MEETING MINUTES
HLC STEERING COMMITTEE
MISSOURI STATE UNIVERSITY
October 2, 2012

Present

William Cheek	Rob Hornberger
Lynne Cline	Tamera Jahnke
Rachelle Darabi	Etta Madden
Thomas Dicke	Juan Meraz
Frank Einhellig	Matt Morris
Steve Foucart	Elizabeth Rozell
Cynthia Hail	Don Simpson

Tammy welcomed the committee and led introductions around the room. Provost Einhellig reminded the committee that HLC accreditation involves the entire University and asked the committee to consider the best ways to document results and make information available electronically for review.

Tammy encouraged members to consider serving as an HLC peer reviewer as it is a great opportunity to learn about the process. Tammy has now been through training and will serve as a team chair.

Tammy summarized the HLC process for the committee:

> There is an HLC site visit every ten years.

> Every year we submit a financial report and enrollment data.

> Separate permission is granted on a needed basis. Examples: Doctor of Physical Therapy and Doctor of Nursing Practice.

Bill Cheek added that the final report should be a self-assessment written in positive language.

Accreditation is an on-going process. The University should show how much it has changed and improved due to the process. New this time around, all reporting will be on a website with PDF attachments for documentation and evidence (see link to Open Pathways document). The report can be no more than 35,000 words. Something to consider with this type of reporting is consistent naming and dating of documents across campus.

It would be good for the committee to develop a process for the calendar year 2013 to solicit help from other committees and groups on campus with the collection of information and to think through processes for assistance.

2005 Report and Summary Analysis

Committee members noted the following key issues in the 2005 report: diversity, complex fee resolution, state appropriations and financial security after those changes, assessment of the public affairs mission and articulation plans. Tammy distributed a summary (attached).

New Criteria and Core Components/Assumed Practices:

For the remainder of 2012, each meeting will focus on the assumed practices and new criteria. Our goal is to document evidence we are aware of and to look for holes.

Meeting schedule:

> October 23   Assumed Practices
>
> November 6   Criterions I and II
>
> November 20 Criterions III and IV
>
> December 4   Criterion V

Open Pathway

Open Pathway is one pathway option for institutions to earn reaffirmation of accreditation. A quality project is required along with a preliminary report.

QIP

The Quality Initiative Project will focus on the Public Affairs mission and how to assess it. A summer task force developed rubrics and the process for assessment. Information about the QIP can be found on the HLC website under the Quality Initiative Project link. It was noted that this assessment is strictly to evaluate the University and not individual professors nor departments.

Multi-location report

Please review for next meeting. Are there issues we need to address and what evidence do we have at this time?

The New Criteria for Accreditation

The HLC Board of Trustees, at its meeting on February 24, 2012, voted to adopt new Criteria for Accreditation, Assumed Practices, and Obligations of Affiliation. The final versions appear in this booklet. The Commission is grateful for the significant participation of its members and others in this revision process.

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The New Criteria: An Overview

In its review of institutions, the Higher Learning Commission seeks a culture of aspiration and continual improvement rather than satisfaction of minimum requirements. It also seeks to acknowledge the great diversity of its member institutions. For these reasons it uses the term "criteria" rather than "standards."

Prior to admission to candidacy for accreditation and again in applying for initial accreditation, an institution demonstrates that it meets the Commission's Eligibility Requirements.

The Eligibility Requirements and process for seeking status are available in a separate document.

The accreditation process is governed by the **Criteria for Accreditation.** Within the Criteria there are Criterion Statements and Core Components that ensure institutional effectiveness. Underlying the Criteria and Core Components is a set of assumptions shared by the community of practice within higher education and made explicit in the section on **Assumed Practices.**

Finally, the Commission articulates **Obligations of Affiliation,** which are behavioral requirements for its member and candidate institutions, including the requirement that they abide by Commission policies.

Guiding Values

The Criteria for Accreditation reflect a set of guiding values for institutional accreditation. The Commission articulates these guiding values so as to offer a better understanding of the Criteria and the intentions that underlie them. Institutions are not expected to address these values: they are offered as explanation.

The Criteria for Accreditation and Core Components

The Criteria are designed to seek evidence of continual improvement and aspiration on the part of member institutions rather than to define minimum qualifications. Each Criterion begins with a broad statement of Commission expectations related to the Criterion. The **Core Components** identify areas of particular

focus within the Criterion. Some of these Core Components are further elaborated or explicated in sub-components. The sub-components are not comprehensive: they elaborate certain aspects of the Core Component that the Commission seeks to ensure are not overlooked, but they do not fully constitute the Component. Some of the Core Components do not have sub-components because such elaboration has not appeared necessary. An institution provides evidence with regard to those sub-components of the Core Components that apply to the institution. An institution has the opportunity in its documentation and a team has the option in its review to identify topics or issues related to a Core Component other than those specified in the sub-components.

In preparation for accreditation and reaffirmation of accreditation, an institution provides evidence that it meets all the Criteria and all the Core Components. The distinctiveness of an institution's mission may condition the strategies it adopts and the evidence it provides that it meets the Criteria.

The Commission reviews the institution against the Core Components and Criteria through its evaluation processes according to the following evaluative framework.

The Core Components

The institution meets the Core Component if the Core Component:

a) is met without concerns, that is the institution meets or exceeds the expectations embodied in the Component; or

b) is met with concerns, that is
the institution demonstrates the
characteristics expected by the
Component, but performance
in relation to some aspect of the
Component must be improved.

The institution does not meet the
Core Component if the institution
fails to meet the Component in its
entirety or is so deficient in one or
more aspects of the Component that
the Component is judged not to be
met.

The Criteria for Accreditation

The institution meets the Criterion
if the Criterion:

a) is met without concerns, that is
the institution meets or exceeds
the expectations embodied in the
Criterion; or

b) is met with concerns, that is the
institution demonstrates the char-
acteristics expected by the Crite-
rion, but performance in relation
to some Core Components of the
Criterion must be improved.

The institution does not meet the
Criterion if the institution fails to
meet the Criterion in its entirety or
is so deficient in one or more Core
Components of the Criterion that the
Criterion is judged not to be met.

The institution meets the Criterion
only if all Core Components are
met. The institution must be judged
to meet all five Criteria for Accredi-
tation to merit accreditation.

The Commission will grant or con-
tinue accreditation (with or with-
out conditions or sanctions), deny
accreditation, or withdraw accredi-
tation based on the outcome of its
review.

The Assumed Practices

Higher education functions within a
community marked by shared prac-
tices among colleges and universities,
practices that have developed out of
shared experience, are basic to higher
education in the United States, and
have been tested over time. Institu-
tional accreditation evolved within
these shared practices and it relies
upon the assumption that institutions
follow them.

The Assumed Practices are founda-
tional to the Criteria for Accredita-
tion. Unlike the Criteria and Core
Components, they are generally mat-
ters to be determined as facts, rather
than matters requiring professional
judgment, and they are unlikely to
vary by institutional mission or con-
text.

Because accredited institutions
engage in these Assumed Practices as
a matter of course, the Commission
does not ask that an accredited insti-
tution explicitly address them in an
evaluation process except where spe-
cifically required to do so to ensure
continuing conformity. Such circum-
stances include when an institution
is undergoing a Change of Control,
Structure, or Organization, and when
an institution is in the process of
removal from probation or an order of
show-cause.

When it discovers that an accred-
ited institution is not following an
Assumed Practice, the Commission
initiates a review, in accordance with
its policy and procedure, to deter-
mine whether the institution remains
in compliance with the Criteria for
Accreditation. The Commission
also requires that the institution
take action to bring its practice into
conformity with the Assumed Prac-
tices. An accredited institution that
finds through its own processes that
its practice is departing from the
Assumed Practices should take imme-
diate steps to correct the deficiency; it
is not required to disclose its finding
to the Commission provided that it
moves quickly to initiate a remedy.

An institution seeking Candidacy
must explicitly demonstrate con-
formity with the Assumed Prac-
tices. An institution seeking initial
accreditation must again explicitly
demonstrate conformity with these
Practices as it addresses the Criteria
for Accreditation. Institutional con-
formity with the Assumed Practices is
necessary but only partial evidence of
fulfillment of the Criteria for Accredi-
tation. Commission decisions regard-
ing accreditation status, while consid-
ering conformity with the Assumed
Practices, will ultimately be based on
a finding of fulfillment of the require-
ments for Candidacy for an institution
seeking Candidacy or the Criteria for
Accreditation for an institution seek-
ing accreditation.

Obligations of Affiliation and Commission Policies

The Institutional Obligations of
Affiliation describe behavioral
requirements on the part of member
institutions, including the requirement
to abide by Commission policies.
Among those policies, the Obliga-
tions draw particular attention to the
requirements for transparency as
to specified outcomes of the Com-
mission's reviews for accreditation.
While the Commission makes infor-
mation about these reviews public,
this information concerns the accredi-
tation relationship of institutions;
hence institutions have an obligation
to accept such publication and also
have an obligation to represent this
information accurately. The Institu-
tional Obligations of Affiliation are
absolute and the Commission may
take immediate administrative action
in the event that an institution fails to
meet any of them.

