RESOURCE MANUAL

for The Principles of Accreditation:

Foundations for Quality Enhancement

SACSCOC™

Southern Association of Colleges and Schools
Commission on Colleges

2020 Edition

RESOURCE MANUAL

for *The Principles of Accreditation*:

Foundations for Quality Enhancement

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SACSCOC

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Table of Contents

Preamble 1

Organization of the *Manual* 3

Important Considerations Applicable to The Principles Of Accreditation 7

The Principles of Accreditation

SECTION 1: The Principle of Integrity 11
SECTION 2: Mission 13
SECTION 3: Basic Eligibility Standards 15
SECTION 4: Governing Board 20
SECTION 5: Administration and Organization 34
SECTION 6: Faculty 44
SECTION 7: Institutional Planning and Effectiveness 57
SECTION 8: Student Achievement 65
SECTION 9: Educational Program Structure and Content 77
SECTION 10: Educational Policies, Procedures, and Practices 91
SECTION 11: Library and Learning/Information Resources 108
SECTION 12: Academic and Student Support Services 113
SECTION 13: Financial and Physical Resources 122
SECTION 14: Transparency and Institutional Representation 140

Appendices

APPENDIX A: Chart of Standards 152
APPENDIX B: Glossary of Terms 155
APPENDIX C: Guidelines for Addressing Distance and Correspondence Education, Off-Campus Instructional Sites, and Branch Campuses 179
APPENDIX D: Documents of Special Significance for SACSCOC Institutions 186
APPENDIX E: Overview of Accreditation 189

Preamble

The manner in which an institution makes its case for compliance with *The Principles of Accreditation: Foundations of Quality Enhancement* (the *Principles of Accreditation* or *Principles*) is an institutional decision, and the process employed by a review committee to reach its decision on compliance issues is likewise determined by the professional judgment of that committee within the context of the institution's specific mission and circumstances.

The *Resource Manual* is designed to (1) provide guidance to institutions as they seek to identify strategies for documenting compliance with SACSCOC requirements and standards and (2) be a resource in the training of review committee members and trustees as they strive to apply the *Principles* fairly and consistently. An institution's primary resource, however, is its SACSCOC staff member assigned to advise and to consult with the institution regarding the accreditation process, its expectations, and applications. Such advice and information do not supplant the peer review process, but rather provide additional insight in helping institutions reach informed judgments about their self-assessments.

The *Resource Manual* is intended to stimulate thinking when assessing compliance with the standards without prescribing a specific institutional practice or approach or providing a mandatory "checklist" to be followed. The comments are included to provide background for forming professional judgment regarding compliance. Many more factors could be taken into consideration, depending on the institutional context and the particularities of the individual situation. The *Manual* is *not* intended to dictate a single institutional approach to evaluating and documenting compliance with a standard. While acknowledging the diverse nature of institutional missions and the range of educational programs represented within the membership of SACSCOC, the *Manual* provides a rationale and notes, related suggested questions to consider, suggestions regarding appropriate types of documentation, and a cross-reference to other standards and to related policies and practices that an institution might consider as it assesses its compliance with those accreditation requirements and standards.

The *Resource Manual* is intended for use by institutions preparing for a reaffirmation review, fifth-year interim review, initial accreditation, or substantive change review. For reaffirmation or initial accreditation reviews, SACSCOC has also prepared handbooks to assist institutions in the development of documents: *Handbook for Institutions Seeking Reaffirmation* and the *Handbook for Institutions Seeking Initial Accreditation*. Institutions should refer to the respective handbook for specific information about preparation, development of documents, timelines, and so forth; however, common review protocols are also addressed throughout this document. In all cases, the institution is responsible for documenting compliance with the *Principles of Accreditation*. When doing so, it should consider the most appropriate ways for demonstrating compliance in light of its mission and then focus on presenting its case. The institution must incorporate into its review the assessment of compliance as it applies to distance and correspondence education and to off-campus instructional sites and/or branch campuses, where appropriate. This *Manual* is a companion document to the *2018 Principles of Accreditation* and is accurate as of January 2021. Changes to the standards or to interpretations made after this date may supersede some of the contents of this *Manual*.

Organization of the *Manual*

The Resource Manual examines all 14 Sections of the *Principles of Accreditation*. In an institution's Compliance Certification, or other SACSCOC templates used by the institution for reporting compliance, documentation of compliance with Section 1 (Integrity) is not required; however, for each standard that requires an institution to submit documentation of compliance in Sections 2 through 14, this *Resource Manual* addresses the following:

The Standard

The wording of each standard is repeated as it appears in the *Principles of Accreditation* (2018). In some instances, the stem of the standard is repeated for clarity. In a Compliance Certification, the institution, through its own internal review process, will make its determination of its compliance with the standard. Each standard is preceded by a number (e.g., 6.5), which begins with the section number, followed by the number of the standard within the section (and if there are sub-standards, followed by a letter). The *Resource Manual* then repeats the wording of the standard from the *Principles of Accreditation*. Standards also have descriptors (e.g., "Faculty development") as a means to quickly identify the content of the standard. Whenever a descriptor appears in a standard, the institution is expected to make a separate determination of overall compliance with the standard when submitting reports to SACSCOC.

If the standard is a **Core Requirement**, it will be designated with the letters "CR" in brackets following the descriptor. Core Requirements are also listed in Appendix A of this document. A Core Requirement is a basic, broad-based, foundational requirement of the *Principles of Accreditation*. The Core Requirements establish a threshold of institutional characteristics required of all institutions seeking initial accreditation or maintaining accreditation. If a member institution is judged by the SACSCOC Board of Trustees to be out of compliance with a Core Requirement, it must be placed on a sanction. Candidacy status requires compliance with all Core Requirements.

Rationale and Notes

The Rationale and Notes provide a further explanation of the standard/requirement along with reasons for its inclusion in the *Principles*. The rationale also references the preamble for each section of the *Principles*, providing overall context for interpretation. In some instances, there may be a note regarding a recent interpretation by the Executive Council of the SACSCOC Board of Trustees, a related SACSCOC policy, an expanded explanation of a historical interpretation, or an expectation or clarification. The purpose of the rationale is to give some perspective on the standard.

Questions to Consider

For each standard or requirement, there is a series of questions designed to help an institution examine its current processes and practices. *It is extremely important that the questions be seen as helpful prompts, not as mandatory aspects of a review*. In past iterations of this *Resource Manual*,

there has been a tendency for these questions to become viewed as necessary parts of an institution's narrative; such an interpretation flies in the face of this document's intent. The *Principles* mean what they say. It is the wording of each standard that is at issue, and evaluation of compliance or noncompliance, either by individuals at the institution or by those who are reviewing an institution, depends on the professional judgment of those persons. So while these "Questions to Consider" offer guidance and advice, they may be neither necessary nor sufficient to document compliance. The written materials to be submitted to SACSCOC must be clear and complete, and they should include relevant documentation. The best evidence in support of compliance may differ from institution to institution. Those reviewing an institution must be fair and consistent, evaluating what was submitted to make (in conjunction with all others reviewing the same materials) a holistic, professional judgment about what was provided. Appropriate, adequate responses in support of compliance may include different evidence depending on the institution.

Sample Documentation

The same caveats mentioned above apply to the types of evidence and documentation offered by an institution in support of establishing compliance with each standard. It is not sufficient for an institution to merely assert compliance with a standard; it must provide documentation to support its assertions. Appropriate documentation depends on what is under review. This section of the *Resource Manual* suggests the types of materials often submitted for review by SACSCOC. This list is not meant to be exhaustive; institutional representatives may have that perfect bit of evidence that is not covered here. Likewise, the list is not meant to be mandated; institutions may have totally different documentation or only a small subset of what is listed and still establish compliance.

In general, there are two types of evidence: (1) documents that describe how the institution operates: bylaws, strategic plan, catalog, handbooks, manuals, policies, or procedures; and 2) documents that show how the institution operates in practice: meeting minutes, completed inventories, completed evaluations, completed audits, completed course approval forms, completed degree audits, copies of student complaints, assessment rubric results, or redacted transcripts. In most cases, it will be important for an institution to include both types of documentation when responding to the standard.

It is not enough simply to provide documentation; its relevance and timeliness should be discussed and made clear. Documents without a clear narrative as to their applicability and appropriateness can be easily misinterpreted by reviewers. So please, *do not view anything in this* Manual *to be a simple checklist*.

Reference to SACSCOC Documents, if Applicable

For some standards/requirements, there may be SACSCOC policies, procedures, guidelines, good practices, and approved interpretations that the institution should review during its self-assessment. If there are such documents, they will be referenced in this section.

For the purpose of accreditation, such documents are defined as follows:

Policies and procedures. A policy is a required course of action to be followed by the SACSCOC or its member or candidate institutions. SACSCOC policies may also include procedures, which are likewise a required course of action to be followed by SACSCOC or its member or candidate institutions. The *Principles of Accreditation* require that an institution comply with the policies and procedures of SACSCOC. Policies are approved by vote of the SACSCOC Board of Trustees. At its discretion, the Board may choose to forward a policy to the College Delegate Assembly for approval. All policies are available on the SACSCOC website (www.sacscoc.org). SACSCOC maintains currency on the website and reserves the right to add, modify, or delete any of the policies listed.

Guidelines. A guideline is an advisory statement designed to assist institutions in fulfilling accreditation requirements and standards. As such, guidelines describe recommended educational practices for documenting requirements of the *Principles of Accreditation* and are approved by the Executive Council of the SACSCOC Board of Trustees. The guidelines are examples of commonly accepted practices that constitute compliance with the standard. Depending on the nature and mission of the institution, however, other approaches may be more appropriate and provide evidence of compliance. All guidelines are available on the SACSCOC website (www.sacscoc.org). SACSCOC maintains currency on the website and reserves the right to add, modify, or delete any of the good practices listed.

Good practices. Good practices are commonly-accepted practices within the higher education community which enhance institutional quality. Good practices may be formulated by outside agencies and organizations and endorsed by the Executive Council of the SACSCOC Board of Trustees or the SACSCOC Board of Trustees. Good practice documents are available on the SACSCOC website (www.sacscoc.org). SACSCOC maintains currency on the website and reserves the right to add, modify, or delete any of the good practices listed.

Position statements. A position statement examines an issue facing the SACSCOC membership, describes appropriate approaches, and states the SACSCOC stance on the issue. It is endorsed by the Executive Council of the SACSCOC Board of Trustees or the Board itself. Position statements are available on the SACSCOC website (www.sacscoc.org). SACSCOC maintains currency on the website and reserves the right to add, modify, or delete any of the position statements listed.

Documents. While not official materials, these are templates of required information as part of many submissions to SACSCOC. Reviewers are expecting a reasonably standardized way of presenting the requested information, so these documents should be consulted when writing narratives for submission to SACSCOC. All documents are available on the SACSCOC website (www.sacscoc.org). SACSCOC maintains currency online and reserves the right to add, modify, or delete any published document at any time. It is the institution's responsibility to check for updates.

Cross-References to Other Related Standards/Requirements, if Applicable

Some standards/requirements are related in content and expectation. In those cases, the standard/requirement is listed.

Additional Materials

In addition, the **appendices** of this *Resource Manual* include the following:

Appendix A: Chart of Standards. Lists all standards of the *Principles of Accreditation* with descriptors and indicates the status of the standard relative to these characteristics: is a Core Requirement; (2) is part of the Fifth-Year Interim Report; (3) is part of the Application for Membership; (4) is reviewed on site even if the off-site committee finds compliance; (5) requires a published institutional policy or procedure; and (6) is closely associated with a SACSCOC policy statement or statements (as identified in the narratives in this report).

Appendix B: Glossary of Terms. Refers to terms in SACSCOC policy, standards, procedures, and practices that have a prescribed definition or an interpretive understanding when applied.

Appendix C: Guidelines for Addressing Distance and Correspondence Education, Off-Campus Instructional Sites, and Branch Campuses. Serves as a guide for institutions and evaluators by providing procedures and criteria for use when evaluating distance learning and correspondence education programs, and in those cases where an institution has off-campus instructional sites offering 50% or more of a program, and/or has branch campuses.

Appendix D: Documents of Special Significance for SACSCOC Institutions. Describes the various SACSCOC documents/policies/forms that may assist institutions in their work with SACSCOC.

Appendix E: Overview of Accreditation. Describes the types of accreditation and the organizational structure of SACSCOC.

Important Considerations Applicable to *The Principles Of Accreditation*

Application of the Requirements and Standards. SACSCOC bases its accreditation of degree-granting higher education institutions and entities on requirements and standards in the *Principles of Accreditation: Foundations for Quality Enhancement.* These requirements and standards apply to all institutional programs and services, wherever located or however delivered. This includes programs offered through distance and correspondence education, and at off-campus instructional sites and branch campuses. Consequently, when preparing documents for SACSCOC demonstrating compliance with the *Principles of Accreditation*, an institution must include these sites and programs in its "Institutional Summary Form Prepared for SACSCOC Review" and address them in its analysis and documentation of compliance. (See SACSCOC policy *Distance and Correspondence Education*.)

The Requirement of a Policy. Implicit in every standard mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it. (See SACSCOC good practice, *Developing Policy and Procedures Documents*.) Appendix A contains a summary of standards calling for a policy or procedure. This will also be noted in the "Reference to SACSCOC Documents, if Applicable" section of affected standards.

Organization of the Principles of Accreditation. The revision of the *Principles of Accreditation* approved by the SACSCOC College Delegate Assembly in December 2017 represents a major shift in the organization of this key guiding document. Earlier editions of the *Principles* were organized in sections relating to Core Requirements, Comprehensive Standards, and Federal Requirements. While Core Requirements remain, they are not separated out, but instead clearly marked within the text of the document with the designation "CR" and identified in Appendix A. The distinction between Comprehensive Standards and Federal Requirements has been discarded. Institutions are responsible for maintaining compliance with all standards, whether or not they are driven by the SACSCOC membership or as a result of federal expectations related to the role SACSCOC plays as a gatekeeper in establishing the eligibility of its accredited institutions to participate in programs authorized under Title IV of the Higher Education Act, as amended, and other federal programs.

Thus, in an effort to reduce perceived redundancies and to provide a clearer structure to the *Principles*, the current document is structured topically. If a section contains Core Requirements, these will appear as the first standards in that section and will be clearly designated. The standards cover all topics required by federal mandates, and this distinction will continue to play a role in reviews of institutions seeking candidacy and in the fifth-year interim review process. As with standards requiring a policy, standards that are parts of either initial candidacy reviews or part of the Fifth-Year Interim Report will appear in Appendix A. This listing is accurate as of January 2021, but could be updated, for example, if federal requirements change.

The Principles of Accreditation

SECTION 1: The Principle of Integrity

1.1 The institution operates with integrity in all matters. *(Integrity)* [CR]

(Note: While this principle is not addressed by the institution in its Compliance Certification or its application for accreditation, failure to adhere to this principle will lead to the imposition of a sanction, adverse action, or denial of authorization of a Candidacy Committee.)

Rationale and Notes

Institutional integrity serves as the foundation of the relationship between SACSCOC and its member and candidate institutions. This fundamental philosophy is reflected in the *Principles of Accreditation* as follows:

> Institutional integrity is essential to the purpose of higher education. Integrity functions as the basic covenant defining the relationship between the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and its member and candidate institutions. The principle serves as the foundation of a relationship in which all parties agree to deal honestly and openly with both their constituencies and with one another.

As a condition of candidacy or membership with the SACSCOC, the institution agrees to document its compliance with the requirements and standards of the Principles of Accreditation; to comply with SACSCOC requests, directives, decisions, and policies; and to make complete, accurate, and honest disclosure to SACSCOC.

The policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*, states that SACSCOC requires a member institution to comply with all standards within the *Principles of Accreditation*, as well as applicable SACSCOC policies and procedures, and to provide information as requested by SACSCOC in order to maintain membership and accreditation.

