where the Hearings Panel specifically finds:

1. that an appeal is frivolous, in which case the Appellant shall bear the entire cost of the proceeding, or
2. that the Commission was arbitrary and capricious in taking the Adverse Accrediting Action, in which case the Commission shall bear the entire cost of the proceeding.

C. Surety for an Appeal. Appellant shall, at the time of filing a Notice of Intent to Appeal as set forth herein, deposit with the Association cash or acceptable surety equal to the estimated cost to the Association and the Commission of providing for the Appeal, as such costs shall be established by the Association, and such sum if in the form of cash, shall be maintained in an interest bearing account until the termination of the proceeding.

D. Timing and Form of Notice of Intent to Appeal. Notice of intent to appeal a denial of a Request for Reconsideration, or of an Adverse Accrediting Action remanded to the Commission on the basis of a prior Request for Reconsideration, must be filed in writing with the Secretary or other Designated Official of the Association, with a copy to the Executive Director of the Commission, within ten (10) days of receipt by Appellant of notice of the action. The Notice of Intent to Appeal shall specify the particular asserted error or errors in the Adverse Accrediting Action, and shall be signed by Appellant’s chief executive officer.

1. Appellant shall in its Notice of Intent to Appeal specify whether an appearance before the Hearing Panel is requested, or whether the appeal is to be decided on the basis of written submissions. A waiver of the right to appear before a Hearing Panel shall be final.

E. Selection of Hearing Panel. Upon receipt of a Notice of Intent to Appeal the Secretary or other Designated Official shall draw the names of three members of the Appeal Panel to serve as the Hearing Panel, and shall within three business days of such receipt provide the Appellant and the Executive Director of the Commission with the names and biographical data of each such person.
1. An Appeal Panel member so selected who has a conflict of interest, as such term is defined in the Bylaws of the Association and the procedures of the Commission, shall immediately notify the Secretary, who shall thereupon draw a replacement in the same manner.

2. An Appeal Panel member is also disqualified from serving on a Hearing Panel if she or he has participated in any way in the process leading to the decision being appealed, comes from the same state as the institution appealing, or has had any prior relationship with the Appellant.

3. Appellant and the Commission may challenge the selection of any Hearing Panel member on the basis that the member has a conflict of interest or should otherwise not participate in the proceeding, for cause as described in this paragraph, by giving written notice of the basis of such challenge within five business days of receipt of the list of Hearing Panel members. The President of the Association shall rule on such challenges, the benefit of doubt to be afforded to the challenging party. In the event an Appeal Panel member is recused, the Secretary or Other Designated Official shall draw a replacement from the existing pool, and such replacement shall be subject to the same challenge.

4. The Hearing Panel members shall elect from among their number a chair, and all actions of the Hearing Panel shall be by majority vote of the full panel.

5. The Chair of the Hearing Panel shall control the hearing and presentation of witnesses. The Chair may limit the duration of the hearing and shall endeavor to divide the time equitably among the parties. The Chair shall rule on all questions pertaining to the conduct of the hearing, including the admissibility of evidence, and may extend any of the deadlines set forth in these procedures for good cause shown by the requesting party.

F. **Form of Appeal.** Within thirty (30) days of receipt of notice of the action from which the appeal is taken, the Appellant shall submit to the Secretary or other Designated Official of the Association five (5) copies of written argument in support of its appeal, referencing the record below as appropriate, and shall simultaneously provide the Executive Director of the Commission with three copies of its submission.

G. **Response by Commission.** Within thirty (30) days of receipt of Appellant’s written argument, the Commission shall submit to the Secretary or other Designated Official of the Association five (5) copies of written argument in support of its action, referencing the record below as appropriate, and shall simultaneously provide the Appellant with three copies of its submission.

H. **Scheduling of Hearing.** If an appearance before the Hearing Panel has been requested by Appellant, the chair of the Hearing Panel shall, not less than fifteen (15) and not more than thirty (30) days after receipt of the response by the Commission, or the expiration of the allotted thirty (30) day period, whichever shall be sooner, notify Appellant and the Commission of the date, time and place of the hearing.

1. The Chair may, but shall not be required to, convene, in such form as shall be convenient to the parties, a prehearing conference for the purpose of discussing procedural matters.

2. Hearings shall be held at the offices of the Association or such other location as the Chair shall deem convenient to the parties, provided the Appellant or the Commission may petition the Chair, for good cause, to set the hearing for a different date or location. The decision of the Chair shall be final.
I. Procedures When No Appearance is Requested. In the event Appellant has not requested the opportunity to appear before the Hearing Panel, the Chair shall, not less than fifteen (15) and not more than thirty (30) days after receipt of the response by the Commission, or the expiration of the allotted thirty (30) day period, whichever shall be sooner, schedule a meeting of the Hearing Panel to consider the appeal. Such meeting may be held in person or by telephone, at such location or locations as may be convenient to the panel members.