Commission Policies Related to the Federal Requirements for Recognition of Accrediting Agencies

The Commission has a number of
policies regarding the institutions
it accredits that are mandated by
virtue of its recognition by the U.S.

Department of Education as a qualified accreditor for the purposes of eligibility for Title IV funds. While these requirements are outside the Criteria for Accreditation, the Commission will assure compliance with the requirements outlined in the Commission's Federal Compliance Program as part of all its comprehensive reviews.

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The Criteria for Accreditation: Guiding Values

The Higher Learning Commission's Criteria for Accreditation reflect a set of **guiding values**. The Commission articulates these guiding values so as to offer a better understanding of the Criteria and the intentions that underlie them.

1. Focus on student learning

For the purpose of accreditation, the Higher Learning Commission regards the teaching mission of any institution as primary. Institutions will have other missions, such as research, healthcare, and public service, and these other missions may have a shaping and highly valuable effect on the education that the institution provides. In the accreditation process, these missions should be recognized and considered in relation to the teaching mission.

A focus on student learning encompasses every aspect of students' experience at an institution: how they are recruited and admitted; costs they are charged and how they are supported by financial aid; how well they are informed and guided before and through their work at the institution; the breadth, depth, currency, and relevance of the learning they are offered; their education through co-curricular offerings; the effectiveness of their programs; what happens to them after they leave the institution.

2. Education as a public purpose

Every educational institution serves a public purpose. Public or state-supported institutions make that assumption readily. Not-for-profit institutions receive their tax-exempt status on the basis of an assumption that they serve a public purpose. And although it may appear that a for-profit institution does not require a public purpose, because education is a public good its provision serves a public purpose and entails societal obligations. Furthermore, the provision of higher education requires a more complex standard of care than, for instance, the provision of dry cleaning services. What the students buy, with money, time, and effort, is not merely a good, like a credential, but experiences that have the potential to transform lives, or to harm them. What institutions do constitutes a solemn responsibility for which they should hold themselves accountable.

3. Education for a diverse, technological, globally connected world

A contemporary education must recognize contemporary circumstances: the diversity of U.S. society, the diversity of the world in which students live, and the centrality of technology and the global dynamic to life in the 21st century. More than ever, students should be prepared for lifelong learning and for the likelihood that no job or occupation will last a lifetime. Even for the most technical qualification, students need the civic learning and broader intellectual capabilities that underlie success in the workforce. The Commission distinguishes higher education in part on the basis of its reach beyond narrow vocational training to a broader intellectual and social context.

4. A culture of continuous improvement

Continuous improvement is the alternative to stagnation. Minimum standards are necessary but far from sufficient to achieve acceptable quality in higher education, and the strongest institutions will stay strong through ongoing aspiration. The Commission includes improvement as one of two major strands in all its pathways, the other being assurance that member institutions meet the Criteria and the Federal Requirements.

A process of assessment is essential to continuous improvement and therefore a commitment to assessment should be deeply embedded in an institution's activities. Assessment applies not only to student learning and educational outcomes but to an institution's approach to improvement of institutional effectiveness.

For student learning, a commitment to assessment would mean assessment at the program level that proceeds from clear goals, involves faculty at all points in the process, and analyzes the assessment results; it would also mean that the institution improves its programs or ancillary services or other operations on the basis of those analyses. Institutions committed to improvement review their programs regularly and seek external judgment, advice, or benchmarks in their assessments. Because in recent years the issues of persistence and completion have become central to public concern about higher education, the current Criteria direct attention to them as possible indicators of quality and foci for improvement, without prescribing either the measures or outcomes.

Innovation is an aspect of improvement and essential in a time of rapid change and challenge; through its Criteria and processes the Commission seeks to support innovation for improvement in all facets of institutional practice.

5. Evidence-based institutional learning and self-presentation

Assessment and the processes an institution learns from should be well-grounded in evidence. Statements of belief and intention have important roles in an institution's presentation of itself, but for the quality assurance function of accreditation, evidence is critical. Institutions should be able to select evidence based on their particular purposes and circumstances. At the same time, many of the Assumed Practices within the Criteria require certain specified evidence.

6. Integrity, transparency, and ethical behavior or practice

The Commission understands integrity broadly, including wholeness and coherence at one end of the spectrum and ethical behavior at the other. Integrity means doing what the mission calls for and not doing what it does not call for; governance systems that are freely, independently, and rigorously focused on the welfare of the institution and its students; scrupulous avoidance of misleading statements or practices; full disclosure of information to students before students make any commitment to the institution, even a commitment to receive more information; clear, explicit requirements for ethical practice by all members of the institutional community in all its activities.

7. Governance for the well-being of the institution

The well-being of an institution requires that its governing board place that well-being above the interests of its own members and the interests of any other entity. Because the Commission accredits the educational institution itself, and not the state system, religious organization, corporation, medical center, or other entity that may own it, it holds the governing board of an institution accountable for the key aspects of the institution's operations. The governing board must have the independent authority for such accountability and must also hold itself independent of undue influence from individuals, be they donors, elected officials, supporters of athletics, shareholders, or others with personal or political interests.

Governance of a quality institution of higher education will include a significant role for faculty, in particular with regard to currency and sufficiency of the curriculum, expectations for student performance, qualifications of the instructional staff, and adequacy of resources for instructional support.

8. Planning and management of resources to ensure institutional sustainability

The Commission does not privilege wealth. Students do expect, however, that an institution will be in operation for the duration of their degree programs. Therefore, the Commission is obliged to seek information regarding an institution's sustainability and, to that end, wise management of its resources. The Commission also watches for signs that an institution's financial challenges are eroding the quality of its programs to the point of endangering the institution's ability to meet the Criteria for Accreditation. Careful mid- and long-range planning must undergird an institution's budgetary and financial decisions.

9. Mission-centered evaluation

The Commission understands and values deeply the diversity of its institutions, which begins from the diversity of their missions. Accordingly, mission in some degree governs each of the Criteria. The Commission holds many expectations for all institutions regardless of mission, but it expects that differences in mission will shape wide differences in how the expectations are addressed and met.

10. Accreditation through peer review

Peer review is the defining characteristic of accreditation and essential for a judgment-based process in a highly complex field. But self-regulation can be met with public skepticism. Therefore, peer review for accreditation must: (1) be collegial, in the sense of absolute openness in the relationship between an institution and the peer reviewers assigned to it as well as between the institution and the Commission; (2) be firm in maintaining high standards, not mistaking leniency for kindness or inclusiveness; and (3) be cognizant of the dual role of peer reviewers in both assuring and advancing institutional quality.

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The Criteria for Accreditation

The Criteria for Accreditation are the standards of quality by which the Commission determines whether an institution merits accreditation or reaffirmation of accreditation. They are as follows:

Criterion One.
Mission

The institution's mission is clear and articulated publicly; it guides the institution's operations.

Core Components

1.A. The institution's mission is broadly understood within the institution and guides its operations.

1. The mission statement is developed through a process suited to the nature and culture of the institution and is adopted by the governing board.

2. The institution's academic programs, student support services, and enrollment profile are consistent with its stated mission.

3. The institution's planning and budgeting priorities align with and support the mission. (This sub-component may be addressed by reference to the response to Criterion 5.C.1.)

1.B. The mission is articulated publicly.

1. The institution clearly articulates its mission through one or more public documents, such as statements of purpose, vision, values, goals, plans, or institutional priorities.

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

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

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

1. The institution addresses its role in a multicultural society.

2. The institution's processes and activities reflect attention to human diversity as appropriate within its mission and for the constituencies it serves.

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

1. Actions and decisions reflect an understanding that in its educational role the institution serves the public, not solely the institution, and thus entails a public obligation.

2. The institution's educational responsibilities take primacy over other purposes, such as generating financial returns for investors, contributing to a related or parent organization, or supporting external interests.

3. The institution engages with its identified external constituencies and communities of interest and responds to their needs as its mission and capacity allow.

Criterion Two.
Integrity: Ethical and Responsible Conduct

The institution acts with integrity; its conduct is ethical and responsible.

Core Components

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

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

2.C. The governing board of the institution is sufficiently autonomous to make decisions in the best interest of the institution and to assure its integrity.

1. The governing board's deliberations reflect priorities to preserve and enhance the institution.

2. The governing board reviews and considers the reasonable and relevant interests of the institution's internal and external constituencies during its decision-making deliberations.

3. The governing board preserves its independence from undue influence on the part of donors, elected officials, ownership interests, or other external parties when such influence would not be in the best interest of the institution.

4. The governing board delegates day-to-day management of the institution to the administration and expects the faculty to oversee academic matters.

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

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

1. The institution provides effective oversight and support services to ensure the integrity of research and scholarly practice conducted by its faculty, staff, and students.

2. Students are offered guidance in the ethical use of information resources.

3. The institution has and enforces policies on academic honesty and integrity.

Criterion Three.