In order to comply with these requirements for integrity and accuracy in reporting in its relationships with SACSCOC, the chief executive officer and Accreditation Liaison must review and ensure the accuracy and integrity of materials submitted by the institution, such as the Compliance Certification and Quality Enhancement Plan (QEP). In addition, an institution shall meet the following expectations:

1. Ensure that all documents submitted to SACSCOC are candid and provide all pertinent information, whether complimentary or otherwise. With due regard for the rights of individual privacy, every institution applying for candidacy, extension of candidacy, accreditation, or reaffirmation of accreditation, as well as every candidate and accredited institution, provide SACSCOC with access to all parts of its operations, and with complete and accurate information about the institution's affairs, including reports of other accrediting, licensing, and auditing agencies.
2. Respond in a timely manner to requests by SACSCOC for submission of dues, fees, and reports, as well as other requests for information.
3. Ensure that information submitted to SACSCOC (such as that provided in the annual institutional profile, institutional responses to visiting committee reports, and monitoring

reports) is complete, accurate, and current. An institution is obligated to notify SACSCOC office of any bankruptcy filing.

4. Cooperate with SACSCOC in preparation for visits, receive visiting committees in a spirit of collegiality, and comply with SACSCOC requests for acceptable reports and self-analyses.
5. Report substantive changes, including the initiation of new programs or sites inside or outside the region, in accordance with SACSCOC's policy on substantive change.
6. Provide counsel and advice to SACSCOC and agree to have its faculty and administrators (including the chief executive officer) serve, within reason, on visiting committees and on other SACSCOC committees.
7. Provide SACSCOC or its representatives with information requested and maintain an openness and cooperation during evaluations, enabling evaluators to perform their duties with maximum efficiency and effectiveness.

SACSCOC accredits degree-granting institutions of higher education, not individuals or systems. Therefore, any individual who reports to SACSCOC on behalf of an institution—either by virtue of his or her office or as delegated by the chief executive officer of the institution—obligates the institution in all matters regarding institutional integrity.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Integrity and Institutional Obligations to SACSCOC*

Cross-References to Other Related Standards/Requirements, If Applicable

Applies to compliance with all standards/requirements and policies.

SECTION 2: Mission

2.1 The institution has a clearly defined, comprehensive, and published mission specific to the institution and appropriate for higher education. The mission addresses teaching and learning and, where applicable, research and public service. *(Institutional mission)* [CR]

Rationale and Notes

A clearly defined and comprehensive mission guides the public's perception of the institution. It conveys a sense of the institution's uniqueness and identifies the qualities, characteristics, and values that define the institution's role and distinctiveness within the diverse higher education community. Fundamental to the structure of an institution's effectiveness, the mission reflects a clear understanding of the institution by its governing board, administration, faculty, students, staff, and all constituents.

Institutional integrity demands congruence between the mission statement and the institution's governance as well as consistency in representation of the statement itself. The expectation is that the institution's mission is appropriate to higher education and that the focus is on teaching and learning and, where applicable, research and public service. The institution's mission should reflect the full scope of educational programs offered. It is important that the institution develop educational goals and objectives that are clearly recognized throughout the institution and are consistent with the mission. Ascertaining the level of achievement of its mission and its educational goals and objectives will be the primary focus of an institution's assessment of effectiveness.

SACSCOC recognizes that some institutions may not include research and public service explicitly in their primary mission and that they may define research and public service in different ways. To the extent that the institution considers research and public service part of its mission, it should address those mission components appropriately in the statement and define them within the institutional context.

Institutions often will have vision or purpose statements (or statements with other names) that accompany a mission statement for purposes of this standard; these accompanying statements are often necessary to demonstrate compliance. This is especially true of institutions that may have a "business card" mission statement.

NOTE

Publication may include either or both hard copy and digital/electronic formats.

Questions to Consider

- What constitutes the published "mission" of the institution? Is it a single statement or a broader collection of statements?
- Where is the statement published? Is the language of the mission consistent across publications?

- How is the mission statement appropriate to an institution of higher education?
- How does the mission address teaching and learning and, if appropriate, research and/or public service?
- How does the mission statement describe the distinctiveness of the institution and its values?
- How does the mission statement reflect the educational programs and levels of degrees offered by the institution?

Sample Documentation

- A copy of the mission statement.
- Evidence it is published, and that the language of the statement is consistent across different places where it is published.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*

Direct Assessment Competency-Based Educational Programs

Distance and Correspondence Education

Institutional Obligations for Public Disclosure

Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status

Substantive Change Policy and Procedures

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 4.2.a *(Mission review)*
Standard 4.3 *(Multi-level governance)*
Standard 5.3.a *(Institution-related entities)*
CR 6.1 *(Full-time faculty)*
Standard 6.5 *(Faculty development)*
CR 7.1 *(Institutional planning)*
CR 8.1 *(Student achievement)*
CR 9.1 *(Program content)*
Standard 10.5 *(Admissions policies and practices)*
Standard 10.8 *(Evaluating and awarding academic credit)*
CR 12.1 *(Student support services)*
Standard 12.2 *(Student support services staff)*
CR 13.1 *(Financial resources)*
Standard 13.7 *(Physical resources)*

SECTION 3: Basic Eligibility Standards

3.1.a An institution seeking to gain or maintain accredited status has degree-granting authority from the appropriate government agency or agencies. *(Degree-granting authority)* [CR]

Rationale and Notes

SACSCOC accredits degree-granting institutions in the southern region of the United States and those operating in select international locations. To gain or maintain accreditation with SACSCOC, an institution is a continuously functioning organization legally authorized to grant degrees and other academic credentials, and able to demonstrate compliance with SACSCOC standards and policies.

To gain or maintain accreditation with SACSCOC, an institution must be legally authorized to grant degrees and other academic credentials. The authorization must be appropriate for the degree levels offered (associate, baccalaureate, master's, education specialist, or doctoral) and for the geographic locations where the degrees are offered. Because education in the United States largely operates under the jurisdiction of states, typically such authorization is granted through state legislation, sometimes by language contained in state constitutions, or sometimes by issuance of a charter. More often, authority appears in other supplemental laws, and—more recently—through actions of state education coordinating boards or other state offices. International institutions and institutions with international sites should be clear as to what authorization is required at non–U.S. locations.

NOTES

Institutions seeking reaffirmation of accreditation do not need to address this standard in a report unless the basis of its degree-granting authority has changed; examples might be site expansion into a new state, or a merger, or change in governance.

This requirement is more specific than simply evidencing that an institution legally exists.

Institutions that offer distance education programs to out-of-state students should address how they ensure appropriate "state authorization" for such students.

Questions to Consider

- What agency or agencies have the legal power to authorize the institution to grant degrees?
- When was this authorization initially or most recently approved?
- Are there any conditions as part of the approvals? If so, by whom and for what reasons?
- If the institution offers degrees at branch campuses and off-campus instructional sites located in other states, what is the evidence of multiple authorizations?
- If the institution offers distance education programs or courses, how does it determine whether it has appropriate state authorization for out-of-state students?

- If the institution offers degrees internationally, what is the evidence of authorization by each country?
- Is the institution required to report changes in program offerings to the agencies? If so, when was the last report filed?

Sample Documentation

- Copies of the official charter enabling legislation, or other legal document granting the institution degree-granting authority.
- Official documentation of what authority is needed in the state (e.g., wording of a statute delegating power to the secretary of state or to a higher education governing board).
- Additional information establishing the extent of the degree-granting authority, including any conditions attached.
- Additional information establishing operating authority for out-of-state sites, out-of-state distance education students, and international sites.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross References to Other Related Standards/Requirements, If Applicable

None noted.

3.1.b

An institution seeking to gain or maintain accredited status offers all coursework required for at least one degree program at each level at which it awards degrees. (For exceptions, see SACSCOC policy *Core Requirement 3.1.b: Documenting an Alternative Approach*.) *(Coursework for degrees)* **[CR]**

Rationale and Notes

Because SACSCOC accredits only degree-granting institutions, the general expectation is that the institution has the capability to offer the range of coursework necessary for a student to earn the degree. Of course, this does not preclude an institution from having partnerships and consortial agreements, accepting coursework for transfer of credit, and the like. But for at least one degree program at each degree level at which the institution offers degrees (associate, baccalaureate, master's, education specialist, and/or doctoral), the expectation is that a student could earn the degree by coursework offered solely by the accredited institution. The rationale for this standard is that this level of program involvement is needed to ensure quality of the institution's educational programs, to maintain the integrity of each level of degrees offered, and to fulfill the institution's mission as a degree-granting higher education provider.

There are circumstances whereby SACSCOC will allow exceptions to this standard. However, when part of the instruction is provided by another institution, or through some other means (e.g., experiential education), the institution must demonstrate that it maintains appropriate control over the quality of such programs, and the alternative approach must be approved by the SACSCOC Board of Trustees.

The rationale for an alternative approach is that if the institution makes arrangements for some instruction to be provided by other accredited institutions or entities through contracts or consortia, or uses some other alternative approach to meeting this requirement, the institution may still be capable of demonstrating that it controls all aspects of its educational program. In accord with SACSCOC policy *Standard 3.1.b: Documenting an Alternative Approach*, an institution may choose to offer a degree program at a level at which it does not provide instruction for all coursework for at least one degree program. For example, a health science center generally can document that it meets this standard for its master's and doctoral degrees. However, the institution may wish to offer a Bachelor of Science in Nursing, but it does not offer any general education coursework on its own. Instead, it may choose to enter into a consortium or contractual arrangement or use another alternative approach by which it accepts from other sources the appropriate general education coursework required for the degree.

In order to gain approval from the SACSCOC Board of Trustees for such arrangements, the institution describes the arrangement and demonstrates that, although it does not offer all coursework for the program or programs at a particular degree level, it assumes responsibility for and maintains control of all aspects of the degree program or programs. It is important that the institution assesses the competencies of students relative to the coursework accepted from another source and ensures that the learning outcomes are consistent with expected outcomes had the institution offered the coursework. The responsibility for the integrity of programs or coursework accepted through an alternative means rests with the institution awarding the degree.

NOTE

Institutions already holding SACSCOC accreditation with an approved alternative approach for this standard do not need to address this standard unless the underlying conditions have changed. However, if the previously approved alternative approach is directly relevant to a different standard, that standard's narrative should include an explanation of how the alternative approach ensures compliance. For example, if an institution offers baccalaureate degrees but has an approved alternative approach whereby it does not itself offer any general education courses (e.g., a health science center), the institution would be expected to document its compliance for Standards 9.3 (General education requirements) *and 8.2.c* (Student outcomes: general education). *It does not, however, need to re-seek approval for an alternative approach.*

Questions to Consider

- Does the institution provide instruction for all coursework required for at least one degree program offered at each level at which it awards degrees?
- If yes, what evidence exists that it provides all instruction?

- If no, what alternative arrangement or consortium or contract does the institution have for provision of coursework which it does not offer?
- How does the institution maintain responsibility and control of the coursework (content and learning outcomes) accepted through an alternative means or through a consortium or contract?
- What evidence is there that such arrangements are evaluated regularly?
- Has SACSCOC approved the consortium or contract, if necessary?

Sample Documentation

- For those degree levels where all the coursework for at least one degree program is offered by the institution:
  - Catalog listing of degree requirements or advising checklist for a program at each level.
  - Evidence the courses are offered (e.g., class schedules showing classes were offered, or a redacted transcript for a student who completed 100% of requirements without any transfer or other alternative credits).
- For those degree levels where an alternative approach is necessary:
  - Copies of any consortium agreement or contract for such arrangements.
  - Explanation and evidence of how the institution maintains responsibility for and control over the quality of courses accepted, utilizing the policy on *Core Requirement 3.1.b: Documenting an Alternative Approach*. Such evidence might include committee minutes, reports, and assessment instruments demonstrating that the institution has developed, implemented, and evaluated the means by which it ensures appropriate control over all aspects of the programs and services provided through such arrangements, agreements, and/or contracts.

Reference to SACSCOC Documents, If Applicable

SACSCOC Policies: *Core Requirement 3.1.b: Documenting an Alternative Approach*

Substantive Change Policy and Procedures [pertaining to consortia and contracts]

Quality and Integrity of Educational Credentials

Appendix B of this *Manual* has a definition for "degree level."

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 10.9 *(Cooperative academic arrangements)*

3.1.c An institution seeking to gain or maintain accredited status is in operation and has students enrolled in degree programs. *(Continuous operation)* [CR]

Rationale and Notes

SACSCOC accredits degree-granting institutions in the southern region of the United States and degree-granting institutions operating at select international locations. SACSCOC does not accredit institutions based on their anticipation of becoming a degree-granting institution. In order to be evaluated for accreditation by SACSCOC, an institution needs to be a functioning organization with students enrolled in degree programs.

> *NOTE*
>
> *Institutions already holding SACSCOC accreditation do not need to address this standard unless the institution currently is not operating.*

Questions to Consider

- When did the institution first begin offering coursework to degree-seeking students?
- Have there been periods where the institution had no students or offered no courses, other than breaks between terms? If so, explain.
- How many students are currently enrolled in degree programs?

Sample Documentation

- List of degrees offered and current enrollment numbers.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, if Applicable

None noted.

SECTION 4: Governing Board

4.1 **The institution has a governing board of at least five members that**

(a) is the legal body with specific authority over the institution.

(b) exercises fiduciary oversight of the institution.

(c) ensures that both the presiding officer of the board and a majority of other voting members of the board are free of any contractual, employment, personal, or familial financial interest in the institution.

(d) is not controlled by a minority of board members or by organizations or institutions separate from it.

(e) is not presided over by the chief executive officer of the institution.

(Governing board characteristics) **[CR]**

Rationale and Notes

The institution's governing board holds in trust the fundamental autonomy and ultimate well-being of the institution. As the corporate body, the board ensures both the presence of viable leadership and strong financial resources to fulfill the institutional mission. Integral to strong governance is the absence of undue influence from external sources.

The authority of the board is established in official documentation. The board is aware of its fiduciary responsibilities and carries them out based on accurate information about the operations of the institution. Members of the governing board act with authority only as a collective entity. In ensure the objectivity of the board's collective interests, care is taken to restrict the potential for conflicts of interest to affect decisions and to ensure that the board's independence is maintained. This is especially important when it comes to the role of the presiding officer of the board. Although a *minority* of Board members may have contractual, employment, personal, or familial financial interests in the institution, direct compensation for board service is prohibited. Board members, including the presiding officer, however, may receive reimbursement for expenses in accordance with board policy. Any member with contractual, employment, personal or familial financial interests in the institution must recuse himself or herself from discussions and votes when appropriate (see Standard 4.2 d.).

NOTE

An institution is required to provide narrative and supporting documentation for each of the expectations embedded in the requirement above. Institutions may want to include subheadings in their narratives to ensure all parts of the standard are covered. The size of the board can be included under part 4.1(a).

For military institutions authorized and operated by the federal government to award degrees, responses to Standard 4.1 should address the following (see SACSCOC policy Military Institutions):

4.1(a) The institution has a public board of at least five members that which has broad and significant influence on the institution's programs and operations and plays an active role in policy-making.

4.1(b) The board ensures that the financial resources of the institution are used to provide a sound educational program.

4.1(c) The board ensures that both the presiding officer and a majority of the other members are neither civilian employees of the military nor active/retired military. Both the presiding officer of the board and a majority of other voting board members are free of any contractual, employment, personal or familial financial interest in the institution.

4.1(d) The board is not controlled by a minority of board members or by organizations or interests separate from the board except as specified by the authorizing legislation.

4.1(e) The board is not presided over by the chief executive officer of the institution.