J. Procedures for Oral Hearings. Proceedings before a Hearing Panel are before an appellate tribunal. As the Hearing Panel is limited to consideration of evidence contained in the record on appeal, the Chair of the Hearing Panel shall ensure that extraneous evidence not properly in the record is excluded from consideration. The Chair shall be advised by counsel to the Association respecting the course of proceedings, and the procedural determinations of the Chair shall be final. Appellant and the Commission may be represented by counsel, and their respective cases may be presented by counsel or any other designee or designees of their choice.

1. Appellant shall have the burden of going forward and the burden of proof in seeking to reverse or modify an Adverse Accrediting Action. The Commission shall have an opportunity to present argument in rebuttal, and each party shall have an opportunity to make a closing statement. The members of the Hearing Panel may question either party at any point in the proceedings.

2. As the proceeding before the Hearing Panel is appellate in nature and limited to the record on appeal, no discovery shall be permitted for either side and no evidence not already properly in the record on appeal shall be accepted, provided that the parties may offer witnesses for the limited purpose of elucidating the meaning of evidence properly before the Hearing Panel. The Chair shall rule on the admissibility of offered testimony.

   a. The Hearing Panel may hear argument that evidence substantially material to the ability of Appellant to present its case before the Commission was improperly excluded by the Commission, and if so persuaded, the Hearing Panel shall remand the case to the Commission for further proceedings allowing for the consideration of such evidence.

   b. Notwithstanding the foregoing, Appellant may submit evidence demonstrating that a substantial change of circumstances has occurred which, had it occurred prior to the decision of the Commission, would likely have resulted in a different accrediting action. If the Hearing Panel is so persuaded, it shall remand the case to the Commission for further proceedings allowing for the consideration of such evidence.

3. The Chair may request post-hearing briefs of both parties to clarify issues before the Hearing Panel. Such submissions shall be due within ten (10) days of notification by the Chair of the Hearing Panel.

4. A transcript shall be made of the proceedings before the Hearing Panel. A party requesting expedited production of a transcript shall pay the entire incremental cost of such expedition.

K. Decision of the Hearing Panel. The Hearing Panel shall render its decision in writing within fifteen (15) days of the conclusion of the hearing or the submission of post-hearing briefs, whichever is later, or, if no oral argument has been requested, within forty-five (45) days of the parties’ submissions.

1. The Hearing Panel may recommend that an Adverse Accrediting Action be affirmed, reversed or modified, in which case the decision will be remanded to the Commission for further proceedings consistent with the recommendation of Hearing Panel.
a. The decision of the Commission affirming, reversing or modifying an Adverse Accrediting Action so remanded shall be deemed final. Accreditation action of the Association, shall not be subject to any further review or appeal within the Association, shall be conveyed to the appropriate public authorities in accordance with law, and shall be effective upon its issuance.

b. Notwithstanding the foregoing, an Adverse Accrediting Action by the Commission that is inconsistent with the direction of the Hearing Panel on remand shall be appealable to the same Hearing Panel which shall retain jurisdiction for the limited purpose of determining whether its direction on remand has been carried out, and if not to provide further direction to the Commission.

IV. Subsequent Action

A. Recision of Prior Actions. The Commission may, for good cause shown and solely in the exercise of its discretion, rescind an Adverse Accrediting Action previously taken.

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V: 0904
VIII

Appendices
Appendix 1

Middle States Commission on Higher Education
Mission Statement

The Middle States Commission on Higher Education is a voluntary, non-governmental, peer-based membership association dedicated to educational excellence and improvement through peer evaluation and accreditation. As a recognized leader in promoting and ensuring quality assurance and improvement in higher education, the Commission defines, maintains, and promotes educational excellence and responds creatively to a diverse, dynamic, global higher education community that is continually evolving.

The Commission supports its members in their quest for excellence and provides assurance to the general public that accredited member institutions meet its standards. The Commission achieves its purposes through assessment, peer evaluation, consultation, information gathering and sharing, cooperation, and appropriate educational activities. The Commission is committed to the principles of cooperation, flexibility, openness, and responsiveness to the needs of society and the higher education community.
Additional information about the accreditation process is available in the following types of publications, some of which may be downloaded from the Commission's website at www.msache.org and others may be ordered with the Publications Order Form on the website:

**Standards for Accreditation:**


**Becoming a Candidate:**


**Manuals for Self-Study and Team Visits:**


**Guidelines for Improvement:**

*Student Learning Assessment: Options and Resources* (2003)

An assessment website and other publications relating to the handbook also are available on the Commission's website under "Guidelines."