Teaching and Learning: Quality, Resources, and Support

The institution provides high quality education, wherever and however its offerings are delivered.

Core Components

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

1. Courses and programs are current and require levels of performance by students appropriate to the degree or certificate awarded.

2. The institution articulates and differentiates learning goals for its undergraduate, graduate, post-baccalaureate, post-graduate, and certificate programs.

3. The institution's program quality and learning goals are consistent across all modes of delivery and all locations (on the main campus, at additional locations, by distance delivery, as dual credit, through contractual or consortial arrangements, or any other modality).

3.B. The institution demonstrates that the exercise of intellectual inquiry and the acquisition, application, and integration of broad learning and skills are integral to its educational programs.

1. The general education program is appropriate to the mission, educational offerings, and degree levels of the institution.

2. The institution articulates the purposes, content, and intended learning outcomes of its undergraduate general education requirements. The program of general education is grounded in a philosophy or framework developed by the institution or adopted from an established framework. It imparts broad knowledge and intellectual concepts to students and develops skills and attitudes that the institution believes every college-educated person should possess.

3. Every degree program offered by the institution engages students in collecting, analyzing, and communicating information; in mastering modes of inquiry or creative work; and in developing skills adaptable to changing environments.

4. The education offered by the institution recognizes the human and cultural diversity of the world in which students live and work.

5. The faculty and students contribute to scholarship, creative work, and the discovery of knowledge to the extent appropriate to their programs and the institution's mission.

3.C. The institution has the faculty and staff needed for effective, high-quality programs and student services.

1. The institution has sufficient numbers and continuity of faculty members to carry out both the classroom and the non-classroom roles of faculty, including oversight of the curriculum and expectations for student performance; establishment of academic credentials for instructional staff; involvement in assessment of student learning.

2. All instructors are appropriately credentialed, including those in dual credit, contractual, and consortial programs.

3. Instructors are evaluated regularly in accordance with established institutional policies and procedures.

4. The institution has processes and resources for assuring that instructors are current in their disciplines and adept in their teaching roles; it supports their professional development.

5. Instructors are accessible for student inquiry.

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

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

1. The institution provides student support services suited to the needs of its student populations.

2. The institution provides for learning support and preparatory instruction to address the academic needs of its students. It has a process for directing entering students to courses and programs for which the students are adequately prepared.

3. The institution provides academic advising suited to its programs and the needs of its students.

4. The institution provides to students and instructors the infrastructure and resources necessary to support effective teaching and learning (technological infrastructure, scientific laboratories, libraries, performance spaces, clinical practice sites, museum collections, as appropriate to the institution's offerings).

5. The institution provides to students guidance in the effective use of research and information resources.

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

1. Co-curricular programs are suited to the institution's mission and contribute to the educational experience of its students.

2. The institution demonstrates any claims it makes about contributions to its students' educational experience by virtue of aspects of its mission, such as research, community engagement, service learning, religious or spiritual purpose, and economic development.

Criterion Four.

Teaching and Learning: Evaluation and Improvement

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

Core Components

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

1. The institution maintains a practice of regular program reviews.

2. The institution evaluates all the credit that it transcripts, including what it awards for experiential learning or other forms of prior learning.

3. The institution has policies that assure the quality of the credit it accepts in transfer.

4. The institution maintains and exercises authority over the prerequisites for courses, rigor of courses, expectations for student learning, access to learning resources, and faculty qualifications for all its programs, including dual credit programs. It assures that its dual credit courses or programs for high school students are equivalent in learning outcomes and levels of achievement to its higher education curriculum.

5. The institution maintains specialized accreditation for its programs as appropriate to its educational purposes.

6. The institution evaluates the success of its graduates. The institution assures that the degree or certificate programs it represents as preparation for advanced study or employment accomplish these purposes. For all programs, the institution looks to indicators it deems appropriate to its mission, such as employment rates, admission rates to advanced degree programs, and participation rates in fellowships, internships, and special programs (e.g., Peace Corps and Americorps).

4.B. The institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning.

1. The institution has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals.

2. The institution assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs.

3. The institution uses the information gained from assessment to improve student learning.

4. The institution's processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members.

4.C. The institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs.

1. The institution has defined goals for student retention, persistence, and completion that are ambitious but attainable and appropriate to its mission, student populations, and educational offerings.

2. The institution collects and analyzes information on student retention, persistence, and completion of its programs.

3. The institution uses information on student retention, persistence, and completion of programs to make improvements as warranted by the data.

4. The institution's processes and methodologies for collecting and analyzing information on student retention, persistence, and completion of programs reflect good practice. (Institutions are not required to use IPEDS definitions in their determination of persistence or completion rates. Institutions are encouraged to choose measures that are suitable to their student populations, but institutions are accountable for the validity of their measures.)

Criterion Five.

Resources, Planning, and Institutional Effectiveness

The institution's resources, structures, and processes are sufficient to fulfill its mission, improve the quality of its educational offerings, and respond to future challenges and opportunities. The institution plans for the future.

Core Components

5.A. The institution's resource base supports its current educational programs and its plans for maintaining and strengthening their quality in the future.

1. The institution has the fiscal and human resources and physical and technological infrastructure sufficient to support its operations wherever and however programs are delivered.

2. The institution's resource allocation process ensures that its educational purposes are not adversely affected by elective resource allocations to other areas or disbursement of revenue to a superordinate entity.

3. The goals incorporated into mission statements or elaborations of mission statements are realistic in light of the institution's organization, resources, and opportunities.

4. The institution's staff in all areas are appropriately qualified and trained.

5. The institution has a well-developed process in place for budgeting and for monitoring expense.

5.B. The institution's governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission.

1. The institution has and employs policies and procedures to engage its internal constituencies—including its governing board, administration, faculty, staff, and students—in the institution's governance.

2. The governing board is knowledgeable about the institution; it provides oversight for the institution's financial and academic policies and practices and meets its legal and fiduciary responsibilities.

3. The institution enables the involvement of its administration, faculty, staff, and students in setting academic requirements, policy, and processes through effective structures for contribution and collaborative effort.

5.C. The institution engages in systematic and integrated planning.

1. The institution allocates its resources in alignment with its mission and priorities.

2. The institution links its processes for assessment of student learning, evaluation of operations, planning, and budgeting.

3. The planning process encompasses the institution as a whole and considers the perspectives of internal and external constituent groups.

4. The institution plans on the basis of a sound understanding of its current capacity. Institutional plans anticipate the possible impact of fluctuations in the institution's sources of revenue, such as enrollment, the economy, and state support.

5. Institutional planning anticipates emerging factors, such as technology, demographic shifts, and globalization.

5.D. The institution works systematically to improve its performance.

1. The institution develops and documents evidence of performance in its operations.

2. The institution learns from its operational experience and applies that learning to improve its institutional effectiveness, capabilities, and sustainability, overall and in its component parts.

4

The Assumed Practices

(replaces Minimum Expectations)

Foundational to the Criteria and Core Components is a set of practices shared by institutions of higher education in the United States. Unlike Criteria and Core Components, these Assumed Practices are (1) generally matters to be determined as facts, rather than matters requiring professional judgment and (2) unlikely to vary by institutional mission or context.

A. Integrity: Ethical and Responsible Conduct

1. The institution has a conflict of interest policy that ensures that the governing board and the senior administrative personnel act in the best interest of the institution.

2. The institution has ethics policies for faculty and staff regarding conflict of interest, nepotism, recruitment and admissions, financial aid, privacy of personal information, and contracting.

3. The institution provides its students, administrators, faculty, and staff with policies and procedures informing them of their rights and responsibilities within the institution.

4. The institution provides clear information regarding its procedures for receiving complaints and grievances from students and other constituencies, responds to them in a timely manner, and analyzes them to improve its processes.

5. The institution makes readily available to students and to the general public clear and complete information including:

   a. statements of mission, vision, and values

   b. full descriptions of the requirements for its programs, including all pre-requisite courses

   c. requirements for admission both to the institution and to particular programs or majors

   d. policies on acceptance of transfer credit, including how credit is applied to degree requirements. (Except for courses articulated through transfer policies or institutional agreements, the institution makes no promises to prospective students regarding the acceptance of credit awarded by examination, credit for prior learning, or credit for transfer until an evaluation has been conducted.)

   e. all student costs, including tuition, fees, training, and incidentals; its financial aid policies, practices, and requirements; and its policy on refunds

   f. policies regarding academic good standing, probation, and dismissal; residency or enrollment requirements (if any)

   g. a full list of its instructors and their academic credentials

   h. its relationship with any parent organization (corporation, hospital, church, or other entity that owns the institution) and any external providers of its instruction.

6. The institution assures that all data it makes public are accurate and complete, including those reporting on student achievement of learning and student persistence, retention, and completion.