Questions to Consider

- What is the structure of the governing board and its committees?
- How are governing board members and the presiding officer elected or appointed?
- How are board members apprised of their responsibilities, including fiduciary responsibilities?
- What evidence is there that the governing board controls the institution?
- How often do the governing board members meet and is their agenda appropriate for their responsibilities?
- What is the process to vet board members for their possible financial interests in the institution? Who keeps track of this information?
- Is there an executive committee? If so, how does the executive committee report to the full board?
- How is a quorum defined?
- What safeguards are in place to prevent control of the board by a minority of members?
- How is the board's presiding officer selected, and who is the presiding officer?
- What is the relationship between the institution's chief executive officer and the institution's governing board?

Sample Documentation

- Organizational chart that shows the relationship of the governing board to the institution. This is especially important when board functions do not reside within a single board.
- Bylaws, charter, articles of incorporation, enabling statute, or other documentation to establish the legal authority of the governing board.
- A list of the names of all board members with their occupations, terms of office, and their contractual, employment, personal, or familial financial interests in the institution.
- For private, for-profit institutions, a list of individual stockholders who hold more than 5% of

the stock, or the top 20 stockholders.

- Minutes of governing board meetings and executive committee meetings.
- Documents used in ethics training and for conflict of interest disclosures of board members.
- Evidence on how board members receive orientation to their duties.

Reference to SACSCOC Documents, If Applicable

SACSCOC Policies: *Integrity and Institutional Obligations to SACSCOC*

Governing, Coordinating, and Other State Agencies: Representation on Evaluation Committees

Military Institutions

SACSCOC Position Statement: *The Impact of Budget Reductions on Higher Education*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 4.2.a *(Mission review)*
Standard 4.2.b *(Board/administration distinction)*
Standard 4.2.c *(CEO evaluation/selection)*
Standard 4.2.d *(Conflict of interest)*
Standard 4.2.e *(Board dismissal)*
Standard 4.2.f *(External influence)*
Standard 4.2.g *(Board self-evaluation)*
Standard 4.3 *(Multi-level governance)*
CR 13.1 *(Financial resources)*

4.2.a The governing board ensures the regular review of the institution's mission. *(Mission review)*

Rationale and Notes

The institution's governing board formally approves and periodically reviews the institution's mission statement. The board, in its review, reaffirms the mission statement and whether changes are made, thereby maintaining a cognizance of the previously agreed-upon scope of institutional activities and ensuring that institutional policies, procedures, and activities remain compatible with and included in the mission statement.

Questions to Consider

- Is review of the mission statement a regular expectation of the governing board?
- What is the process for mission review and approval of changes?

- What event or events trigger a review of the mission of the institution?

Sample Documentation

- Governing board minutes documenting review.
- A schedule of periodic review consistent with the minutes.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 2.1 *(Institutional mission)*

4.2.b The governing board ensures a clear and appropriate distinction between the policy-making function of the board and the responsibility of the administration and faculty to administer and implement policy. *(Board/administrative distinction)*

Rationale and Notes

Effective governance includes clearly defining the roles and responsibilities of the governing board, administration, and faculty and ensuring that each of these groups adheres to their appropriate roles and responsibilities. While it is important that the overall mission and overarching policies of the institution are approved by the board, the administration and implementation of the general direction set by the board are carried out by the administration and faculty in order to prevent the board from undercutting the authority of the president and other members of the administration and faculty, thereby creating an unhealthy and unworkable governance structure. To ensure a clear understanding of separate roles and responsibilities, the distinctions should be delineated in writing and disseminated to all appropriate constituents.

Questions to Consider

- Does the organizational structure of the institution reflect a distinction in lines of authority?
- Do board materials (bylaws, manuals, etc.) reflect the distinction in roles and responsibilities? Do administrative materials also reflect this distinction?
- Are there clear examples in practice of the distinction between the board setting direction and the administration and faculty implementing policies?
- If this board/administrative distinction has been blurred, what steps were taken to address concerns?

Sample Documentation

- Governing board bylaws, policy manuals, orientation materials, or other formal documents that can demonstrate that this distinction exists in writing.
- Administrative or faculty handbooks that demonstrate the distinction.
- Governing board minutes that reflect practice.
- Administrative minutes (e.g., CEO's cabinet).
- Faculty meeting minutes.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*
Standard 4.2.g *(Board self-evaluation)*
Standard 5.2.a *(CEO control)*
Standard 5.2.b *(Control of intercollegiate athletics)*
Standard 5.2.c *(Control of fund-raising activities)*
Standard 10.4 *(Academic governance)*
Standard 13.4 *(Control of finances)*

4.2.c The governing board selects and regularly evaluates the institution's chief executive officer. *(CEO evaluation/selection)*

Rationale and Notes

One of the key responsibilities of the governing board is to select the institution's chief executive officer and to evaluate the CEO's performance. Few trustee activities are as consequential to the institution's future and wellbeing as selecting the best possible CEO, and few activities provide a better opportunity for assessing the institution's present condition and future needs. While some aspects of this responsibility may be delegated within a complex system of higher education institutions, the board retains its obligation for knowledge of CEO effectiveness, overseeing these processes, and ultimately making decisions regarding CEO retention, contract renewal, and dismissal.

> ***NOTE***
> *SACSCOC expects that a reasonable periodic evaluation would occur at least every three years.*

Questions to Consider

- Is there a formal process or outline of a process for selection of a CEO? If so, was that process followed in prior CEO searches?
- Is the process for evaluation of the CEO published? If so, is that process followed?
- If processes for selecting and evaluating the CEO are not formalized, how does the governing board manage these obligations?
- If aspects of these processes are delegated to others (e.g., within a system of institutions), how does the governing board ensure they are carried out, and what is the governing board's oversight role?

Sample Documentation

- Governing board documents that outline the CEO selection and evaluation role of the board.
- The two most recent evaluations of the CEO, or evidence of their completion (e.g., board minutes).
- If a recent presidential search has occurred, details on the process used for the selection.
- Board minutes dealing with selection of the CEO.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*

4.2.d The governing board defines and addresses potential conflict of interest for its members. *(Conflict of interest)*

Rationale and Notes

To maintain the integrity of the educational enterprise, the governing board—responsible for establishing broad institutional policies—should be free of inappropriate influence. Although potential conflicts cannot be eliminated, they should be effectively managed to avoid even the appearance of any conflict of interest as board members carry out their duties. This standard assumes publication and consistent implementation of a conflict of interest policy for board members. There is an expectation of some structure and *a priori* thought about what constitutes a conflict of interest (note the term "defines" in the standard).

NOTE

While it would be very unusual to have a situation where no board issue ever reflected a conflict of interest situation for at least one board member, if that is the case, the institution should say so.

Questions to Consider

- Has the board defined in writing what is considered a conflict of interest?
- How are governing board members informed of the existence of the policy?
- What are the expectations of board members if there is a conflict of interest on a board issue?
- Does the governing board consistently apply its conflict of interest policy?
- How does the policy protect the integrity of the institution?

Sample Documentation

- A copy of the governing board's policy and process regarding board member conflicts of interest.
- Details as to how board members are informed of the policy.
- Governing board minutes or other evidence of the implementation of the policy (e.g., relevant board orientation materials).
- Filled-out forms or statements (not blank ones) if used by board members to note known conflicts.

Reference to SACSCOC Documents, If Applicable

This standard requires a policy or procedure. See Appendix A of this *Manual* for implications. See also:

SACSCOC good practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*

Standard 4.2.f *(External influence)*

Standard 4.2.g *(Board self-evaluation)*

4.2.e The governing board has appropriate and fair processes for the dismissal of a board member. *(Board dismissal)*

Rationale and Notes

Members of the governing board need to exercise their responsibilities without fear of retaliatory measures, such as removal from office by arbitrary or capricious means. Substantive and procedural processes protect the interests of the institution and the members of the governing board. A fair process, in most cases, should include some mechanism for board members to have their response to charges for dismissal heard.

The removal of board members at public institutions is often subject to statutory language. In such cases, any institutional policies and procedures for dismissal of a board member should be consistent with the statutes, as should any actions taken to remove a board member or to replace an entire board.

> *NOTE*
> *If the institution has had no cause to dismiss a governing board member and, therefore, has not applied its policy, it should indicate that examples of implementation are unavailable because no such dismissals have taken place.*

Questions to Consider

- What is the institutional policy that governs the removal of a governing board member from office?
- Who elects/appoints governing board members? Who has the authority to remove board members?
- If board member removal is subject to statutory procedures, is board policy consistent with legal requirements?
- Does the policy or procedure offer specific grounds for potential board dismissal?
- Does the policy or procedure specify a process for dismissal?
- Would a reasonable person find that process to be fair?

Sample Documentation

- Governing board documents (e.g., bylaws, manuals) that outline the grounds and process for board member dismissal.
- Details on how board members access this information.
- Examples of how the policy has been implemented, if applicable.

Reference to SACSCOC Documents, If Applicable

This standard requires a policy or procedure. See Appendix A of this document for implications.

See also:

SACSCOC good practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

4.2.f The governing board protects the institution from undue influence by external persons or bodies. *(External influence)*

Rationale and Notes

Effective governing boards adhere to the laws and regulations that underpin the institution's legitimacy while championing its right to operate without unreasonable intrusions by governmental and nongovernmental agencies and entities. This applies to any governing board, whether public, private not-for-profit, or private for-profit. The board protects and preserves the institution's independence from outside pressures.

"Undue" influence does not mean "no" influence. Elected officials, corporate offices, alumni associations, and religious denominational bodies are examples of persons or bodies that appropriately have interests in the activities of related colleges and universities. However, the governing board of the institution has been vested with the authority to make decisions regarding the institution, and no outside person, board, or religious or legislative body should be in a position to interfere with the governing board's ultimate authority to fulfill its responsibilities or to interfere in the operations of the institution.

Questions to Consider

- How and to what extent are governing board members educated regarding their responsibilities?
- What safeguards are in place to protect the institution from undue influence of external bodies or persons?
- In cases where undue external influence was sought by external bodies or individuals, what actions were taken by the governing board?

Sample Documentation

- Bylaws, operating manuals or handbooks, and/or orientation materials that outline board member duties and responsibilities.
- Details on board training.

- Details on board member selection processes.
- Documents and reports of board actions to resolve cases of undue external pressures, if appropriate.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*

Standard 4.2.d *(Conflict of interest)*

Standard 4.2.g *(Board self-evaluation)*

4.2.g **The governing board defines and regularly evaluates its responsibilities and expectations.** *(Board self-evaluation)*

Rationale and Notes

As the body that holds in trust the fundamental autonomy and ultimate well-being of the institution, the governing board of the institution is a critical element in the success of the institution. Good institutional governance requires that the board systematically asks itself, "How are we doing? What are we doing? Are we as effective as a board as we can be?" The process of institutional improvement underlies the *Principles of Accreditation*. While the means by which a governing board participates in that process may be different in scope, tone, and detail than that of the rest of the institution, it is still a necessary element in institutional leadership.

A good starting place is a self-reflective examination of the issues that underlie the governance standards of the *Principles of Accreditation* and the "Questions to Consider" in this section of this *Resource Manual*. How this is done is something best determined by a governing board itself. Some institutions use a board retreat format. Some boards build self-reflection into an annual orientation/ reorientation of the board. Some boards facilitate this process by using external resources such as a facilitator or a book, although that is not a requirement of this standard. What is expected of this standard is something more substantive than a statement that "the board conducted a self-evaluation."

> ***NOTE***
>
> *If the institution has multiple governing boards [see Standard 4.3* (Multi-level governance)*], then the institution should address the self-evaluation process for all relevant boards.*

Questions to Consider

- What are the legal obligations of board members? Does each member of the board understand these expectations?
- Do bylaws and other written documents for board procedures make clear the role of and limits of board actions?
- Do bylaws and other written documents for board distinguish the roles between the board (policy-making) and the CEO (administrative)?
- Is the board structure working well? Are committee responsibilities well defined?
- Is the orientation of new board members effective?
- How does the board stay informed as to the financial health of the institution?
- How does the board maintain its focus on the institutional mission?
- Is review of the mission statement a regular expectation of the governing board?
- What is the relationship between the institution's chief executive officer and the institution's governing board?
- What protections are built into the board structure to ensure the board is not subject to undue influence by a minority of members or by external forces?
- Are board minutes clear and accurate? Do they provide sufficient detail to capture the results of deliberations?
- Do board procedures regarding protection from internal conflicts of interest work appropriately?
- Does the board have a functioning self-evaluation process?
- Are procedures for CEO succession clear?
- If the governing board interacts with other boards (e.g., system boards, foundation boards, alumni boards), are duties and expectations clear?

Sample Documentation

- Statements of board responsibilities and expectations.
- Schedule used by the board for self-review.
- Board policies and procedures regarding board self-evaluation.
- Board minutes or reports detailing the findings of board self-evaluation.
- Materials used as part of the self-examination process (e.g., excerpts from board books, retreat handouts, summaries).

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Section 4 *(Governing Board)*—all standards

Standard 7.1 *(Institutional Planning)*

4.3 If an institution's governing board does not retain sole legal authority and operating control in a multiple-level governance system, then the institution clearly defines the following areas within its governance structure: (a) institution's mission, (b) fiscal stability of the institution, and (c) institutional policy. *(Multi-level governance)*

Rationale and Notes

The governing board of an institution typically has legal authority and responsibility for the institution's mission, its financial stability, and institutional policies. When the governing board does not retain sole legal authority and operating control, this standard calls for the institution to clearly outline the active control of these functions by other entities and how the multiple levels of governance relate to the governing board's responsibilities pertaining to institutional mission, financial operations, and/or institutional policies.

Examples of when this standard would be applicable would include:

- Public institutions where there may be a state or district board that retains legal authority over these functions, but may delegate partial or full authority to a local board.
- A private for-profit corporate structure where the parent institution may or may not delegate some authority to subsidiary units.
- A private not-for-profit institution where a religious denomination or order maintains some authority over local board functions.

There are numerous other examples where multiple-level governance may need more explanation (e.g., branch campuses, merger situations, hospital boards with an educational component, other systems or relationships where the same board serves multiple institutions). In these cases, the institution uses this standard to explain how the governance structure operates with regard to mission, fiscal affairs, and institutional policies.

> ***NOTE***
> *If the institution's governance structure does not have multiple levels, the institution can state that point and this standard can be "not applicable."*

Questions to Consider

- Are there bodies other than the institution's own governing board that maintain certain legal authority or operating control for this institution?
- Is the governing board "shared" with other institutions, whether SACSCOC accredited or not?

- In the above cases, are adequate definitions of legal authority and operating responsibility clearly stated in the rules and regulations, policy manuals, and/or bylaws of the institution's governing board?
- What entity (or entities) regularly examines the mission of the institution?
- What is the nature of the fiscal responsibilities among the multiple levels of control? Is this clearly stated?
- Does the institution maintain sufficient autonomy for separate accreditation by SACSCOC?

Sample Documentation

- Bylaws, policy manuals, other board documents, state codes, or statutes that define legal authority and operating control.
- Organizational charts that help define the relationships.
- Meeting minutes pertaining to review of the mission (perhaps from multiple levels of governance).
- Institutional correspondence among levels of governance.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Governing, Coordinating, and Other State Agencies: Representation on Evaluation Committees*

Separate Accreditation for Units of a Member Institution

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*

Standard 4.2.a *(Mission review)*

Standard 4.2.c *(CEO evaluation/selection)*

Standard 4.2.d *(Conflict of interest)*

Standard 4.2.e *(Board dismissal)*

Standard 4.2.f *(External influence)*

Standard 4.2.g *(Board self-evaluation)*

CR 13.1 *(Financial resources)*

Standard 14.5 *(Policy compliance)*

SECTION 5: Administration and Organization

5.1 The institution has a chief executive officer whose primary responsibility is to the institution. *(Chief executive officer)* [CR]

Rationale and Notes

The institution's CEO has ultimate responsibility for priorities and initiatives that advance its board- approved mission, goals, and priorities. In order to minimize conflicts of interest, the expectation is that the CEO's responsibilities are not shared among competing interests and the CEO does not hold any position other than that of institutional chief executive officer.