7. The institution portrays clearly and accurately to the public its current status with the Higher Learning Commission and with specialized, national, and professional accreditation agencies.

   a. An institution offering programs that require specialized accreditation or recognition in order for its students to be certified or to sit for licensing examinations either has the appropriate accreditation or discloses publicly and clearly the consequences to the students of the lack thereof. The institution makes clear to students the distinction between regional and specialized or program accreditation and the relationships between licensure and the various types of accreditation.

   b. An institution offering programs eligible for specialized accreditation at multiple locations discloses the accreditation status of the program at each location.

   c. An institution that advertises a program as preparation for a licensure examination publicly discloses its licensure pass rate on that examination, unless such information is not available to the institution.

8. The governing board and its executive committee, if it has one, include some "public" members. Public members have no significant administrative position or any ownership interest in any of the following: the institution itself; a company that does substantial business with the institution; a company or organization with which the institution has a substantial partnership; a parent, ultimate parent, affiliate, or subsidiary corporation; an investment group or firm substantially involved with one of the above organizations. All publicly-elected members or members appointed by publicly-elected individuals or bodies (governors, elected legislative bodies) are public members.[1]

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

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

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

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

1. Programs, Courses, and Credits

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

   b. The institution requires that 30 of the last 60 credits earned for a bachelor's degree that the institution awards and 15 of the final 30 for an associate's degree it awards be credits earned at the institution.[2] Institutions that do not maintain such a requirement, or have programs that do not, are able to demonstrate structures or practices that ensure coherence and quality to the degree. (Consortial arrangements are considered to be such structures. In addition, an institution that complies with the criteria for academic residency requirements of the Servicemembers Opportunity Colleges (SOC) will not be deemed out of conformity with this Assumed Practice provided that its policy is an exception for active-duty servicemembers and not for students in general.)

   c. The institution's policy and practice assure that at least 50% of courses applied to a graduate program are courses designed for graduate work, rather than undergraduate courses credited toward a graduate degree. (An institution may allow well-prepared advanced students to substitute its graduate courses for required or elective courses in an undergraduate degree program and then subsequently count those same courses as fulfilling graduate requirements in a related graduate program that the institution offers. In "4+1" or "2+3" programs, at least 50% of the credits allocated for the master's degree—usually 15 of 30—must be for courses designed for graduate work.)

d. The institution adheres to policies on student academic load per term that reflect reasonable expectations for successful learning and course completion.

e. Courses that carry academic credit toward college-level credentials have content and rigor appropriate to higher education.

f. The institution has a process for ensuring that all courses transferred and applied toward degree requirements demonstrate equivalence with its own courses required for that degree or are of equivalent rigor.

g. The institution has a clear policy on the maximum allowable credit for prior learning as a reasonable proportion of the credits required to complete the student's program. Credit awarded for prior learning is documented, evaluated, and appropriate for the level of degree awarded. (Note that this requirement does not apply to courses transferred from other institutions.)

h. The institution maintains a minimum requirement for general education for all of its undergraduate programs whether through a traditional practice of distributed curricula (15 semester credits for AAS degrees, 24 for AS or AA degrees, and 30 for bachelor's degrees) or through integrated, embedded, interdisciplinary, or other accepted models that demonstrate a minimum requirement equivalent to the distributed model. Any variation is explained and justified.

2. Faculty Roles and Qualifications

a. Instructors (excluding for this requirement teaching assistants enrolled in a graduate program and supervised by faculty) possess an academic degree relevant to what they are teaching and at least one level above the level at which they teach, except in programs for terminal degrees or when equivalent experience is established. In terminal degree programs, faculty members possess the same level of degree. When faculty members are employed based on equivalent experience, the institution defines a minimum threshold of experience and an evaluation process that is used in the appointment process.

b. Instructors teaching at the doctoral level have a record of recognized scholarship, creative endeavor, or achievement in practice commensurate with doctoral expectations.

c. Faculty participate substantially in:

1) oversight of the curriculum—its development and implementation, academic substance, currency, and relevance for internal and external constituencies;

2) assurance of consistency in the level and quality of instruction and in the expectations of student performance;

3) establishment of the academic qualifications for instructional personnel;

4) analysis of data and appropriate action on assessment of student learning and program completion.

3. Support Services

a. Financial aid advising clearly and comprehensively reviews students' eligibility for financial assistance and assists students in a full understanding of their debt and its consequences.

b. The institution maintains timely and accurate transcript and records services.

C. Teaching and Learning: Evaluation and Improvement

1. Instructors (excluding for this requirement teaching assistants enrolled in a graduate program and supervised by faculty) have the authority for the assignment of grades. (This requirement allows for collective responsibility, as when a faculty committee has the authority to override a grade on appeal.)

2. The institution refrains from the transcription of credit from other institutions or providers that it will not apply to its own programs.

3. The institution has formal and current written agreements for managing any internships and clinical placements included in its programs.

4. A predominantly or solely single-purpose institution in fields that require licensure for practice is also accredited by or is actively in the process of applying to a recognized specialized accrediting agency for each field, if such agency exists.

5. Instructors communicate course requirements to students through syllabi.

6. Institutional data on assessment of student learning are accurate and address the full range of students who enroll.

7. Institutional data on student retention, persistence, and completion are accurate and address the full range of students who enroll.

D. Resources, Planning, and Institutional Effectiveness

1. The institution is able to meet its current financial obligations.

2. The institution has a prepared budget for the current year and the capacity to compare it with budgets and actual results of previous years.

3. The institution has future financial projections addressing its long-term financial sustainability.

4. The institution maintains effective systems for collecting, analyzing, and using institutional information.

5. The institution undergoes an external audit by a certified public accountant or a public audit agency of its own financial and educational activities and maintains audited financial statements. For private institutions the audit is annual; for public institutions it is at least every two years.[3]

6. The institution's administrative structure includes a chief executive officer, chief financial officer, and chief academic officer (titles may vary) with appropriate credentials and experience and sufficient focus on the institution to ensure appropriate leadership and oversight.

Notes:

[1] _Institutions operating under federal control and authorized by Congress are exempt from these requirements. These institutions must have a public board that includes representation by individuals who do not have a current or previous_

employment or other relationship with the federal government or any military entity. This public board has a significant role in setting policy, reviewing the institution's finances, reviewing and approving major institutional priorities, and overseeing the academic programs of the institution.

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

[3] *Institutions under federal control are exempted provided that they have other reliable information to document the institution's fiscal resources and management.*

5

Institutional Obligations of Affiliation

While seeking and holding affiliation with the Commission, an institution voluntarily agrees to meet obligations set forth by the Commission as follows:

1. The institution meets obligations set forth by the Commission, including periodic evaluation through the structures and mechanisms set forth in Commission policies, submission of reports as requested by the Commission, filing of the Institutional Update, and any other requirements set forth in its policies.

2. The institution is candid, transparent, and forthcoming in its dealings with the Commission, including in its responses to any special inquiries or requests for information from the Commission. The institution agrees not to enter into any agreement that limits the nature or scope of its communications with the Commission or requires that a third party review and approve those communications prior to their transmission to the Commission.

3. The institution notifies the Commission of any condition or situation that has the potential to affect the institution's status with the Commission, such as a significant unanticipated reduction in program offerings or serious legal investigation. (A fuller list of such conditions or situations is included in the Commission's policy on special monitoring.)

4. The institution informs the Commission of its relationship with any related entity wherein institutional decision-making is controlled by that entity and of any changes in that relationship that may affect the institution's compliance with Commission accreditation requirements. (Definitions and process requirements are contained in the Commission's policy on institutions with related entities.)

5. The institution describes itself in identical terms to the Commission and to any other institutional accrediting body with which it holds or seeks affiliation with regard to purpose, governance, programs, sites, degrees, diplomas, certificates, personnel, finances, and constituents.

6. The institution notifies the Commission when it receives an adverse action from or has been placed on sanction by any other accrediting agency or if a state has issued a pending or final action that affects the institution's legal status or authority to grant degrees.

7. The institution assures its employees and students that it will consider fairly all complaints and third-party comments and not engage in retaliatory action against any who have submitted such information.

8. The institution accepts that the Commission will, in the interest of transparency to the public, publish outcomes from its accreditation process.

9. The institution portrays its accreditation status with the Commission clearly to the public, including the status of its branch campuses and related entities. The institution posts the electronic version of the Commission's Mark of Affiliation in at least one place on its Web site, linking users directly to the institution's status on the Commission's Web site.

10. The institution communicates to its constituencies and applicants any Public Disclosure Notice it receives from the Higher Learning Commission.

11. The institution maintains prominently on its Web site a telephone number that includes an option for both current students and the public to speak with a representative of the institution.

12. The institution submits timely payment of dues and fees and accepts the fact of surcharges for late payment.

13. The institution agrees to accept binding arbitration in the event of an action by the Commission's Board of Trustees that the institution disputes and is not able to resolve through the Commission's processes. This agreement follows procedures developed and published by the Commission.