> ***NOTE***
> *An exception may be made if the CEO of the institution also serves as CEO of a system of institutions. However, then the institution must request the exception and abide by the conditions of the SACSCOC policy on Core Requirement 5.1: Documenting an Alternative Approach. Details will then be provided within this standard's narrative in the Compliance Certification.*

Questions to Consider

- What is the position description for the CEO?
- What other key activities—either paid or unpaid—does the CEO have?
  - Do any of these activities create a potential for a conflict of interest with the interests of the institution?
  - Are these other activities "primary"?
- If the institution's CEO is also the CEO or an officer of the system of institutions:
  - How are conflicts of interest avoided?
  - In what sense is the position as institutional CEO the primary responsibility of this person?
  - How autonomous are the other institutions in the system?
  - What is the reporting and funding structure of the institutions in the system?

Sample Documentation

- Position description for the CEO.
- Brief biography of the CEO.
- By-laws, policy manuals, and other documents outlining the duties of the CEO.
- If the CEO of the institution is also CEO of the system, then additional evidence as required by SACSCOC policy on *Core Requirement 5.1: Documenting an Alternative Approach*.

Reference to SACSCOC Documents, if Applicable

SACSCOC Policy: *Core Requirement 5.1: Documenting an Alternative Approach*

Cross-References to Other Related Standards/Requirements, if Applicable

Standard 4.1 *(Governing board characteristics)* [see part e]

Standard 4.2.c *(CEO evaluation/selection)*

5.2.a The chief executive officer has ultimate responsibility for, and exercises appropriate control over, the institution's educational, administrative, and fiscal programs and services. *(CEO control)*

Rationale and Notes

The CEO oversees an organizational structure that includes key academic and administrative officers and decision makers with credentials appropriate to their respective responsibilities. Generally this oversight is done through a structural arrangement whereby key officers of the institution report directly to the CEO, or to a chief operating officer who in turn reports to the CEO. Regardless of the structure, the CEO is ultimately responsible for all operations of the institution.

Questions to Consider

- What is the organizational structure of the institution? How does the institution publish and disseminate its organizational structure?
- What is the specific reporting relationship of the CEO to institutional leadership for educational, administrative, and fiscal programs and services? Do job descriptions support the CEO's ultimate responsibility and control over these areas?
- Are reporting lines to the CEO clear to all affected constituencies?
- Is the organizational structure consistent with written policies governing roles and responsibilities of the board, administration, and faculty?

Sample Documentation

- Organizational charts showing reporting structures at the institution.
- Minutes from administrative leadership meetings showing the CEO's role.
- Internal memos showing the CEO's role.
- If authority is delegated, internal policies that clarify the authority for administrative and academic decisions.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 5.4 *(Qualified administrative/academic officers)*

5.2.b The chief executive officer has ultimate responsibility for and exercises appropriate control over the institution's intercollegiate athletics program. *(Control of intercollegiate athletics)*

Rationale and Notes

The institution's intercollegiate athletics program often influences the institution's visibility and stature, helps define its image, may provide external financial support, and often is a major operation with a significant financial impact on the institution. It is important that the institution's CEO has ultimate and active responsibility for appropriate administrative and financial control of the institution's intercollegiate athletics program, including the academic standards of athletes and the activities of booster groups that are not fully independent of the institution. Athletic booster groups often fall under the parameters of Standard 5.3 *(Institution-related entities)*.

Questions to Consider

- How does the institution's CEO exercise administrative and financial control over intercollegiate athletics, including athletic policies and procedures, operating budgets, recruiting standards, and academic standards for athletes?
- What is the reporting structure between the CEO and the athletic director?

Sample Documentation

- Job descriptions clarifying the reporting structure for those directing intercollegiate athletics, athletics budgets, athletics fundraising, and athletics compliance.
- Organizational charts establishing reporting relationships.
- Memos, minutes, and/or written correspondence establishing the role of the CEO in exercising control over intercollegiate athletics.
- Relevant standards of the most recent compliance reports addressing athletics oversight, such as reports from internal audits, or external bodies such as the NCAA, NAIA, NJCAA, and NCCAA.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 5.3 *(Institution-related entities)*

5.2.c The chief executive officer has ultimate responsibility for and exercises appropriate control over the institution's fund-raising activities.

(Control of fund-raising activities)

Rationale and Notes

The achievement of an institution's mission often depends on successful fund raising. Therefore, the institution's CEO has ultimate control of the institution's fund-raising activities because fund-raising activities need to support the institution's priorities and initiatives as identified by the governing board and the CEO. It is the responsibility of the CEO to monitor these priorities.

> *NOTE*
>
> *This standard refers to internal institutional fund raising and not independent, separately incorporated entities. (These entities fall under Standard 5.3* [Institution-related entities]*.)*

Questions to Consider

- How does the institution's CEO exercise administrative and financial control over institutional fund raising, including policies and procedures and operating budgets?
- What is the reporting structure between the CEO and offices involved in fund-raising activities?
- Do fund-raising activities support the mission of the institution?
- What is the role of the governing board in fund-raising activities?
- If not operated as independent, separately incorporated entities, what role does the CEO play in oversight of activities of alumni groups, institutional centers, or similar bodies?

Sample Documentation

- Job descriptions clarifying the reporting structure for those directing fund-raising activities.
- Organizational charts establishing reporting relationships.
- Memos, minutes, and/or written correspondence establishing the role of the CEO in exercising control over fund raising.
- Policy and procedure statements or manuals on fund raising.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 5.3 *(Institution-related entities)*

5.3 **For any entity organized separately from the institution and formed primarily for the purpose of supporting the institution or its programs:**

(a) The legal authority and operating control of the institution is clearly defined with respect to that entity.

(b) The relationship of that entity to the institution and the extent of any liability arising from that relationship are clearly described in a formal, written manner.

(c) The institution demonstrates that (1) the chief executive officer controls any fund-raising activities of that entity or (2) the fund-raising activities of that entity are defined in a formal, written manner which assures that those activities further the mission of the institution.

(Institution-related entities)

Rationale and Notes

It is common for institutions of higher education to create or have affiliations with independent, separately incorporated entities. Often these entities bear the name of the higher education institution. These separate entities are often formed to raise private gifts to supplement other institutional resources and to manage their distribution. Other entities assume responsibility for institutionally related activities such as managing hospitals, operating research enterprises, establishing centers of excellence, or funding and operating residence halls.

Any entity related to the institution and having as its primary purpose to support the institution or its programs can, at its best, be a major source of strength to the quality and success of the institution. However, at its worst, such a related entity can be an interfering body that uses its resources to exercise inappropriate control, influence, or management of the institution, or whose actions place the institution at risk. It is critical to assure that the institution does not become so reliant on an outside related entity that its autonomy is compromised and its continued functioning is put in jeopardy.

This standard expects that the legal authority and operating control within the institution's governance structure is clearly defined as it relates to these separate entities. There is also an expectation that any liability arising out of the relationship with the related entity is clearly described in a formal, written manner. Further, SACSCOC expects the institution's chief executive officer to control any fund-raising activities of that entity or to define the fund-raising activities in a formal, written manner to ensure that the activities further the mission of the institution.

NOTE

An institution is required to provide narrative and supporting documentation for each of the expectations embedded in the standard above. There should be a subheading addressing each letter.

Questions to Consider

- Are adequate definitions of legal authority and operating responsibility clearly stated in institutional documents?
- Within the institution's governance structure, what organization, office, or officer has legal authority and operating responsibility for dealing with outside entities?
- If an external entity has been established to support intercollegiate athletics, what evidence indicates that the institution's CEO has adequate information and control to ensure that the entity conducts activities in a manner consistent with the institution's mission and with other external oversight bodies without compromising the integrity of the institution?
- What are the essential elements of the contractual agreements between these outside entities and the institution?
- How do these agreements accurately describe the relationship between the entity and the institution?
- How does the agreement describe any institutional liability associated with that relationship?
- What is the mission of each entity, and is it consistent with the mission of the institution it supports?
- Does the financial position of the entity affect the financial soundness of the institution?
- What structures are in place to assure that the leadership of the entity and the institution are separate but work cooperatively? How is this evaluated?
- What evidence exists that (1) the CEO controls any of the fund raising of that entity or (2) the fund-raising activities of the entity are defined in a formal, written manner which assures that those activities further the mission of the institution?

Sample Documentation

- Contracts, MOUs, or other formal (and signed) agreements that define the relationship between each related entity and the institution.
- Charters and bylaws indicating legal authority and operating control within the institution's governance structure for related entities.
- Mission statements for each related entity.
- Contracts or other formal agreements with third parties.
- Policies and regulations related to intercollegiate athletics and the CEO's oversight and relationship to outside entities.

- Memos, minutes, and/or written correspondence that show that either the CEO controls the fund- raising activities of the related entity, or documents that show that the fund-raising activities of the related entity are defined in a formal, written manner assuring that the activities further the mission of the institution.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*

Standard 4.2.d *(Conflict of interest)*

Standard 4.2.f *(External influence)*

Standard 4.3 *(Multi-level governance)*

Standard 5.2.a *(CEO control)*

Standard 5.2.b *(Control of intercollegiate athletics)*

Standard 5.2.c *(Control of fund-raising activities)*

Standard 13.3 *(Financial responsibility)*

Standard 13.5 *(Control of sponsored research/external funds)*

5.4 The institution employs and regularly evaluates administrative and academic officers with appropriate experience and qualifications to lead the institution. *(Qualified administrative/academic officers)*

Rationale and Notes

In order to ensure that an institution has effective leadership to accomplish its mission, the institution employs academic and administrative officers with the credentials and expertise appropriate to the duties and responsibilities associated with their positions. Administrator qualifications align with position descriptions. There is an expectation that these administrative and academic officers are regularly evaluated to allow feedback on performance.

This standard applies to key decision makers within the institution's governance structure. However, the standard does not apply to the chief executive as the employment and evaluation of the CEO are addressed in Standard 4.2.c *(CEO evaluation/selection)*. The institution should provide a rationale for the group of persons addressed by this standard because titles vary greatly across different institutions. Generally, this standard would address all executive-level officers, as well as directors of major academic units (e.g., academic deans). This standard requires professional judgment as to the appropriateness of the qualifications of persons in leadership positions.

NOTES

There are separate standards regarding policies pertaining to appointment and evaluation of other personnel (Standard 5.5 [Personnel appointment and evaluation] *and Standard 6.3* [Faculty appointment and evaluation*]). It would be appropriate to reference the current standard in those other standards if the evidence of evaluation of senior leadership appears only in Standard 5.4* (Qualified administrative/academic officers).

SACSCOC considers an evaluation cycle of every three years or less to meet the expectation of "regular" evaluation.

Questions to Consider

- Is the combination of credentials and experience appropriate for the positions held?
- Do qualifications align with published position descriptions?
- Does the institution follow its own expectations regarding credentials and experience, as reflected in position descriptions?
- For persons in leadership positions who have nontraditional qualifications for their positions, what is the reasoning underlying these appointments?
- Are policies and procedures in place for the regular evaluation of administrators?

Sample Documentation

- Organizational chart to clarify the leadership roles and the names of the persons to be reviewed.
- Position descriptions and details as to appropriate qualifications for each person to be reviewed.
- Résumés, as appropriate. Résumés should be current.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 5.5 *(Personnel appointment and evaluation)*
Standard 6.3 *(Faculty appointment and evaluation)*

5.5 The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of non-faculty personnel. *(Personnel appointment and evaluation)*

Rationale and Notes

This standard indicates that institutions will publish policies describing conditions of appointment, employment, and evaluation that are periodically assessed and widely disseminated to demonstrate that the institution employs non-faculty personnel with sufficient qualifications to maintain its operations and to support the achievement of goals consistent with its educational mission. There is an expectation that an institution consistently follows its own policies.

NOTES

This standard does not apply to all full-time and part-time faculty (see Standard 6.3 [Faculty appointment and evaluation]*). The standard also does not apply to the institution's CEO (see Standard 4.2.c* [CEO evaluation/selection]*), nor does it apply to administrative and academic officers (see Standard 5.4* [Qualified administrative/academic officers]*). This standard is also generally not applied to student workers, graduate assistants, and similar positions.*

Questions to Consider

- Have personnel policies at the institution been approved through appropriate channels?
- Are the policies published and made accessible to persons affected by the policies?
- Can the institution demonstrate that it consistently follows its own policies and procedures regarding employment and evaluation of non-faulty personnel?
- Is there evidence regarding all three areas cited in the standard (appointment, employment, evaluation)?
- Are policies and procedures kept current through periodic review?

Sample Documentation

- Documents containing employment policies and procedures (e.g., employee handbooks).
- Evidence the policies are appropriately disseminated to those affected by them.
- If documentation is primarily provided electronically, details on that process and a means for reviewers to access the documents.
- Contracts, memorandums of understanding, or other agreements for outsourced services/ programs.
- In cases where educational services or programs are outsourced, the mechanisms for ensuring that the practices for employment, appointment, and evaluation of personnel are comparable with those used by the institution.

- Collective bargaining agreements, if applicable.
- Evidence of a periodic review for the currency of such policies.
- Examples of how the institution ensures policies and procedures are implemented and enforced (e.g., search committee operations, HR office operations, a sample of redacted completed evaluations and not blank forms).

Reference to SACSCOC Documents, If Applicable

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC good practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 4.2.c *(CEO evaluation/selection)*
Standard 5.4 *(Qualified administrative/academic officers)*
Standard 6.3 *(Faculty appointment and evaluation)*

SECTION 6: Faculty

6.1 The institution employs an adequate number of full-time faculty members to support the mission and goals of the institution. *(Full-time faculty)* [CR]

Rationale and Notes

Achievement of the institution's mission with respect to teaching, research, and service requires a critical mass of full-time qualified faculty to provide direction and oversight of the academic programs. Due to this significant role, it is imperative that an effective system of evaluation be in place for all faculty members that addresses the institution's obligation to foster intellectual freedom of faculty to teach, serve, research, and publish.

The number of such faculty will need to be sufficient to fulfill basic functions of curriculum design, development, and evaluation; teaching; identification and assessment of appropriate student learning outcomes; student advising; research and creative activity; and institutional, community, and professional service. Consequently, an institution relies on full-time faculty engagement in all aspects of the academic program; its quality and integrity are not driven solely by the number of hours that full-time faculty are teaching. The work of the core faculty may be supplemented and enhanced by judicious assignment of professional staff, part-time faculty, and graduate teaching assistants whose qualifications broaden and enrich the curriculum, increase learning opportunities for students, and enhance the mission of the institution.

NOTE

This requirement addresses the more "macro" critical mass issue of the adequacy of the number of full-time faculty. The qualifications of faculty are addressed in Standard 6.2.a (Faculty qualifications) *and the more "micro" issue of the sufficiency of the number of full-time faculty for each program is addressed in Standard 6.2.b* (Program faculty).

Questions to Consider

- What are the institution's definitions of terms such as full-time faculty, regular/permanent faculty, part-time faculty, student-faculty ratio?
- How does the mission of the institution affect the number and type of faculty employed?
- What is the organizational structure of the academic functions of the institution? How does this structure affect the critical mass of faculty needed?
- What process does the institution use to determine the number of full-time faculty needed to achieve its mission?
- What are the responsibilities of full-time faculty members, and do the number of faculty constitute a sufficient resource for carrying out basic faculty functions?

- How are traditional faculty functions being carried out in nontraditional ways?
- What are the institution's policies on employment of part-time or adjunct faculty?