Criteria for Accreditation: Glossary

There are a few words and phrases in the Criteria that require additional clarification, seemingly simple language that, in practice, may be used in different ways by different member institutions. This glossary explains how these words are used within the Criteria for Accreditation. Its intent is not to pre-scribe how institutions must use a particular word or phrase locally, but rather to offer a means to ensure a consistent reading of the meaning and expectations of the Criteria for Accreditation.

auxiliary denotes activities and services related to but not intrinsic to educational functions: dining services, student housing, faculty or staff housing, intercollegiate athletics, student stores, a Public Radio station, etc. In many institutions *auxiliary* simultaneously denotes a segregated budget and dedicated revenues.

assessment and *evaluation* are used as ordinary language synonyms. When a narrower referent is intended, the terms are modified, as in "assessment of student learning" or "evaluation of academic services."

control as used in the Criteria refers to the institution's status as a public, private-not-for-profit, or private-for-profit institution, and in the latter instances, to the institution's ownership and the board's power to direct its affairs.

dual credit refers to courses taught to high school students for which the students receive both high school credit and college credit. These courses or programs are offered under a variety of names; the Criteria on "dual credit" apply to all of them as they involve the accredited institution's responsibility for the quality of its offerings.

faculty and *instructors* refer to all those an institution employs or assigns to teach students. *Faculty* is used to refer to the group rather than to each individual instructional staff member, typically to distinguish faculty from administration.

goals and *outcomes* are used inconsistently by member institutions in the context of assessment of student learning, to the extent that one institution's *goal* may be another's *outcome* and vice versa. When they use either term, the Criteria indicate through context whether the term refers to the learning intended or to how much students actually learn.

public in phrases such as "makes available to the public" or "states publicly" refers to people *in general*, including current and potential students. In phrases such as "the public good," the Criteria refer to public, as opposed to private, good. The modifier *public* as used to describe governing board members is defined within the statement requiring such members.

wherever and however delivered is intended to encompass all modes of delivery and all locations, modalities, and venues, including but not limited to the main campus, additional locations, distance delivery, dual credit, contractual or consortial arrangements.

Criteria Implementation Schedule

Accredited Institutions

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

What this timeline means for specific Commission processes:

- All visits prior to January 1, 2013, will address the current Criteria.

- All visits occurring on or after January 1, 2013, will address the revised Criteria.*

- Change requests submitted on or after January 1, 2013, will address the revised Criteria, where appropriate.

- AQIP Systems Portfolios submitted November 2012 or thereafter will address the new Criteria for Accreditation.

- All Change of Control requests submitted on or after September 1, 2012, will address the revised Criteria.

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

Candidacy through Initial Accreditation

The revised Criteria for Accreditation, Assumed Practices, and other new and revised related policies are effective for all non-affiliated institutions and candidates on September 1, 2012. Beginning September 1, 2012, non-affiliated institutions will be asked, in conjunction with the letter of intent to seek candidacy and before the initial candidacy visit, to affirm their willingness to abide by the Obligations of Affiliation if they are granted candidacy. The Obligations are effective for current candidate institutions on January 1, 2013.

What these timelines mean for specific Commission processes:

- All Preliminary Information Forms due after May 1, 2011, will address the new Eligibility Requirements.

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

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

HLC Pathways for Reaffirmation of Accreditation

The Open Pathway

Inside This Booklet

Higher Learning Commission
A commission of the
North Central Association

The Higher Learning Commission
North Central Association

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HLC Pathways for Reaffirmation of Accreditation:

The Open Pathway

Background

The Higher Learning Commission (HLC) maintains processes for determining eligibility for accreditation, for achieving candidacy status, for achieving initial accreditation, and for maintaining accreditation. The Commission currently offers two programs for maintaining accreditation: the Program to Evaluate and Advance Quality (PEAQ) and the Academic Quality Improvement Program (AQIP). In September 2012, the Commission begins a three-year transition during which PEAQ will be replaced by two new Pathways, the Standard Pathway and the Open Pathway. This document describes the Open Pathway.

The transition timeline is provided in Section 2. A companion document describes the Standard Pathway. (AQIP has been in operation since 1999. It will continue as another pathway for maintaining accreditation and will remain substantially unchanged for the foreseeable future. A description may be found at http://www.ncahlc.org/AQIP/AQIP-Home/.)

Introduction

Regional accreditation assures quality by verifying that an institution (1) meets threshold standards and (2) is engaged in continuous improvement. In PEAQ, these requirements are addressed through the self-study and subsequent campus visit. Both the self-study and visit are shaped primarily by the Criteria for Accreditation rather than by the institution's particular needs at a particular time. For many institutions, this is reasonable and appropriate. For an institution where the threshold standards are in little doubt, however, this approach may add only modestly to the institution's improvement. Furthermore, in a time of rapid change, the public has grown skeptical of quality assurance for any institution that appears to look at the institution only once every ten years. The new Pathways for maintaining accreditation seek to offer greater value to institutions and greater credibility to the public.

Both the Standard and Open Pathway feature: a ten-year cycle, a focus on both assurance and improvement, Assurance Reviews in Years 4 and 10, and the use of the HLC electronic Assurance System. All Commission Pathways require: annual filing of the Institutional Update (formerly known as the Annual Institutional Data Update or AIDU), annual monitoring of financial and non-financial indicators, and adherence to Commission policies and practices on institutional change.

Section 1.

The Open Pathway

Overview

The Open Pathway seeks to achieve the following goals.

- To enhance institutional value by opening the improvement aspect of accreditation so that institutions may choose Quality Initiatives to suit their current circumstances

- To reduce the reporting burden on institutions by utilizing as much information and data as possible from existing institutional processes and collecting them in electronic form as they naturally occur over time

- To enhance rigor by checking institutional data annually (Institutional Update) and conducting Assurance Reviews twice in the ten-year cycle

- To integrate as much as possible all HLC processes and HLC requests for data into the reaffirmation of accreditation cycle.

Factors in Determining Participation in the Open Pathway

The Commission determines whether an institution may participate in the Open Pathway. This determination is based upon the institution's present condition and past relationship with the Commission. An institution may participate in the Open Pathway if it:

- has been accredited for at least ten years;

- has not undergone a change of control, structure, or organization within the last two years;

- has not been under Commission sanction or related action within the last five years;

- does not have a history of extensive Commission monitoring, including accreditation cycles shortened to seven or fewer years, multiple monitoring reports, and multiple focused visits extending across more than one accrediting cycle;

- has not been undergoing dynamic change (e.g., significant changes in enrollment or student body, opening or closing of multiple locations or campuses) or requiring frequent substantive change approvals since the last comprehensive evaluation;

- it has not raised significant Commission concerns about circumstances or developments at the institution (e.g., ongoing leadership turnover, extensive review by a governmental agency, patterns identified in financial and non-financial indicators).

If conditions at the institution change in relation to these factors or the institution fails to make a genuine effort at its Quality Initiative, it may be moved to the Standard Pathway for the next cycle.

Assurance and Improvement in the Open Pathway

The Open Pathway separates the continued accreditation process into two components: the Assurance Review and the Quality Initiative.

- Two Assurance Reviews take place in the ten-year cycle; one in Year 4 and one in Year 10. The Year 4 review occurs asynchronously via the Commission's online Assurance System and without a visit. The Year 10 review also is conducted with the Assurance System but includes a visit to the campus, as noted below. No change requests may be combined with the Year 4 review; all change requests at Year 4 are evaluated separately through the Commission's change process.

- Between Years 5 and 9 of the ten-year cycle, the institution proposes and completes a Quality Initiative. The Assurance Reviews free the Quality Initiative to focus on institutional innovation and improvement. The institution undertakes a Quality Initiative as something it elects to suit its own purposes. Its timeframe is flexible to accommodate the amount of time necessary to complete or make substantial progress toward completion.

- In Year 10, the institution undergoes a comprehensive evaluation.

Comprehensive Evaluation

A comprehensive evaluation takes place in Year 10 of the ten-year Open Pathway accreditation cycle. The components of the comprehensive evaluation in the Open Pathway are these:

- An Assurance Review

- A review of Federal Compliance

- An on-site visit

- If applicable, a multi-campus review

In the comprehensive evaluation, peer reviewers determine whether the institution continues to meet the Criteria for Accreditation by analyzing the institution's Assurance Filing (Assurance Argument and Evidence File); a preliminary analysis is followed by a campus visit. The purposes of the visit are to validate claims made in the institution's Assurance Filing and to triangulate those materials with what the team finds during planned activities while on site.

All comprehensive evaluations include a review of whether the institution meets the Federal Compliance Requirements. (Information on the Commission's Federal Compliance Program can be found at http://www. ncahlc.org/Information-for-Institutions/federal-compliance-program.html.) In addition, comprehensive evaluations include visits to branch campuses as applicable. Comprehensive evaluations may include change requests that the institution wishes to have considered, but only if a request requires a visit to the institution. If a change request does not require a visit, it is evaluated separately through the Commission's change process.

The Assurance Review

The following sections describe the documentation the institution prepares for the Assurance Review, the Assurance Review process, and the on-site visit.