Sample Documentation

- Definition of full-time and part-time faculty.
- References to faculty handbooks or other official publications that define terms (e.g., full-time faculty) and give insight into the expectations of the institution in terms of the role of the faculty.
- A narrative describing the role of full-time faculty supporting the adequacy of the mission of the institution, including research and service.
- Policies describing the role of full-time faculty (and others) in carrying out the basic functions of the faculty as described in the rationale and notes.
- Data such as number of faculty; number of students; faculty workloads (contractual and actual); proportion of courses taught by full-time faculty, part-time faculty, and graduate assistants; comparisons of peer institutions; student credit hours generated by full-time and part-time faculty.
- Policies governing the employment of part-time faculty and graduate assistants.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 6.2.a *(Faculty qualifications)*

Standard 6.2.b *(Program faculty)*

Standard 6.2.c *(Program coordination)*

6.2.a For each of its educational programs, the institution justifies and documents the qualifications of its faculty members. *(Faculty qualifications)*

Rationale and Notes

Qualified, effective faculty members are essential to carry out the mission of the institution and to ensure the quality and integrity of its academic programs. The emphasis is on overall qualifications of a faculty member, rather than simply academic credentials. While academic credentials in most cases may well be the standard qualification for faculty members, other types of qualifications may prove to be appropriate. Examples could include appropriately related work experiences in the field, professional licensure and certifications related to the teaching assignment, honors and awards, continuing professional development, relevant peer-reviewed

publications, and/or continuous documented excellence in teaching. These types of qualifications are especially important in professional, technical, and technology-dependent fields.

It is the institution's obligation to justify and document the qualifications of its faculty. Determining the acceptability of faculty qualifications requires judicious use of professional judgment, especially when persons do not hold degrees in the teaching discipline or are qualified based on criteria other than their academic credentials. Similarly, persons holding a degree at the same or lower level than the level at which the course is taught require additional qualifications and the application of professional judgment. Additional justification is needed for these cases as compared to cases where the academic credentials are a "perfect match" for the teaching assignments.

Appropriate qualifications may also differ depending on whether a course is generally transferable to other institutions; qualifications for teaching nontransferable technical courses depend heavily on professional experience and appropriate certifications or work experience.

Judicious use of professional judgment should also be exercised by those asked to serve as external reviewers of faculty qualifications

NOTES

For institutions seeking reaffirmation of accreditation, faculty qualifications must be reported for all faculty hired since the submission of the last Compliance Certification, as well as continuing faculty who are teaching courses different in content or level than during the previous review.

Continuing faculty members whose qualifications have already undergone peer review, and who are teaching courses with the same content and at the same level as taught at the time of the prior comprehensive review (i.e., initial accreditation visit or reaffirmation visit), may simply be listed by discipline and title, using the form provided by SACSCOC. For other faculty, institutions should use the Faculty Roster Form, or an appropriate facsimile, to justify qualifications. These forms can be found under Institutional Resources on the SACSCOC website. The website also has an Instructions page for the Faculty Roster form.

Information requested on the Faculty Roster Form should be provided for all full-time and part-time faculty teaching credit courses that can be part of a degree, certificate, diploma, or other credential (i.e., are transcripted as the institution's own courses). Faculty teaching developmental/remedial courses should also be included. Teaching assistants should be included only if they are the instructor of record. In some cases, instructors should be included even if they are not employees of the institution (e.g., high school dual- credit programs, ROTC faculty, some international faculty, or faculty teaching courses in a statewide online consortium that are transcripted as "home" courses).

An institution is responsible for identifying the instructor of record; that is, the person qualified to teach the course and who provides direct instruction for the course. For the submission of the Compliance Certification as part of the reaffirmation process, a Track A institution (offering only undergraduate degrees) should submit rosters for fall term of the current academic year and spring term of the previous academic year. A Track B institution

(offering graduate degrees) should submit rosters for fall and spring term of the previous academic year.

Transcripts for faculty should be available during on-site reviews (as requested by reviewers) but are not required to be part of the documentation provided as part of the Compliance Certification or a substantive change application/prospectus. However, sufficient information is needed in these other processes for reviewers to determine whether faculty are appropriately qualified.

Institutions seeking candidacy or initial accreditation must report on all faculty. Units of a SACSCOC accredited institution seeking separate accreditation from the parent institution may utilize the same procedure as an institution undergoing reaffirmation.

If concerns about qualifications of continuing faculty arise during the reaffirmation review, the Reaffirmation Committee may review the qualifications of all faculty members.

Questions to Consider

- How does the mission of the institution influence the selection and qualifications of faculty?
- How does the institution determine the competencies of faculty members and justify that their qualifications meet these competencies?
- Who should be included as faculty to ensure all courses offered for credit are included?
- How does the institution document and justify the qualifications for each faculty member? Would a reasonable person find this documentation and justification acceptable?

Sample Documentation

- A completed "Faculty from Prior Review" form, should the institution choose to submit one.
- A complete roster of all other faculty, including teaching assignments and qualifications.
- Institutional policies or guidelines governing the expected qualifications of faculty members.
- Institutional policies for defining the instructor of record.
- As needed, additional justification of qualifications of specific faculty when the roster form is insufficient.
- Available on site: access to faculty files or portfolios.

Reference to SACSCOC Documents, If Applicable

SACSCOC forms:	Faculty From Prior Review
	Faculty Roster Form
	General Instructions for Completing the Faculty Roster Form
SACSCOC Interpretation:	*Interpretation on Standard 6.2.a* (Faculty qualifications)

Cross-References to Other related Standards/Requirements, If Applicable

CR 6.1 *(Full-time faculty)*

Standard 6.2.b *(Program faculty)*

Standard 6.2.c *(Program coordination)*

Standard 6.3 *(Faculty appointment and evaluation)*

6.2.b For each of its educational programs, the institution employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review. *(Program faculty)*

Rationale and Notes

When an institution commits to offering specific academic programs, there is an expectation that it will also provide sufficient faculty resources to maintain the quality and integrity of those programs. In addition to teaching, full-time faculty provide academic services such as curriculum design, development, and evaluation; identification and assessment of appropriate student learning outcomes; student advising; research and creative activity; and institutional and professional service. The work of the core faculty may be supplemented and enhanced by judicious assignment of professional staff, part-time faculty, graduate teaching assistants, and even contracted services. However, program quality and integrity still call for a sufficient number of full-time faculty. Building on definitions and policies discussed in Standard 6.1 *(Full-time faculty)*, in this standard the institution should present evidence that each academic program has sufficient full-time faculty to ensure curriculum and program quality, integrity, and review.

For purposes of this standard, an academic program is a credential as defined by the institution. A degree with a defined major is clearly a program. The Institutional Summary Form Prepared for SACSCOC Reviews should be consistent with how programs are defined within this standard. Academic organizational structures do not always follow academic program structures, although in many cases they will overlap significantly. For example, an accounting department will have primary responsibility for degrees with majors in accounting. But faculty in that department will also be part of programs such as a master of business administration degree or an undergraduate business degree. A technical studies division may include programs as diverse as welding, automotive repair, and web design; there may be overlap across these programs, but that is not always the case. In other situations, a program may have no true "home" because it is intentionally designed to be highly interdisciplinary; faculty in the program may come from a variety of departments. Thus the number of full-time faculty in a department, discipline, or division may not be a good indicator of the number of full-time faculty involved in an educational program. Because of these nuances, a well- crafted narrative for this standard should be more than a set of tables and numbers.

That said, reviewers do expect to see data with some degree of disaggregation by academic program. However, in exercising professional judgment, both institutions preparing materials and

persons reviewing materials should be aware that the number of full-time faculty contributing to a program is often more than—and in other cases often less than—the number of full-time faculty within a specific academic department, discipline, or division.

A narrative for this standard should generally contain:

- An explanation of the nature of the oversight of academic programs and academic processes (not just oversight of broad areas such as social sciences, humanities, or technical studies, and not just broad degree categories such as associate of applied sciences or bachelor of science).
- A description of the distribution/disaggregation of full-time and part-time faculty by academic program.
- The prevalence of work overloads among full-time faculty within the academic program.
- The responsibilities and functions of full-time faculty charged to support and ensure the quality and integrity of each academic program.
- A narrative that provides evidence that the number of full-time faculty in each academic program is adequate to fulfill those responsibilities.
- If distance education and multiple sites are characteristics of program delivery at the institution, the narrative should address how that affects compliance.

Questions to Consider

- How does the institution define educational programs?
- How does the institution define full-time and part-time faculty?
- How does the organizational structure of academic units affect how faculty are involved in program delivery?
- How does the institution determine whether the number of full-time faculty in a program is sufficient?
- What is the best way to present data on full-time faculty by program?
- Are there traditional "faculty functions" that are delivered by other means?
- What are the responsibilities of full-time faculty members and do they constitute a sufficient resource for carrying out basic faculty functions within academic programs?
- What is the role of full-time faculty in program oversight and supervision?
- If applicable, what is the role of full-time faculty in delivering programs at off-campus locations or via distance education?
- How do mission expectations regarding research and public service affect the use of and need for full-time faculty in different programs?
- What is the institutional policy on full-time faculty workload, and how are overloads managed?
- Are there special programs to strengthen part-time faculty (and graduate assistant) involvement and pedagogy?

Sample Documentation

- Definition of full-time and part-time faculty.
- Policies and procedures governing the training and oversight of part-time faculty and graduate assistants.
- Institutionally generated tables and charts summarizing program size and the number of full-time and part-time faculty by program.
- Institutionally generated tables and charts summarizing program delivery (e.g., credit hours generated) by full-time and part-time faculty.
- Institutional policies and procedures affecting the responsibilities and functions of the faculty.
- Workload data across different programs.
- Comparisons with peer institutions or with external benchmarks.
- Data on full-time faculty oversight and participation at various locations and across modes of delivery.

Reference to SACSCOC Documents, If Applicable

SACSCOC document: Institutional Summary Form Prepared for SACSCOC Reviews

Cross-References to Other Related Standards/Requirements, If Applicable

CR 6.1 *(Full-time faculty)*

Standard 6.2.a *(Faculty qualifications)*

Standard 6.2.c *(Program coordination)*

Standard 6.3 *(Faculty appointment and evaluation)*

6.2.c For each of its educational programs, the institution assigns appropriate responsibility for program coordination. *(Program coordination)*

Rationale and Notes

Because student learning is central to the institution's mission and educational degrees, the faculty has responsibility for directing the learning enterprise, including overseeing and coordinating educational programs to assure that each contains essential curricular components, has appropriate content and pedagogy, and maintains discipline currency.

The definition of an academic program under this standard should parallel that found in Standard 6.2.b *(Program faculty)*. To repeat:

For purposes of this standard, an academic program is a credential as defined by the institution. A degree with a defined major is clearly a program. The Institutional Summary Form Prepared for

SACSCOC Reviews should be consistent with how programs are defined within this standard. Academic organizational structures do not always follow academic program structures, although in many cases they will overlap significantly.

By requiring that "the institution assigns appropriate responsibility," there is an expectation that persons responsible for overseeing the curricular content aspects of program coordination are qualified in fields appropriate to the curricular content (and degree level) of the program. The importance of ensuring the quality of educational programs is the essence of this standard.

Thus, the assignment of responsibility does not necessarily imply the department chair or the dean of a division is the person with the responsibility. Consider the example in Standard 6.2.b of a technical studies division including programs in welding, automotive repair, and web design. Who is responsible for curricular coordination in welding? Who is responsible for curricular coordination in automotive repair? Who is responsible for web design? The division chair is responsible for many aspects of program management—scheduling classes, for example. But unless that chair is an extremely broadly educated and trained person, it is doubtful the chair can serve the program coordination function in its entirety. In such cases, there may be faculty (not the chair) who have such curricular responsibilities. If responsibility for coordinating curriculum development and review are assigned to persons other than faculty with qualifications in fields related to the content, the institution would need to provide appropriate documentation and explanation as to how the quality of the educational program can be maintained. The institution also should describe program coordination for interdisciplinary programs, specifically related to curriculum development and review by representative faculty with appropriate expertise.

Questions to Consider

- How does the organizational structure of academic units affect the assignment of appropriate responsibility for program coordination?
- If the organizational structure does not track the content of curricula, how is appropriate input gained from those with expertise in the field?
- Do coordinators have qualifications appropriate for the degree level of the program (e.g., undergraduate, master's, doctoral)?
- In what sense are these responsibilities "assigned"?

Sample Documentation

- Roster of program coordinators, their area or areas of responsibility, and their qualifications for coordinating the designated program(s).
- Description of coordinator responsibilities.
- Wording in contracts, faculty handbooks, or other documents that outline program coordination responsibilities.
- Academic organization charts and narrative that clarify coordination responsibilities.

- Examples of appropriate coordination of curricular content, especially when it does not fit the organizational charts.

Reference to SACSCOC Documents, If Applicable

SACSCOC document: Institutional Summary Form Prepared for SACSCOC Reviews

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 6.2.a *(Faculty qualifications)*

Standard 6.2.b *(Program faculty)*

6.3 The institution publishes and implements policies regarding the appointment, employment, and regular evaluation of faculty members, regardless of contract or tenure status. *(Faculty appointment and evaluation)*

Rationale and Notes

Since the members of the faculty direct the learning enterprise of an academic institution and are responsible for assuring the quality of the academic programs, it is imperative that the institution maintains an effective system of appointing faculty members, continuing faculty members in employment, evaluating the quality of their work, and if necessary, discontinuing faculty. Appropriately approved processes should be in place and the institution should be able to show it consistently follows its own policies and procedures.

Policies relating to appointment of faculty would entail areas such as search processes, who has authority to make offers of employment, and how contractual relationships are established. Policies relating to employment would include rights and responsibilities of faculty, promotion policies, grievance processes (not related to academic freedom, which is addressed in Standard 6.4 [Academic freedom]), dismissal processes, workload, and the like.

The concept of faculty evaluation encompasses a range of processes designed to assess the quality and effectiveness of the performance of each member of the faculty, including tenured, contractual, and adjunct/part-time faculty. Different types of faculty may be evaluated utilizing different procedures and perhaps on different expectations relative to teaching, service, research, and publishing. The expectation is that the policies and criteria are published. The overall evaluation system may include a variety of components; but regardless of the evaluation types used, it is critical that the faculty evaluation system be consistent with the institution's mission.

NOTES

This standard applies to faculty regardless of contractual status. However, it does not apply to student assistants, graduate assistants, and the like.

Student course evaluations, when used in isolation, are often deemed to be insufficient as a means of faculty evaluation.

Questions to Consider

- What are the policies regarding appointing, employing, and evaluating faculty?
- How are such policies developed and approved?
- How are the policies disseminated to ensure that all personnel are informed?
- Is the institution's documentation concerning faculty appointment, employment, and evaluation practices consistent with its published policies and procedures?
- Are evaluations administered on a regular and timely basis (at least every three years)?
- How does the institution ensure that faculty evaluation policies are appropriate for faculty members with different contractual statuses (tenured, tenure-track, non-tenured, adjunct)?
- How are faculty evaluations administered and used in ensuring the effectiveness of all faculty (especially in terms of student learning) while also ensuring fairness?

Sample Documentation

- Documents and publications that include the policies, procedures, and criteria used for appointment, employment, and evaluation of faculty.
- Directives, emails, minutes that show policies and procedures are followed in general terms.
- Specific examples showing policy compliance such as search committee processes, handling of grievances, promotion and tenure processes, evaluation of different contractual status faculty, etc. Examples would usually be redacted for privacy purposes but leave enough detail to show compliance.

Reference to SACSCOC Documents, If Applicable

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC good practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 5.4 *(Qualified administrative/academic officers)*

Standard 5.5 *(Personnel appointment and evaluation)*

6.4 The institution publishes and implements appropriate policies and procedures for preserving and protecting academic freedom. *(Academic freedom)*

Rationale and Notes

The essential role of institutions of higher education is the pursuit and dissemination of knowledge. Academic freedom respects the dignity and rights of others while fostering intellectual freedom of faculty to teach, research, and publish. Responsible academic freedom enriches the contributions of higher education to society.

> *NOTE*
>
> *If the institution has had no academic freedom grievances or publicized cases regarding academic freedom, and, therefore, has not applied its policies, it should indicate that examples of implementation are unavailable because no such cases have arisen.*

Questions to Consider

- How does the institution define academic freedom?
- What are the institutional policies and procedures for safeguarding and protecting academic freedom of faculty?
- How are these policies approved or modified?
- How does the institution publicize its policies on academic freedom for faculty?
- If there have been any instances in which issues involving academic freedom have emerged, how have these issues been resolved?

Sample Documentation

- Publications that include the institution's academic freedom policies.
- Details and evidence associated with approval or modification of policies.
- Evidence regarding the handling of institutional academic freedom issues, if available.

Reference to SACSCOC Documents, If Applicable

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC good practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

6.5 The institution provides ongoing professional development opportunities for faculty members as teachers, scholars, and practitioners, consistent with the institutional mission. *(Faculty development)*

Rationale and Notes

Faculty members are at the core of institutional mission-driven activities, and therefore need to stay current, improve their own knowledge and skills, and have the opportunity to actively participate in their profession, including (as appropriate) conducting research, and engaging in scholarship and clinical practice. In order to establish and sustain a culture where faculty professional development is valued and pervasive, it is important that institutions develop a systematic and comprehensive approach to offering and supporting activities and programs that assist and encourage members of the faculty to pursue professional development. Because of the wide range of institutions within the SACSCOC membership, faculty development policies should be crafted—and reviewed—in light of the institution's mission.

Questions to Consider

- Does the institution have its own definition of what constitutes professional development? What activities are classified as professional development?
- How does the institution support faculty professional development? This may include release time, direct funding, mini-grants, travel reimbursement, and the like.
- What are the policies, procedures, and programs dealing with the professional development of faculty members?
- How are faculty members informed of professional development opportunities?
- Are there development opportunities for adjunct faculty or dual-enrollment faculty?
- Is there evidence that faculty are actively engaged in professional development activities?

Sample Documentation

- Policies and procedures governing faculty professional development, and evidence these policies are implemented.
- Descriptions of ongoing professional development activities supported by the institution.
- Description of resources allocated by the institution in support of ongoing faculty professional development.
- Evidence that members of the faculty are involved in professional development.
- Description of how faculty share their professional development experience with other members of the faculty or external groups.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 11.3 *(Library and learning/information resources)*

CR 12.1 *(Student support services)*

SECTION 7: Institutional Planning and Effectiveness

7.1 **The institution engages in ongoing, comprehensive, and integrated research-based planning and evaluation processes that (a) focus on institutional quality and effectiveness and (b) incorporate a systematic review of institutional goals and outcomes consistent with its mission.** (*Institutional planning*) **[CR]**

Rationale and Notes

Effective institutions demonstrate a commitment to principles of continuous improvements, based on a systematic and documented process of assessing institutional performance with respect to mission in all aspects of the institution. An institutional planning and effectiveness process involves all programs, services, and constituencies; is linked to the decision-making process at all levels; and provides a sound basis for budgetary decisions and resource allocations.

Institutions with missions that expand beyond teaching into research and public/community service set strategic expectations in all these areas.

The purpose of this Core Requirement is to assure that the institution has an appropriate broad- based approach to institution-wide effectiveness that supports its mission and serves as a framework for planning. This is followed by evaluation activities that allow the institution to discern whether it is making the progress it had anticipated in its planning efforts, and making corrections as needed. Unlike other standards that relate to assessing outcomes on a more "micro" unit-by-unit basis (see Standard 8.2 of this document), this standard emphasizes the more "macro" aspects of planning and evaluation. The two are, of course, related and should certainly not be inconsistent with each other.

These "macro" planning and evaluation activities often entail a longer time horizon than unit planning. The activities of the institution's planning and evaluation system may be scheduled at periodic intervals that make sense for the institution and its mission.

Institutional narratives—and reviewer expectations—often involve parsing the words of this standard carefully. For example, note there are two sets of processes required: planning and evaluation. Also, establishing compliance with the adjectives in the standard is generally made explicit: ongoing, comprehensive, integrated, research-based, and systematic. Each word is important and deserves attention. While the standard does not require a formal strategic plan or similarly named document, the expectations of the standard closely parallel that type of process. The key is that the institution can show its processes are undertaken seriously, with a focus on institutional improvement.

Questions to Consider

- Are there both planning and evaluation processes at the institutional level?
- Is the process ongoing, and not something initiated to get through the accreditation review?

- In what sense are the processes comprehensive? Is this more than academic planning? More than enrollment planning? More than financial planning? More than facilities planning?
- For institutions with missions that are broader than classroom instruction, how are goals and expected outcomes set for research, public/community service, or other aspects of the mission?
- How are the processes themselves integrated? Does evaluation arise from planning expectations? Does evaluation feed back into changes in institutional plans?
- How is the comprehensive "macro" planning effort integrated with "micro" unit-level planning and evaluation? How does it inform resource allocation decisions?
- In what sense are these processes research based? What types of data are collected and analyzed?
- Are plans and evaluations of results mission consistent?
- What evidence exists that the institution-wide planning and evaluation processes result in continuing improvements in institutional quality?
- Is there appropriate institutional research and budgetary support for assessment programs throughout the institution?
- Are appropriate internal and external constituents and stakeholders involved in the planning and evaluation process?

Sample Documentation

- Descriptions of the institutional planning and evaluation processes, including a timetable.
- Documents related to the most recent applications of these processes (e.g., formal comprehensive plans, periodic updates).
- Specific examples of how institutional research has led to continuing improvement or otherwise affected the institution.
- Specific examples to document adherence to the adjectives: ongoing, comprehensive, integrated, research-based, systematic.
- Minutes from board meetings, cabinet meetings, ad hoc committees and task forces (or other similar documents) that show that planning and evaluation are taken seriously and that there is broad involvement.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 7.2 *(Quality Enhancement Plan)*

Standard 7.3 *(Administrative effectiveness)*

CR 8.1 *(Student achievement)*

Standard 8.2.a *(Student outcomes: educational programs)*

Standard 8.2.b *(Student outcomes: general education)*

Standard 8.2.c *(Student outcomes: academic and student services)*

7.2 The institution has a Quality Enhancement Plan that (a) has a topic identified through its ongoing, comprehensive planning and evaluation processes; (b) has broad-based support of institutional constituencies; (c) focuses on improving specific student learning outcomes and/or student success; (d) commits resources to initiate, implement, and complete the QEP; and (e) includes a plan to assess achievement.

(Quality Enhancement Plan)

Rationale and Notes

The Quality Enhancement Plan (QEP) is an integral component of the reaffirmation of accreditation process and is derived from an institution's ongoing comprehensive planning and evaluation processes. It reflects and affirms a commitment to enhance overall institutional quality and effectiveness by focusing on an issue the institution considers important to improving student learning outcomes and/or student success.

By providing details on a specific component or subcomponent for the comprehensive planning and evaluation process, the institution can delve into more detail than would appear in Standard 7.1 (Institutional planning) on a topic the institution itself has identified as a priority. As an ongoing process, the QEP will be reviewed by the On-Site Reaffirmation Committee, allowing a peer review committee to better understand the institution's focus on student learning and/or student success. In addition, it will allow the institution to benefit from the insights of the committee to strengthen its efforts as it moves forward. It is important to note that the topic of the QEP may be something that is already underway, or it may represent a new initiative; the focus of the QEP will depend heavily on where the institution is relative to its own comprehensive planning and evaluation process. Put another way, there is not an expectation that an institution will "stop what it is doing" until it finds out the result of the reaffirmation review. In fact, to do so would represent a weakness in the ongoing planning and evaluation process already in place. Instead, the QEP is done in the spirit of an institution seeking continuous improvement.

Because the QEP is more detailed than other elements of the reaffirmation process, it should be a separate document, not a narrative within the Compliance Certification. That document should address each of the specific components within the standard. Comments on each of those components follow.

A topic identified through … ongoing, comprehensive planning and evaluation processes

The QEP describes a carefully designed and focused course of action that addresses an identified element from within the institution's comprehensive planning process that focuses on continuous improvement regarding student learning outcomes and/or student success. The QEP should not be

considered as something to be "bolted on" the planning process, but instead something that arises from that process. If no element of the institutional plan (or other comprehensive, strategic planning document) at the institution addresses these topics, there may be a concern under Standard 7.1 *(Institutional planning)* regarding the comprehensiveness of the institution's planning process in evaluating its effectiveness in fulfilling its mission.

Broad-based support of institutional constituencies
Generally this element of the QEP can be established by demonstrating that the comprehensive planning and evaluation process itself has this element. In any event, the chosen QEP topic should have this characteristic. Since most comprehensive planning and evaluation processes will have multiple potential QEP topics embedded within the strategic plan, the decision to "pick one" should have broad support of appropriate constituencies. Similarly, the institution should demonstrate that this broad involvement also is being carried over into the implementation strategies as the QEP proceeds.

Focuses on improving specific student learning outcomes and/or student success
Student learning is defined broadly in the context of the QEP as enhancing student knowledge, skills, behaviors, and/or values. Student success is also defined broadly as improvements in key student outcomes such as student retention, completion, time-to-degree, placement in field, or performance in "gatekeeper" courses. While the potential topics cover a very broad range of options, the chosen QEP should be specific as to what its goals are, and why those goals are important to the institutional mission.

Commits resources to initiate, implement and complete the QEP
Resources should be interpreted more broadly than just direct monetary expenditures. There is no obligation for a specific, advance monetary commitment for the QEP. Instead, the QEP should identify the realistic resources, including personnel, needed for successful implementation and should explain how the institution will marshal these resources. Depending on whether the QEP project is a new initiative, this may be both forward and backward looking, and the case for a commitment of resources may build upon previous successful implementation of similar activities. Because the QEP is a demonstration of continuous improvement at the institution, however, there should definitely be clarity as to future plans related to the chosen topic. In most cases, QEP efforts are not formally "completed." If successful, the QEP becomes an ingrained part of the institution's activities and culture. In that sense, the concept of "completion" refers to what will be reported to SACSCOC within the institution's Fifth-Year Impact Report.

Includes a plan to assess achievement
The institution may well have process outcomes for past and present initiation phases of the QEP, and that information would be a helpful part of the plan. However, this part of the standard refers specifically to the assessment of specific student learning and/or student success measures that the institution is addressing within the QEP topic. As mentioned above, if the QEP is seen as a continuous improvement activity of the institution, there is an expectation that there will be meaningful data regarding the achievements of the QEP available when the institution submits its Fifth-Year Interim Report.

NOTES

The QEP is a course of action that is specific to an institution and its mission. It is intended to be part of self-identified needs at a particular institution. It is an opportunity for an institution to be creative in an area related to compliance with the Principles. Therefore, although an institution may want to study QEPs completed by other institutions, an institution's QEP should reflect the needs of the institution and be specific to its own comprehensive planning process.

Questions to Consider

- Has the institution identified and provided a clear and concise description of a significant topic directly related to student learning and/or student success?
- What are the specific goals of the QEP for the institution and for its students?
- How does the QEP support the mission of the institution?
- What was the research-based process that led to this issue being within the institution's comprehensive planning and evaluation processes?
- What resources (personnel, financial, physical, academic, etc.) are necessary for the successful implementation of the QEP? Look both backward and forward, depending on where the institution is in its implementation.
- What assessment instruments or data is being/will be used to measure achievement of the QEP's goals?
- How is/will the progress of the QEP be monitored (timelines, administration and oversight of its implementation by qualified individuals, etc.)?
- How will the institution ensure adequate resources and sufficient expertise and experience to guide the implementation and continuation or completion of the project?
- Who are the affected constituencies and how have they been involved in developing the QEP?

Sample Documentation

A separate QEP document/PDF apart from the Compliance Certification.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Quality Enhancement Plan*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 7.1 *(Institutional planning)*
CR 8.1 *(Student achievement)*
Standard 8.2.a *(Student outcomes: educational programs)*
Standard 8.2.b *(Student outcomes: general education)*
Standard 8.2.c *(Student outcomes: academic and student services)*

7.3 The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved.

(Administrative effectiveness)

Rationale and Notes

It is critical that administrative support services are provided effectively in order for the institution to obtain its strategic goals as well as operational efficiency. Administrative support service units normally include offices and departments such as finance and procurement, facilities and physical plant, administrative services, development/advancement, research office, the president's office, etc. These offices serve the educational mission of the institution in a much more indirect way than do offices related to educational programs or academic and student services, but they are just as critical for the ability of the institution to achieve its mission. The efficient operation of these units is critical whether these functions are provided internally or outsourced to a contractor.

While these units rarely have "expected learning outcomes," "expected outcomes" for administrative units typically include outcomes such as efficiency and quality of service targets (e.g., energy usage, response times, error rates, "clean report" targets, satisfaction rates); monetary targets (e.g., fund-raising targets, research grant targets, auxiliary income targets). Many times, the goals are explicit parts of the budgeting process or components of the strategic plan. For this standard, institutions should interpret "expected outcome" in a manner consistent with that administrative unit's role in the institution. It is the institution's responsibility to explain how and why these expected outcomes are determined.

In many cases, administrative outcomes are hard to separate from student support outcomes. Examples would include public safety, which has an administrative function but also generally has a co-curricular student support function, and financial aid, which likewise has a budgetary function as well as a co-curricular educational function. Generally, these "dual function" units would be addressed in Standard 8.2.c *(Student outcomes: academic and student services)*. If those units are instead addressed in this standard, it is incumbent on the institution to explain how this determination follows from its mission and organizational structure; it is strongly suggested that this explanation appear in both standards of the Compliance Certification. While institutions may organize functions differently, it is expected that all administrative services engage in a process to evaluate their effectiveness.

Institutions should determine the organizational levels at which assessment is useful and efficient for administrative units. This tends to vary greatly across institutions due to size and complexity of the institution, and explicit decisions regarding organizational structure. Institutions are not required or expected to use the same assessment procedures for their administrative structure as those used for units that have specific student learning expectations. Reviewers should be mindful that administrative effectiveness can be achieved in a variety of ways and the mentality that "one size fits all" is inappropriate and diminishes the individual missions of institutions. This is especially true regarding the use of language to describe processes; for example, "assessment," "evaluation," "goals," "outcomes," and "objectives" may have precise meaning to a reviewer; but, the institution may have a meaningful effectiveness system even if it is not as precise with its language as the reviewer would like.

NOTE ON SAMPLING

There is an expectation that an institution is required to be able to demonstrate administrative effectiveness for all key administrative activities. The volume of material represented by all this activity can be quite large, especially at larger and more complex institutions. To this end, an institution may provide a sampling of the effectiveness of its administrative units at the time of its comprehensive review. Sampling, for the purpose of accreditation, includes the following three elements: (1) a representation that is mindful of the institution's mission; (2) a valid cross-section of units from across the administrative organizational chart, with every major division represented; and (3) a compelling case – presented in the institution's narrative – as to why the sampling and assessment findings are an appropriate representation of the institution's administrative services. Sampling does not preclude the institution from having effectiveness data/analysis available on all units. It is the prerogative of a SACSCOC On-Site Committee to conduct a more in-depth review of an institution's data/findings/analysis on the effectiveness of all its administrative activities than provided via sampling.

Questions to Consider

- Are expected outcomes defined in ways that allow meaningful measurement of actual outcomes?
- Is there evidence of goal-setting and assessment activities for each unit?
- Can you meaningfully determine whether expectations were met?
- How does administrative assessment relate to the goals found within the comprehensive planning and assessment processes of the institution?
- Does your organizational structure hinder or advance administrative effectiveness?
- For units with combined administrative and student support functions, how do you deal with both elements?
- Are your expected outcomes of administrative units consistent with the data underlying your institutional budget?
- If the institution used sampling, why were the sampling and findings an appropriate representation of the institution's administrative units?