In preparation for the Assurance Review, an institution develops an **Assurance Argument** that has links to materials in an **Evidence File.**

The Assurance System

The Commission's Assurance System is a Web-based technology that institutions use in the Standard and Open Pathways to provide evidentiary materials and an Assurance Argument. The Commission provides institutions with secure login accounts for this purpose; likewise, the Commission also provides access to the peer reviewers

assigned to an institution's Assurance Review so that the reviewers may use the same system to conduct the review and write their analysis and recommendation. The Higher Learning Commission has selected Campus Labs, LLC, as its vendor to support the development and hosting of its Assurance System.

The Commission grants access to an institution's space within the Assurance System for:

- up to three official designees per institution (typically coordinators of the institution's accreditation efforts)

- peer reviewers assigned by the Commission to conduct the review and provide a recommendation

- individuals assigned by the Commission to the decision process

- the institution's Commission staff liaison and other Commission staff as needed

Further, the Assurance System permits the institution to grant access to a maximum of 12 additional individuals who may have a central role regarding the Evidence File and Assurance Argument. The institution is responsible for granting or revoking such access; the Commission does not manage these additional accounts. The Assurance System maintains an activity log so that a history of additions, deletions, or changes is available to the institution and the Commission.

The Assurance System offers the option to generate a PDF version of the Assurance Argument. Once downloaded, the institution may choose to distribute the Assurance Argument in whatever way it prefers, including sharing it with individuals or groups who do not have access to the Commission's Assurance System. This capability is available throughout the process of constructing the Assurance Argument and may prove useful in collecting comments for revision before finalizing the Assurance Argument. Use of this feature is optional.
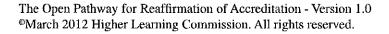
The Assurance Argument

The Assurance Argument is organized by the Criteria and their Core Components. (Institutions address the Assumed Practices only when seeking candidacy or initial accreditation, or under specific circumstances such as removal from sanction.)

For each Criterion, the institution offers:

- a Criterion introduction

- an articulation of how each Core Component within the Criterion is met, including a statement of future plans with regard to the Core Component, and, if applicable, an explanation of circumstances that (1) call for improvement, (2) support future improvement, or (3) constrain improvement or threaten the institution's ability to sustain the Core Component

- a statement regarding any additional ways in which the institution fulfills the Criterion that are not otherwise covered in the statements on the Core Components, including any gaps in achievement and future plans with regard to the Criterion

- links to materials in the institution's Evidence File for each statement made

There is no need to distribute equally the amount of text devoted to each Criterion or each Core Component; however, it is important to observe the Assurance Argument's maximum limit of 35,000 words. Institutions are advised that although there may be various ways to circumvent the length limitations on the Assurance Argument, it is also the case that such strategies may be counter-productive if the ultimate effect is to exhaust or annoy the reviewers.

The Evidence File

Within the Assurance System, an institution's Evidence File comprises two sections. In section one, the Commission contributes recent comprehensive evaluation and interim reports, a trend summary from the institution's most recent Institutional Update submissions, copies of official actions and correspondence, public comments, and any other information the Commission deems necessary.

In section two of the Evidence File, the institution uploads its own evidentiary materials that, together with its Assurance Argument, demonstrate that it meets the Criteria for Accreditation. To the extent possible, an institution is encouraged to use existing materials as evidence rather than create new materials exclusively for the accreditation process. Examples of such evidence include existing mission statements, budget documents, assessment and curriculum reports, minutes from meetings of governing boards and other prominent committees, and materials submitted to and received from specialized accreditation organizations and state agencies. Relying on existing materials in this way can significantly reduce the burden of generating evidence for accreditation purposes.

The expectation is that an institution will have a variety of materials relevant to its processes that serve as appropriate evidence. It is possible that a given evidentiary piece may support meeting multiple Criteria for Accreditation or Core Components. The Assurance System provides the ability to cross-reference each evidentiary item to as many Criteria and Core Components as appropriate. However, every evidentiary item uploaded to the Evidence File *must* be specifically linked to at least one Criterion or Core Component and must be referenced in the analysis to which it is linked; extraneous material provided "just in case" is neither desired nor permitted. This approach contributes to a thoughtful compilation of evidentiary materials that is on-point with regard to the institution's Assurance Argument and does not impede the ability of peer reviewers to examine, comprehend, and evaluate the evidentiary materials and Assurance Argument.

There are several strategies the institution may employ to help the peer reviewers navigate existing materials that are repurposed for the accreditation process. (1) Evidentiary documents in the Assurance System can be configured to open directly to a specific page when accessed. This greatly assists in directing peer reviewers to relevant sections of longer documents. (2) It may be useful to provide explicit guidance to reviewers, such as a descriptive coversheet for a document being used out of its original context or a brief synthesis of raw data involving significant detail. (3) In order to promote full understanding and transparency, the institution should submit documents in their entirety and link to the pertinent pages rather than submit only portions of documents devoid of original context.

The burden of writing the Assurance Argument is reduced because the Assurance System allows an institution to link narrative text directly to the appropriate supporting materials in the Evidence File. Therefore, an institution should not provide elaborate historical context or descriptions of the evidence within the Assurance Argument itself. Rather, the institution should make clear, succinct statements as to how the Criteria for Accreditation are met and link them directly to the evidence. This efficiency reduces the amount of narrative needed to convey information to the peer review team and makes it easier for team members to verify institutional claims with evidence. (The Commission no longer requires that the institution maintain a separate Resource Room for the review, as was done under the PEAQ process.) After a comprehensive evaluation, the Assurance Argument remains intact with its linked evidence in the Assurance System. This allows revision versus complete reconstitution for the next review, offering additional efficiency and reduced burden to the institution.

Evidence supplied by the institution includes some items required by the Commission. Due to the nature of some types of evidence, the Commission has determined that certain items may, if desired, be referenced via external Web links to the original source rather than be uploaded directly into the Assurance System. Unless specifically permitted as an external link, all evidence is uploaded directly into the Evidence File area within the Assurance System.

The following chart lists the items that are **required** by the Commission and identifies those that may be externally linked. However, the institution is expected to provide significant additional evidence it determines

appropriate to support its Assurance Argument (i.e., the chart is not an exhaustive list of evidence an institution should include). As with other evidence uploaded by the institution, the required materials—whether provided as documents or external links—must be linked to the Assurance Argument in order for peer reviewers to have access to them.

Required documents in Evidence File (significant additional evidence is expected; the specific types of evidence are at the institution's discretion)	Must be uploaded to the Evidence File	May be provided by a link to an external source
Course Catalog/Bulletins		X
Audited Financial Statements	X	
Budgets and Expenditure Reports	X	
Faculty/Staff Handbooks		X
Student Handbooks		X
Class Schedules		X
Mission and Planning Documents	X	
Governance Documents (charters, bylaws, organizational chart)	X	
Faculty Roster (full- and part-time, credentials)		X
Contractual & Consortial Agreements (related to academic programs)	X	
Third Party Comment Notices *	X	
Federal Compliance Materials *	X	

* Definitions of these items are provided in other Commission documentation

[1] In cases where there is a heavy or exclusive reliance on externally linked evidence to support the Assurance Argument, institutions should consider uploading that evidence into the Evidence File, if possible, rather than linking to it. Doing so, although optional, ensures that any evidence providing a significant foundation to the Assurance Argument is archived for future access if needed.

The Assurance Review Timeline

As indicated in the chart below, an institution's **Assurance Filing** (Evidence File and Assurance Argument) must be uploaded to the Assurance System and ready for review by the time the online Assurance Review is scheduled to begin. Although institutions may wait until a few months before this deadline to upload materials, the Assurance System is available to them throughout the 10-year Open Pathway timeline for uploading and maintaining their information. The Assurance System automatically grants peer reviewers access to an institution's Evidence File and Assurance Argument on the date calculated according to the chart below.

Review	Online Assurance Review Begins	Team Visit Begins	Team Visit Ends	Online Assurance Review Ends
Year 4	On the start date scheduled	Not applicable unless a visit is requested by the team		When final report is submitted to HLC (usually 10 weeks after online Assurance Review begins)
Year 10	4 weeks before campus visit date	On-campus visit date scheduled	At conclusion of 1½ days on main campus	

[1] An institution may grant access to the Assurance Filing early if the materials are ready; however, once access has been granted to the team (automatically or manually), the Evidence File and Assurance Argument are locked and the institution can no longer add, delete, or modify content. If an institution elects to grant access earlier than the scheduled start date, the remaining due dates on the timeline are not altered (i.e., starting early does not mean that the review will end early).

² Typical visits in Year 10 are 1½ days. Some considerations, such as visiting branch campuses, reviewing change requests, or addressing other issues may extend the visit's duration.

³ In both the Year 4 and Year 10 reviews, the Assurance Review ends upon submission of the final team report approximately 10 weeks after the online review begins. This includes time for the team to review online materials and conduct the visit in Year 10 (and in Year 4, if required*), Commission staff to review an initial draft, the institution to review an initial draft and respond regarding errors of fact, and the team to consider any errors identified by the institution.

The Assurance Review focuses on the evaluation of the institution's Assurance Argument and Evidence File in relationship to the Criteria. Peer reviewers begin the review by conducting individual evaluations of the Criteria and the Federal Compliance Requirements. The team as a whole then conducts a consensus review of all Criteria and Federal Compliance requirements. In the course of the Assurance Review, the team may contact the institution to request additional information or clarification. Within the time period specified in the request, the institution uploads requested materials into an addendum area in the Assurance System that the Commission creates for this purpose. Materials in the addendum area are not linked to the Assurance Argument.

During the Assurance Review, the team chair remains in communication with an institutional representative throughout the online, pre-visit portion of the review even when no additional materials or clarification is needed. The team's evaluations as part of this review inform the activities planned for the forthcoming visit in the Year 10 review.

> **Team Size for the Assurance Review and the Comprehensive Evaluation**
>
> In most cases, the team size for both the Year 4 Assurance Review and the Year 10 Comprehensive Evaluation is fixed: 3, 5, or 7 individuals, depending on institutional size and complexity. In no circumstance will a peer review team have fewer than 3 members. Although institutional size is the primary determining factor, the Commission may require a larger team for institutions with multiple academic units, multiple degree levels, corporate or state system relationships, or other complexities, including significant concerns in previous reviews. The Commission may assign additional reviewers as needed for other reasons based upon particular circumstances of the institution, such as multi-campus visits that include out-of-state or international locations.

* In exceptional circumstances, the team may extend the Assurance Review in Year 4 to require a visit to explore uncertainties in the evidence. This is expected to occur only when a campus visit would reveal information that is not otherwise available to the team at a distance through methods such as supplemental teleconferences and email exchanges. In such circumstances, the review timeline is suspended temporarily while Commission staff arranges a visit designed to meet the needs identified by the team. If the Year 4 review team requests such a visit, the team conveys to the institution the reasons for the requested visit, including any additional evidence requested, and identifies any individuals or groups with which the team wishes to meet during the visit. A visit during the Year 4 review occurs only after requests for additional information or clarification are not successful at satisfying the team's inquiry. Typically, this visit is planned and concluded within a matter of weeks, at which time the review timeline resumes and the schedule is adjusted accordingly. A team in the Year 4 review may recommend a sanction or withdrawal but only after first calling for and conducting a visit to evaluate any serious issues that may warrant such action.

Process for Conducting the Team Visit

Although the Year 10 comprehensive evaluation uses the Commission's online Assurance System, it also includes a visit to the institution. The on-campus agenda is not centered on the review of materials that are already available in the Assurance System, but rather is focused on activities best suited for in-person review and interaction. These activities include validating claims made in the institution's Assurance Argument and Evidence File, triangulating those materials with the onground realities of the institution, and meeting with various individuals and groups responsible for the content of the Assurance Argument and Evidence File. The on-campus agenda will include meeting with the institution's leadership and board; meeting with those involved in preparing the Assurance Argument and the Evidence File; holding open forums for faculty, staff, and students; and meeting with key individuals and groups, such as the faculty council and assessment committees.

Although the agenda for the Year 10 visit reflects the uniqueness of each institution, the sample agenda below represents how the above activities may be combined into a 1½ day visit. The team departs the campus at the end of the on-site visit, but may remain in the area to continue its deliberations throughout the afternoon of day 2 and into the morning of day 3. Some activities may require the attendance of each member of the peer review team, while other activities may be suitably conducted by a subset of the entire team (this determination is also dependent on the team size). Therefore, some activities may overlap, while some activities may not. The team chair determines the agenda, but he or she consults with the team and with the institution's leadership to craft a schedule that suits the context of the institution and the availability of individuals and groups. Some institutional activities should be scheduled only during the first full day, some should be scheduled only during the last half day, and others are suitable for either day, depending on scheduling availability and other considerations.

Sample Agenda for the Year 10 Team Visit
Day 1: Morning

o   Meet with the institution's senior leadership
   o   Meet with individuals involved in the Assurance Argument and Evidence File
   o   Meet with representatives of the institution's board
   o   Meet individually with the institution's chief officers

Day 1: Afternoon

o   Conduct campus tour
   o   Meet with formal committees typically led by faculty (general education, curriculum, assessment, etc.)
   o   Meet with leadership representatives from academic and student affairs units, as needed
   o   Conduct open forum for faculty and staff
   o   Meet with additional individuals and groups (as determined by electronic review of Evidence File and Assurance Argument)

Day 2: Morning

o   Meet with student senate (or key student groups as applicable)
   o   Meet with groups and individuals from Day 1 if meetings not yet held
   o   Hold Exit Session with institution's senior leadership (visit concludes and team departs campus)

Post-Visit
Day 2: Afternoon and Day 3: Morning
o   Team deliberations and work at off-campus location

The Team Report and Recommendation

At the conclusion of the online review in Year 4 or the on-site visit in Year 10, the team uses the Assurance System to write its report. In most cases, the team does not interact with the institution at this point in the process but the team may, in exceptional cases, ask for additional information or clarifications prior to finishing the draft report.

In its report, the team indicates that the institution meets the Core Component if:

a) the Core Component is met without concerns, that is the institution meets or exceeds the expectations embodied in the Component; or

b) the Core Component is met with concerns, that is the institution demonstrates the characteristics expected by the Component, but performance in relation to some aspect of the Component must be improved.

The institution does not meet the Core Component if the institution fails to meet the Component in its entirety or is so deficient in one or more aspects of the Component that the Component is judged not to be met.

The institution meets the Criterion if:

a) the Criterion is met without concerns, that is the institution meets or exceeds the expectations embodied in the Criterion; or

b) the Criterion is met with concerns, that is the institution demonstrates the characteristics expected by the Criterion, but performance in relation to some Core Components of the Criterion must be improved.

The institution does not meet the Criterion if the institution fails to meet the Criterion in its entirety or is so deficient in one or more Core Components of the Criterion that the Criterion is judged not to be met.

The institution meets the Criterion only if all Core Components are met. The institution must be judged to meet all five Criteria for Accreditation to merit accreditation. The Commission will grant or continue accreditation (with or without conditions or sanctions), deny accreditation, or withdraw accreditation based on the outcome of its review.

In addition to expressing any concerns it finds with the Core Components or the Criteria, the team may restate any concerns at the conclusion of the report, in conjunction with any recommendations for action or reaffirmation it may make. The team may recommend interim reports or it may recommend that the concerns be addressed in the institution's next Assurance Filing. More serious concerns may lead to a recommendation that the institution be limited to the Standard Pathway.

In the Year 10 review, the team includes an evaluation of the institution's compliance with the Federal Compliance Requirements. The team makes no reference to Assumed Practices unless in the course of the review it becomes clear that any are not met. The team may provide commentary regarding institutional achievements and opportunities for improvement.

The Assurance System provides Commission staff access to the team's work so as to enable consultation. After staff review and consultation with the team, the team chair sends the team's draft analysis and recommendation (the team report) in PDF format to the institution for correction of errors of fact. The team revises as it determines is appropriate and submits its final version to the Commission, which then sends the final version to the institution. The institution is given the opportunity to provide a response to the final report.
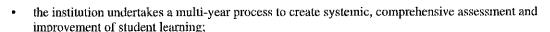
The Quality Initiative

The Open Pathway requires the institution to undertake a major Quality Initiative designed to suit its present concerns or aspirations. The Quality Initiative takes place between years 5 and 9 of the 10-year Open Pathway Cycle. A Quality Initiative may be designed to begin and be completed during this time or it may continue an initiative already in progress or achieve a key milestone in the work of a longer initiative. The Quality Initiative is intended to allow institutions to take risks, aim high, and if so be it, learn from only partial success or even failure.

The Quality Initiative can take one of three forms: (1) the institution designs and proposes its own Quality Initiative to suit its present concerns or aspirations; (2) the institution choose an initiative from a menu of topics, such as the following examples:

- the institution undertakes a broad based self-evaluation and reflection leading to revision or restatement of its mission, vision, and goals;

- the institution joins with a group of peer institutions, which it identifies, to develop a benchmarking process for broad institutional self-evaluation;

- the institution undertakes a multi-year process to create systemic, comprehensive assessment and improvement of student learning;

- a four-year institution joins with community colleges to create a program of dual admission, joint recruitment and coordinated curriculum and student support;

- the institution pursues a strategic initiative to improve its financial position;

- the institution engages in a Commission-endorsed program or process offered by another agency, such as the Foundations of Excellence program offered by the Gardner Institute for Excellence in Undergraduate Education or the LEAP Initiative offered by the Association of American Colleges and Universities;

or (3) the institution chooses to participate in a Commission-facilitated program. Currently, the Commission has one such program, the Academy for Assessment of Student Learning.