Sample Documentation

- Organizational charts and an explanation of how the institution's administrative support service units undertake effectiveness reviews.
- Expected outcomes for administrative support services.
- Findings from the evaluation of those outcomes.
- Generally unit-level reports are provided instead of overarching summaries.
- Explanation of how unit assessments relate to comprehensive planning and evaluation.

- If sampling is used, (1) how the sampling is representative of the institution's mission,
- documentation of a valid cross-section of units, and (3) make a case as to why sampling and assessment findings are an appropriate representation of the institution's units.

Reference to SACSCOC Documents, If Applicable

SACSCOC Interpretation: *Interpretation on Sampling*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 7.1 *(Institutional planning)*

Standard 13.2 *(Financial documents)*

SECTION 8: Student Achievement

8.1 **The institution identifies, evaluates, and publishes goals and outcomes for student achievement appropriate to the institution's mission, the nature of the students it serves, and the kinds of programs offered. The institution uses multiple measures to document student success.** *(Student achievement)* **[CR]**

Rationale and Notes

Student learning and student success are at the core of the mission of all institutions of higher learning. Effective institutions focus on the design and improvement of educational experiences to enhance student learning and support student learning outcomes for its educational programs. To meet the goals of educational programs, an institution provides appropriate academic and student services to support student success.

An institution needs to be able to document its success with respect to student achievement. In doing so, it may use a broad range of criteria to include, as appropriate: enrollment data; retention, graduation, or course completion; job placement rates; state licensing examinations; student portfolios; or other means of demonstrating achievement of goals.

Note the three related obligations of the institution in order to meet this standard: student achievement goals (target levels of performance) must be identified; data for student achievement must be presented and evaluated (outcomes); and both the goals and the outcomes must be published. For purposes of this standard, "multiple measures" refers to several distinct outcomes, not multiple ways of measuring the same outcome. Being published means in a way accessible to the public—not published only behind an internal firewall.

The standard recognizes that not every institution will utilize the same goals or establish the same targets. For example, an open-admissions institution would generally have a lower target for undergraduate graduation rates than a highly selective institution. An institution that prepares students for transfer to other institutions may use National Student Clearinghouse data for graduation rates while an institution that has little transfer activity might prefer to use IPEDS data. A seminary and an institute of technology may well define job placement "in the field of study" in very different ways. In some cases, institutions may use local data that can only be benchmarked against itself, such as a locally created alumni survey. Nonetheless, every institution has an obligation to establish goals, collect data, and publish this information.

NOTES

Member institutions are expected to demonstrate their success with respect to student achievement and indicate the criteria and thresholds of acceptability used to determine that success. The criteria are the items to be measured (and published); the thresholds of acceptability are the minimal expectations set by the institution to define its own acceptable level of achievement (i.e., a minimum target). The institution is responsible for justifying both the criteria it utilizes and the thresholds of acceptability it sets. The items measured and the

thresholds of acceptability should be consistent with the institution's mission and the students it serves.

In their reviews, SACSCOC committees will examine and analyze (1) documentation demonstrating success with respect to student achievement, (2) the appropriateness of criteria and thresholds of acceptability used to determine student achievement, and (3) whether the data and other information to document student achievement is appropriately published.

While this standard does not ask what the institution does when it finds it falls short of its own expectations, institutions not meeting their self-identified thresholds of performance would be expected to document efforts to meet expectations. (See especially Standard 7.1 [Institutional planning]*, as well as Standard 7.2* [Quality Enhancement Plan]*, Standard 8.2.a* [Student outcomes: educational programs]*, Standard 8.2.b* [Student outcomes: general education]*, and Standard 8.2.c* [Student outcomes: academic and student services]*.)*

The Interpretation of Core Requirement 8.1 (Student achievement) *also requires member institutions to identify a graduation rate metric with SACSCOC; institutions may not designate a new indicator until their subsequent reaffirmation cycle. Institutions which are preparing a compliance certification for review during the reaffirmation process or review by a Fifth-Year Interim Committee to address graduation rates – using that chosen indicator – when providing a narrative and supporting documentation for this standard. Institutions whose graduation rates fall below appropriate and acceptable institutional targets should also discuss ongoing institutional strategies to seek improvement. Institutions which only serve graduate and professional students were not asked to select an indicator for SACSCOC; they are, however, expected to address graduation rate as part of their discussion of student achievement.*

In order to maximize institutional effectiveness in the area of student achievement, member institutions should also disaggregate graduation rate data by appropriate gender, ethnic, socioeconomic, and/or other student population characteristics. Institutions should, as a result of the analysis of such disaggregated data, discuss any ongoing institutional strategies to seek improvement in the achievement of at-risk student populations when addressing compliance with this standard. The institution will also be expected to provide a rationale for the way(s) in which it disaggregates graduation rate data.

Questions to Consider

- How does the institution determine appropriate measurable goals and outcomes for student achievement consistent with its mission?
- Does a state board or specialized accreditor expect certain student achievement rates that would be relevant for this standard?
- Are data sources for this information clearly identified?
- If the institution does not use examples of criteria mentioned above, what are the criteria used and why are they appropriate?
- Are both criteria and thresholds of acceptability clearly identified?

- Can the institution justify both criteria and thresholds of acceptability that would be found acceptable by a reasonable external party?
- How does the institution publish this information for the public?

Sample Documentation

- Published evidence containing tables, charts, and/or narrative that include criteria, thresholds of acceptability, and findings related to student achievement.
- Discussion of the underlying rationale for the chosen criteria and thresholds in relation to the institution's mission.
- Data underlying the findings.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Institutional Obligations for Public Disclosure*

SACSCOC interpretation: *Interpretation of Core Requirement 8.1 (Student achievement)*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 7.1 *(Institutional planning)*
Standard 7.2 *(Quality Enhancement Plan)*
Standard 8.2.a *(Student outcomes: educational programs)*
Standard 8.2.b *(Student outcomes: general education)*
Standard 8.2.c *(Student outcomes: academic and student services)*

8.2 The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the areas below:

a. Student learning outcomes for each of its educational programs.
(Student outcomes: educational programs)

b. Student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs.
(Student outcomes: general education)

c. Academic and student services that support student success.
(Student outcomes: academic and student services)

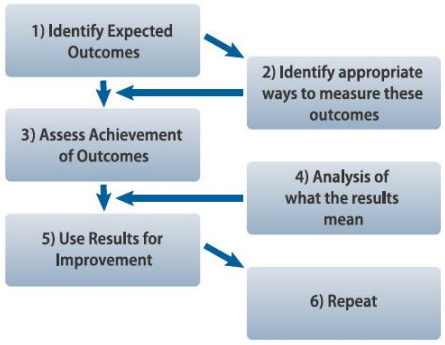
Rationale and Notes

Student outcomes—both within the classroom and outside of the classroom—are the heart of the higher education experience. Effective institutions focus on the design and improvement of

educational experiences to enhance student learning and support appropriate student outcomes for its educational programs and related academic and student services that support student success. To meet the goals of educational programs, an institution is always asking itself whether it has met those goals and how it can become even better.

Even though the concept of institutional effectiveness may not be explicitly referenced in all of the standards, the accreditation process assumes that all programs and services, wherever offered within the context of the institution's mission and activity, are reviewed as part of the institutional effectiveness process.

When reviewing this standard, peer evaluators will look for evidence of each of the three key elements of the standard, but do so as an integrated activity where the parts are linked. When reporting about the process, it might be useful to consider the process in this fashion:



While the standard emphasizes the three points on the left of the graphic, a thorough explanation of the process will also describe the processes on the right side of the graphic. The institution will not be able to show effective assessment of its outcomes if its means of assessment do not measure what it has set forth as its expected outcomes. Likewise, if the assessment findings are not somehow analyzed or evaluated, it will be hard to show the linkage between undertaking assessments and the continuous improvement of programs and services. Finally, this is a process, and the underlying expectation is that it is ongoing.

NOTES

If there are commonalities in the process by which institutions use student outcomes assessment for institutional improvement across the three elements of this standard, the institution may want to prepare a single preface that could be referenced or hyperlinked from each substandard that outlines the process (organizational structure, timetables, local resources, internal review, etc.). However, review committees will make a separate determination of compliance on each substandard. Because components of the process may differ for each part of the standard, additional content in this Manual *will be presented separately for each substandard.*

Effective outcomes assessment can be achieved in a variety of ways, and the mentality that "one size fits all" is inappropriate and diminishes the individual missions of institutions. This is especially true regarding the use of language to describe processes; for example, "assessment," "evaluation," "goals," "outcomes," and "objectives" may have precise

meaning to a reviewer, but the institution may have a meaningful effectiveness system even if it is not as precise with its language as the reviewer would like. The institution should develop and/or use methods and instruments that are uniquely suited to its circumstances, and are supported by its faculty and its academic and student support professionals.

At the time of its review, the institution is responsible for demonstrating that the full cycle outlined above has taken place, and that the current process is being used to promote continuous improvement. For institutions that do not use annual reporting, sufficient cycles of reporting should be provided to establish that the process is applied to all educational programs.

At the time of its review, the institution is responsible for providing evidence of "seeking improvement." The institution should be using the data to inform changes based on evaluation of its findings. Plans to make improvements do not qualify as seeking improvement, but efforts to improve a program that may not have been entirely successful certainly do.

NOTE ON SAMPLING

There is an expectation that an institution is able to demonstrate institutional effectiveness for all its educational programs and related academic and student services. The volume of material represented by this activity can be quite large, especially at larger institutions. To this end, an institution may provide a sampling of the effectiveness of its programs at the time of its comprehensive review. Sampling, for the purpose of accreditation, includes the following three elements:

(1) A representation that is mindful of the institution's mission.

(2) A valid cross-section of programs from every school or division (and across all levels), with every major division and level of program represented. Sampling should be inclusive of off-campus sites and distance or correspondence education offerings, as applicable; at a minimum, the institution should clarify that assessment activities are inclusive of these modes of delivery and explain that process.

(3) A compelling case – presented in the institution's narrative – as to why the sampling and assessment findings are an appropriate representation of the institution's educational programs and its academic and student support services. Sampling does not preclude the institution from having effectiveness data/analysis available on all programs and units. It is the prerogative of a SACSCOC committee to conduct a more in-depth review of an institution's data/findings/analysis on the effectiveness of all its educational programs and its academic and student support services.

8.2.a The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results for student learning outcomes for each of its educational programs. *(Student outcomes: educational programs)*

Rationale and Notes

For purposes of this standard, an academic program is a credential as defined by the institution. A degree with a defined major is clearly a program. On the other hand, programs in the same field but taught at different levels (e.g., a BBA and an MBA) are typically viewed as distinct programs. The Institutional Summary Form Prepared for SACSCOC Reviews should be a useful guide as to how programs are defined within this standard.

The expectation is that the institution will engage in ongoing planning and assessment to ensure that for each academic program, the institution develops and assesses expected student learning outcomes. Expected student learning outcomes specify the knowledge, skills, values, and attitudes students are expected to attain in courses or in a program. Methods for assessing the extent to which students achieve these outcomes are appropriate to the nature of the discipline and consistent over time to enable the institution to evaluate cohorts of students who complete courses or a program.

Shared widely within and across programs, the results of this assessment can affirm the institution's success at achieving its mission and can be used to inform decisions about curricular and programmatic revisions. At appropriate intervals, program and learning outcomes and assessment methods are evaluated and revised.

NOTE

See the Standard 8.2 discussion as well as this substandard for full coverage of this standard within the Resource Manual.

Questions to Consider

- Is there a common process across programs at the institution, or is the means of establishing outcomes assessment processes widely dispersed? If the latter, how is information collected and evaluated?
- What is the role of faculty, chairs, deans, oversight committees and others in the process?
- Is the process systematic and ongoing?
- Are expected student learning outcomes clearly defined in measurable terms for each educational program?
- What types of assessment activities occur to determine whether learning outcomes are met?
- How are results from periodic assessment activities analyzed?
- How does the institution seek improvements in educational programs after conducting these analyses?

- If programs consistently report "no improvements needed," what happens?
- If the institution used sampling to present its process and to establish compliance with the standard, why were the sampled programs an appropriate representation of all the institution's programs?
- Were multiple assessment methods used? If so, describe.
- How has the institution's use of assessment results improved educational programs?

Sample Documentation

- Lists of program-specific expected student learning outcomes for educational programs (usually embedded into individual program or unit reports).
- Descriptions of the assessment measures used to collect information on student learning.
- Details on the assessment and analysis of results from these assessments.
- Specific examples where the findings from analysis of results have led to efforts to make program improvements.
- If sampling is used, (1) how the sampling is representative of the institution's mission, (2) documentation of a valid cross-section of programs, and (3) make a case as to why sampling and assessment findings are an appropriate representation of the institution's programs.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

SACSCOC interpretation: *Interpretation on Sampling*

Interpretation of Standard 8.2.a

Cross-References to Other Related Standards/Requirements, If Applicable

CR 7.1 *(Institutional planning)*

Standard 7.2 *(Quality Enhancement Plan)*

CR 8.1 *(Student achievement)*

8.2.b The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results for student learning outcomes for collegiate-level general education competencies of its undergraduate degree programs. *(Student outcomes: general education)*

Rationale and Notes

General education is a critical element of undergraduate degree programs, yet the delivery of courses related to general education is often dispersed across multiple academic departments. As a result, there is a tendency for this extremely important part of the undergraduate degree experience to be assessed, revised, and discussed in a haphazard fashion. This standard ensures that general education competencies are specifically addressed by establishing expected learning outcomes, assessing these outcomes, and providing evidence of seeking improvements based on the findings.

The standard does not mandate a specific approach to this outcomes assessment process. The approach is up to the institution, consistent with principles of good practice, the role general education plays in that institution's curricula, and the organizational structure of the institution. The institution is responsible for identifying measures of expected student learning outcomes to determine the extent to which students have attained appropriate college-level competencies.

NOTES

See the Standard 8.2 general discussion as well as this substandard for full coverage of this standard within the Resource Manual. ***Note that "Sampling" does not apply to general education assessment due to the limited number of competencies involved.***

This standard only applies to undergraduate degree programs. The term "collegiate-level" implies that assessment of general education competencies within developmental courses generally is not appropriate. This standard does not apply to noncredit programs.

It is acceptable to implement a schedule of assessment in which only a subset of competencies is evaluated in a given year. It is expected, however, that all competencies would be evaluated within the multiple-year cycle, and that the institution provides evidence of assessment findings and of actions seeking improvement across the full cycle. It is unusual for a multiple-year cycle to exceed three years.

Different institutions use widely different approaches to determine expected general education outcomes for their students, and they may also use very different means to deliver general education. Some institutions have a very prescriptive set of courses, while others offer a smorgasbord of courses. Some institutions augment basic core courses with additional general education outcomes within the major (e.g., writing across the curriculum or discipline-specific critical learning skills). Some institutions collect the bulk of their assessment data regarding general education early in the student's studies, while others rely on assessments closer to the time of graduation. Larger institutions may have multiple approaches across different colleges and schools. Community colleges may have different general education expectations for students earning technical degrees than for those seeking transfer degrees. Some institutions will utilize embedded assignments within broad general

education core courses as part of its set of assessments, others will utilize upper-level courses or external evaluations to capture these outcomes, and still others will turn to their alumni for some of their assessments. Because of these variations, reviewers must be even more mindful of the dangers of a "one size fits all" approach for general education than for student learning outcomes within defined majors.

Conversely, due to the variability in the ways that institutions establish, teach toward, and assess general education competencies, it is essential that institutions carefully describe their concepts and results for this integral component of undergraduate programs.

As an institutional improvement standard, the expectation is not that the institution be required to certify the competency of each student. The institution undertakes that process when it issues a diploma. The intent of the standard is for the institution to make continuous improvements by assessing itself through its assessment of students.