Quality Initiative Forum (available in fall 2013). The institution may choose to send three to eight representatives to a Quality Initiative Forum prior to submitting its proposal. These optional forums offer institutions time and assistance in developing and refining their Quality Initiative proposals. Typically, twelve to twenty institutions will participate in each forum. After the forum, the institution finalizes and submits its proposal for approval.
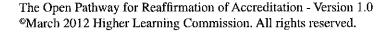
Quality Initiative Proposal and Its Submission

The institution must submit a Quality Initiative proposal to the Commission for approval. The institution completes the proposal using a template provided by the Commission. Quality Initiative proposals are no longer than 4,500 words and submitted electronically. (Institutions participating in the Academy for Assessment of Student Learning for their Quality Initiative follow a separate protocol.)

Quality Initiative Approval

Although Commission staff may advise an institution in the development of its proposal, the final approval of the proposal requires evaluation by a peer review panel. The Commission's Quality Initiative proposal review process has three steps:

1. **Commission Staff Review.** The institution's Commission staff liaison reviews the Quality Initiative proposal, discusses it with the institution as needed, and then forwards it for peer review.

2. **Peer Review and Approval.** A panel of two peer reviewers, who are trained to review Quality Initiative Proposals but are not subject-matter experts, will evaluate the Quality Initiative proposal based on sufficiency of scope and significance; clarity of purpose; evidence of commitment and capacity; and appropriateness of timeline. The panel provides observations and constructive commentary, and either approves with or without minor modifications or requests resubmission of the proposal.

3. **Institution Notification.** At the completion of the review process, the Commission notifies the institution of panel's decision. If the panel approved the proposal with or without minor modification, the institution is free to begin its Quality Initiative. If the institution is required to resubmit its Quality Initiative proposal, it may do so at any time within the approved time period for Quality Initiatives. The same or a new panel of peer reviewers will evaluate the resubmission.

Quality Initiative Report and Review

At the end of the Initiative, but no later than Year 9 of the ten-year Open Pathway cycle, the institution prepares and submits a Quality Initiative Report, in the framework outlined in the approved proposal.

Commission Staff Review

Within four weeks of submission, Commission staff review the Quality Initiative Report for completeness and forward it for peer review.

Peer Review

A panel of two or three peer reviewers evaluates the Quality Initiative Report, at a distance, and prepares a review that addresses the genuine effort of the institution. If the panel has questions about the institution's Quality Initiative, the panel leader will contact the institution for clarification, typically via e-mail. A record of this communication is included in the panel's review.

In all cases, the panel may also offer advice, observations, and critique of the Quality Initiative Report; however, the team's evaluation and recommendation will be based on the genuine effort of the institution: the seriousness of the undertaking, the significance of scope and impact of the work, the genuineness of the commitment to and sustained engagement in the initiative, and adequate resource provision.

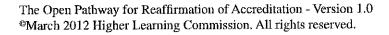### Final Review and Institutional Response

The panel sends its preliminary review to the institution's Commission staff liaison. The liaison discusses the review with the panel as needed before the panel sends the revised review to the institution for correction of errors of fact. After receipt of any corrections, the panel revises the review as it deems appropriate and submits the final review to the Commission. The Commission sends the final review to the institution. After receiving the final review, the institution provides a written response.

This review will be joined with the recommendations from the Assurance Review and team visit in the Commission's decision-making process. If an institution's Quality Initiative report is judged not acceptable by the reviewers, the institution will lose eligibility for the Open Pathway or AQIP. The Quality Initiative in itself cannot result in monitoring or a sanction.

Commission Decision-Making Process

The Commission's decision process is described in detail in separate documentation. Year 4 Assurance Reviews do not lead to reaffirmation of accreditation, and therefore do not require Commission action unless there is a recommendation for an interim report, a sanction, or other change that affects the official accreditation relationship. Otherwise, an institution's completion of the Year 4 Assurance Review is reported to the Commission's Institutional Actions Council (IAC), which acts to accept the report. In Year 10, the Commission staff brings together the reports from the Year 10 Assurance Review and visit and the Quality Initiative and forwards them to the IAC for decision-making. In Year 10, the decision process includes Commission action regarding reaffirmation of accreditation and determines the institution's future Pathway eligibility.

Once the review and decision process are complete, the institution's Evidence File, Assurance Argument, and final team report are archived by the Commission. The institution then regains access to its Assurance System workspace so that it may begin preparing for the next event in its accreditation timeline.
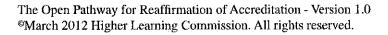
Final Notes

Public Disclosure

The Commission is currently considering options for achieving greater transparency of the accreditation process and outcomes. These options will be based on the Assurance Review. The Commission will share these options in the coming months and will seek member comment. The Commission will not disclose an individual institution's information on the Quality Initiative Report, although it may report generally on Quality Initiatives in a way that does not identify individual institutions. The institution may choose to disclose information on its Quality Initiative.

Other Monitoring

The Commission will continue to review data submitted by affiliated institutions through the Institutional Update. This analysis may result in the requirement of additional reports or focused visits. The Commission will apply substantive change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.

Phase-In Timeline

Institutions with PEAQ comprehensive evaluations in years 2011-12 through 2014-15 will continue in the current PEAQ process. Pathway eligibility will be determined following Commission action at the conclusion of those reviews. Institutions with comprehensive evaluations scheduled after 2014-15 that are not eligible for the Open or AQIP pathways or that choose the Standard Pathway will transition into the Standard Pathway in 2012-13.

Section 2.

Transitioning from PEAQ to the Open Pathway

Master Chart of the Open Pathway Ten-Year Cycle

This chart outlines the cycle for the major components of the Open Pathway—Assurance and Improvement.[1] The chart does not reflect any monitoring that may be required by some component of the Assurance Review, by Commission policy, or by institutional change requests.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process	Institution may contribute documents to Evidence File			Assurance Filing (Assurance Argument and Evidence File) / Assurance Review (no visit)[3]	Institution may contribute documents to Evidence File					Assurance Filing (Assurance Argument and Evidence File); Federal Compliance Requirements[2] / Comprehensive Evaluation: On-site Review, Reaffirmation of Accreditation (on-site)[3]
Improvement: The Quality Initiative					Quality Initiative Proposal Filed (window of opportunity to submit) / Quality Initiative Proposal Reviewed		Quality Initiative Report Filed / Quality Initiative Report Reviewed			
Commission Decision-Making				Action to Accept Assurance Review[4]						Action on Comprehensive Evaluation Team Recommendations; Reaffirmation of Accreditation[5]
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.									

Notes

[1] the chart applies to institutions eligible for the Open Pathway (see page 3)

[2] some institutions will also file materials for multi-campus review

[3] team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance

[4] certain team recommendations may require IAC action

[5] action on the Year 10 review will also determine the institution's future Pathway eligibility

Key

Documents filed electronically by the institution
Review does not include a visit
Review includes a visit
Commission actions

MAPPING THE TRANSITION OF ELIGIBLE INSTITUTIONS INTO THE OPEN PATHWAY

This document maps the transition of institutions currently scheduled for PEAQ reaffirmation visits based on the ten-year Open Pathway cycle. It assumes that the transition of all eligible institutions will begin in 2012-13. All eligible institutions will have transitioned to the Open Pathway by 2015-2016.

Transition Map E: For institutions with the next PEAQ reaffirmation visit in 2015-16

This chart assumes the outcome of the last PEAQ visit is to place the institution on a ten-year cycle. Other outcomes could place the institution on the Standard Pathway.

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Pathway Cycle	Year 7	Year 8	Year 9	Year 10	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Assurance Process	Institution may contribute documents to the Evidence File			Assurance Filing; Federal Compliance Requirements[1] / Assurance Review and Comprehensive Evaluation (with visit)	Institution may contribute documents to the Evidence File			Assurance Filing[1] / Assurance Review (no visit)[2]		Institution may contribute documents to the Evidence File			Assurance Filing; Federal Compliance Requirements[1] / Assurance Review and Comprehensive Evaluation (with visit)
Improvement: The Quality Initiative	The requirements for the Quality Initiative will be modified to fit this compressed schedule[3]		Quality Initiative Report Reviewed						Quality Initiative Proposal Filed (window of opportunity to submit)	Quality Initiative Proposal Reviewed	Quality Initiative Report Filed	Quality Initiative Report Reviewed		
Commission Decision-Making				Action on Comprehensive Evaluation and Reaffirmation of Accreditation[4]				Action to Accept Assurance Review						Action on Comprehensive Evaluation and Reaffirmation of Accreditation[4]
New Criteria	Effective 1/1/13[5]													
Other Monitoring	The Commission will continue to review data submitted by affiliated institutions through the Institutional Update, will apply change processes as appropriate to planned institutional developments, and will monitor institutions through reports, visits, and other means as it deems appropriate.													

[1] Assurance Argument and Evidence File. For comprehensive evaluations, some institutions will also file materials for multi-campus review.

[2] Team may require a visit to explore uncertainties in evidence that cannot be resolved at a distance.

[3] Modified schedule during transition years.

[4] Action on Year 10 review will also determine the institution's future Pathway eligibility.

[5] New Criteria adopted 2/24/12. Date applies to accredited institutions. See Criteria booklet for additional information on the implementation timeline.