Questions to Consider

- What is the organizational structure that allows the institution to gain a sense of consistency in its expectations regarding general education outcomes?
- What expected learning outcomes capture the intended college-level general education competencies the institution envisions for its undergraduate students?
- Where and when are these expected learning outcomes best assessed? Within the course where they are taught? Within other courses that utilize the material taught earlier in the college experience? By external instruments that can be benchmarked to peers?
- How will the institution maintain consistency in its measurements across different programs of study?
- How (and by whom) are the findings analyzed in order to take possible action on the findings?
- If weaknesses are found, what process is there to seek improvements in the delivery of general education learning experiences?
- How does this standard relate to the rationale underlying the general education component of the curriculum? See Standard 9.2 *(General education requirements)*.
- How are off-campus, distance education, and transfer students included in this process?

Sample Documentation

- Identification of student learning outcomes from the institution's expected competencies of graduates.
- If different units of the institution use different approaches, a discussion and rationale for each.
- Justification that all measures are intended to capture college-level learning.
- Descriptions of the assessment measures used to collect information on student learning.
- Details on the assessment and analysis of results from these assessments.

- Specific examples where the findings from analysis of results have led to efforts to improve the general education component of undergraduate degree programs.
- Specific attention to the way off-campus, distance education, and transfer students are part of this process.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 7.1 *(Institutional planning)*

Standard 7.2 *(Quality Enhancement Plan)*

CR 8.1 *(Student achievement)*

Standard 9.3 *(General education requirements)*

8.2.c The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results for academic and student services that support student success. *(Student outcomes: academic and student services)*

Rationale and Notes

Academic and student support services that support student success normally include such activities as library and learning/information resources, faculty resource centers, tutoring, writing centers, academic computer centers, student disability support centers, financial aid, residence life, student activities, dean of students' office, and so on. Most institutions would also include admissions offices within this category. These units provide direct support to faculty and students as related to their educational programs, indirect support for student learning, or a specific co-curricular mission that supports the college experience.

It would be common to find that some of these units have expected student outcomes very similar to those of educational programs. Examples might be a library unit tasked with providing information literacy instruction to students, or wellness programming aimed at influencing student behaviors. Regarding library and other learning/information resources, see Standard 11.3 *(Library and learning/information access)*, which specifically addresses instruction in the use of the library.

In other cases, expected outcomes might not be related to a directly measurable student learning outcome but instead related to quality of service. An example might be a maximum percentage "downtime" target for levels of academic computing network availability.

As discussed in the "Rationale and Notes" for Standard 7.3 *(Administrative effectiveness)*, it is sometimes difficult to separate assessment of outcomes of administrative goals from assessment of outcomes related to academic and student support services. Generally, these "dual function" units

would be addressed in this part of the *Principles*. If those units are instead addressed in Standard 7.3, it is incumbent on the institution to explain how this determination follows from its mission and organizational structure; it is strongly suggested that this explanation appear in both standards of the Compliance Certification. While institutions may organize functions differently, all services, whether administrative or academic student support services, are expected to engage in institutional effectiveness processes.

NOTES

See the Standard 8.2 discussion as well as this substandard for full coverage of this standard within the Resource Manual.

Often, the nature of academic and student support services differs between services for graduate students and those for undergraduate students. Similarly, some services are geared toward commuter students and others primarily target residential students. While institutions have moved more services online, making them available to residential, online, and off-campus students, this is not always the case. Institutions should take care to address explicitly how outcomes assessment activities take these (and other) student populations into effect.

Questions to Consider

- Has each unit developed expected outcomes in clearly defined and measurable terms?
- For units that have direct instructional responsibilities, or that provide specific co-curricular activities, are there measurable expected student learning outcomes for these functions?
- What types of assessment activities are undertaken by each unit?
- How (and by whom) are the findings analyzed in order to take possible action on the findings?
- If weaknesses are found, what is the process for seeking improvements in the delivery of academic and student support services? What are some of the efforts made to improve services?
- If the institution used sampling, why were the sampling and findings an appropriate representation of the institution's academic and student support units?

Sample Documentation

- Information as to how the institution's academic and student support services units are structured for reporting purposes.
- Specific expected outcomes for academic and student support services units, to include expected student learning outcomes as appropriate.
- Specific evidence of the assessment of outcomes.
- Information as to how findings are analyzed.
- Examples of units seeking improvements based on this analysis.

- If sampling is used, (1) how the sampling is representative of the institution's mission, (2) documentation of a valid cross-section of units, and (3) make a case as to why sampling and assessment findings are an appropriate representation of the institution's units.
- Discussion of how assessments address different types of student populations.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*
SACSCOC interpretation: *Interpretation on Sampling*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 7.1 *(Institutional planning)*

Standard 7.2 *(Quality Enhancement Plan)*

CR 8.1 *(Student achievement)*

CR 11.1 *(Library and learning/information resources)*

Standard 11.3 *(Library and learning/information access)*

CR 12.1 *(Student support services)*

SECTION 9: Educational Program Structure and Content

9.1 Educational programs (a) embody a coherent course of study, (b) are compatible with the stated mission and goals, and (c) are based upon fields of study appropriate to higher education. *(Program content)* [CR]

Rationale and Notes

Collegiate-level educational programs emphasize both breadth and depth of student learning. The structure and content of a program challenges students to integrate knowledge and develop skills of analysis and inquiry.

All programs offered by the institution are directly connected to its mission and to fields of study appropriate to higher education. The term "coherence" in this standard reflects an expectation that, as a student progresses through a program of study, the content of the program demands increasing levels of integration of knowledge. Coherence is a critical component of a program and should demonstrate an appropriate sequencing of courses, not a mere bundling of credits, so that student learning is progressively more advanced in terms of assignments and scholarship required and demonstrates progressive advancement in a field of study that allows students to integrate knowledge and grow in critical skills.

The expectation that a program embodies a coherent course of study applies regardless of the mode of delivery. Thus, a program offered online should be developed to ensure the program is designed to offer a coherent course of study. Similarly, a direct assessment, competency-based program should establish that the expected competencies build upon one another. See SACSCOC policies *Distance and Correspondence Education* and *Direct Assessment Competency-Based Educational Programs*.

This standard focuses on the major and the degree or credential. Other standards within this section require additional detail that complement this standard's emphasis on program coherence (see Standard 9.3 *[General education requirements]* and Standard 9.6 *[Post-baccalaureate program rigor]*), while Standard 9.7 *(Program requirements)* expects educational program requirements to be explicitly published.

NOTES

Because the Institutional Summary Form Prepared for SACSCOC Reviews lists all programs at the institution, reference should be made to that document. Catalog and web program listings should also match.

Narrative should include examples drawn from a range of the institution's educational programs across all offered degree levels, but does not have to explicitly address each program. It is presumed each program is described in more detail in the catalog of the institution.

If the institution offers some programs that are unusual, especially for the type of institution, then such programs should certainly be addressed because of parts (b) and (c) of the standard.

Questions to Consider

- Are all programs consistent with the institution's mission and goals?
- If there are highly unusual or unique programs at the institution, how did you determine that these programs are in a field of study appropriate to higher education?
- Are there policies and procedures in place that help ensure program appropriateness and program coherence (e.g., definitions of a major, prerequisite expectations for majors, oversight via curriculum committees)?
- Can the institution demonstrate that degree programs reflect coherence in sequencing, increasing complexity, and linkages between and among program components?

Sample Documentation

- Institutional Summary Form Prepared for SACSCOC Reviews.
- College/university publications listing courses required in each program offered, providing course descriptions, and course and program prerequisites.
- Published definitions of majors and degrees.
- Policies and processes ensuring the coherence of programs and compatibility with the mission of the institution.
- Minutes, institutional forms (preferably not blank) from curriculum committees addressing the issue of appropriateness, mission, and/or coherence.
- Information regarding degree requirements, residency requirements, and other experiences as part of a program.
- Comparative data with similar peer institutions.
- Rationales for programs and their suitability for higher education.
- State mandates providing curriculum requirements and/or guidelines.

Reference to SACSCOC Documents, If Applicable

SACSCOC document: Institutional Summary Form Prepared for SACSCOC Reviews

SACSCOC policies: *Direct Assessment Competency Based Educational Programs*

Distance and Correspondence Education

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 9.3 *(General education requirements)*

Standard 9.6 *(Post-baccalaureate program rigor)*

Standard 9.7 *(Program requirements)*

Standard 10.4 *(Academic governance)*

9.2 **The institution offers one or more degree programs based on at least 60 semester credit hours or the equivalent at the associate level; at least 120 semester credit hours or the equivalent at the baccalaureate level; or at least 30 semester credit hours or the equivalent at the post-baccalaureate, graduate, or professional level. The institution provides an explanation of equivalencies when using units other than semester credit hours. The institution provides an appropriate justification for all degree programs and combined degree programs that include fewer than the required number of semester credit hours or its equivalent unit.**
(Program length) **[CR]**

Rationale and Notes

This Core Requirement reflects the generally accepted means of determining academic credit required for degrees in higher education. The requirement uses as its basis the semester credit hour or its equivalency. In instances where an institution relies on other means of determining "academic credit" other than semester hours, it must demonstrate that its approach adheres to generally accepted practices described by this Core Requirement. In addition, an institution needs to justify any degrees that include fewer than the required number of hours. See Standard 10.7 *(Policies for awarding credit)* in this *Manual* for more details on the definition of a semester credit hour.

In the case of graduate programs, the expectation is that the first graduate degree (usually the master's) requires a minimum of 30 semester credit hours. Higher degrees should contain progressively more hours. If that is not the case, then an appropriate justification should be provided.

This standard applies to all programs, including competency-based programs, whether the program is based on the credit hour or not. Common examples are medical programs, where credit hours are not always utilized, and direct assessment programs, where a set of specific competencies are demonstrated rather than the student earning credit hours. In these cases, the institution should provide an appropriate justification that establishes an equivalency of outcomes consistent with the standard. See SACSCOC policy *Direct Assessment Competency Based Educational Programs*.

Another area in which appropriate justification is often required is combined programs, where students earn multiple degrees while progressing through a program, either at the same level or at different levels. Such combination programs often involve degrees earned from different institutions (dual degrees) or two degrees earned from the same institution (combination degrees). In these types of degrees, some of the same course credit hours are essentially "double-counted" by different institutions or within the same institution. When these programs involve transfer of credit articulation across institutions, care should be taken that the institution follows its own policies and procedures for transfer of credit [see Standard 10.8 (Evaluating and awarding academic credit)], but generally articulated transfer of credit programs pose few problems under this current standard.

For combination degrees offered by a single institution, excessive "double-counting" of credits can affect the integrity of the degrees offered. As an example, consider an institution that offers two distinct master's degrees that require 30 semester credit hours each (the minimum allowed under this standard). If the institution allows a student to earn both degrees by taking 42 total semester credit hours (double-counting six three-semester credit hour courses as applying to each degree), then the institution may face a high burden of proof in justifying this arrangement from an academic perspective. A reasonable reviewer might view this acceptable as a second major under the same degree, but have difficulty accepting that degrees were earned in separate fields.

Another common situation is to allow students to begin graduate work before completing the undergraduate degree, then "double-counting" some of the graduate work to award both a baccalaureate and a master's degree upon completion of the work. For exceptional students, a limited amount of this activity could easily be academically justified. However, if the combined coursework falls far short of 150 total semester hours, or if any student can take part in the program regardless of academic merit, it calls into question the integrity of the undergraduate degree and/or the rigor of the graduate degree. These circumstances require an appropriate justification under this standard. Institutions and reviewers must use their professional judgment in such cases.

NOTES

Institutional credits for coursework that is not at the collegiate level (e.g., developmental courses) do not count as part of the total credit hours needed to earn a degree.

The issue of "double-counting" discussed above does not apply to the application of hours from an associate of arts or associate of science degree to a baccalaureate degree, as these associate degrees are explicitly designed for transfer of credit into the next degree; that design is not the case for the combination degrees discussed above.

Questions to Consider

- If using the semester credit hour as the common measure of course completion, does each degree program meet this standard? If not, is there an appropriate justification?
- What are the institution's policies and procedures related to the establishment of new programs and do they include reference to minimum length for programs at each level?
- If an academic unit other than semester hours is used, what is the unit equivalency to semester credit hours and how does the institution make this determination?
- Are there some programs at the institution that do not rely on the semester credit hour even if most programs do (e.g., medical schools, direct assessment competency-based programs, hybrid programs)?
- How does the institution determine appropriate program length in the case of combination programs and dual degree programs?
- How is program length established and monitored?
- How does the institution justify degrees that include fewer than the required number of hours?

Sample Documentation

- Institutional publications describing approved degree program requirements at all levels (associate, baccalaureate, post-baccalaureate, graduate, and professional) that include the number of credit hours required for each degree.
- Policy statements outlining minimum degree requirements.
- If the institution's primary measure is not a semester credit hour, a description of any alternative approach deemed equivalent to a semester credit hour and an explanation of how it determines program length.
- If a few special programs do not rely on the semester credit hour, a description of how those programs determine equivalency (e.g., medical schools, direct assessment competency-based programs, hybrid programs).
- Justification of the length of a degree that includes fewer than the required number of hours.
- Justification of the length of combined programs that contain fewer than the required number of unduplicated combined hours.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*

Credit Hours

Direct Assessment Competency-Based Educational Programs

Quality and Integrity of Educational Credentials

Substantive Change Policy and Procedures *(change from clock to credit hours)*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 9.7 *(Program requirements)*

Standard 10.7 *(Policies for awarding credit)*

Standard 10.8 *(Evaluating and awarding academic credit)*

9.3 **The institution requires the successful completion of a general education component at the undergraduate level that:**

(a) is based on a coherent rationale.

(b) is a substantial component of each undergraduate degree program. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours or the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent.

(c) ensures breadth of knowledge. These credit hours include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics. These courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession. *(General education requirements)* **[CR]**

Rationale and Notes

General education is an integral component of an undergraduate degree program through which students encounter the basic content and methodology of the principal areas of knowledge. This Core Requirement establishes four key principles regarding the general education component of undergraduate degree programs:

- The General education component is based on a coherent rationale.
- General education courses are college level.
- In order to promote intellectual inquiry, general education courses present a breadth of knowledge, not focusing on skills, techniques, and procedures specific to the student's occupation or profession, and are drawn from specific academic areas.
- The general education component constitutes a minimum number of semester hours, or its equivalent, and comprises a substantial component of each undergraduate degree.

It is essential to understand the general education component of the degree program within the context of the institution's mission and within the expectations of a college-level institution. Through general education, students encounter the basic content and methodology of the principal areas of knowledge: humanities and fine arts, social and behavioral sciences, and natural sciences and mathematics. Courses in each of these areas introduce a breadth of knowledge and reinforce cognitive skills and effective learning opportunities for each student. Such courses may also include interdisciplinary studies. It is important, however, that courses selected by students as "general education" do not focus on skills, techniques, and procedures specific to that student's occupation or profession.

The SACSCOC Executive Council adopted the following interpretation in February 2010:

> Courses in basic composition that do not contain a literature component, courses in oral communication, and introductory foreign language courses are skill courses and not pure humanities courses. Therefore, for purposes of meeting this standard, none of the above may be the one course designated to fulfill the humanities/fine arts requirement in [this standard].

Note that this interpretation does not preclude the mentioned courses from being part of general education requirements beyond the required courses in the three specifically mentioned areas; while they are "skill courses," these are not skills specific to a particular occupation or profession. Courses that would not be acceptable as meeting this standard are courses such as "dosage calculations" (specific to occupations) or most upper-level courses with multiple prerequisites (lack breadth of knowledge).

The rationale undergirding the courses that meet general education requirements is often published in institutional documents such as the catalog. It is important that institutions have criteria for evaluating courses for inclusion in the core curriculum, both to maintain adherence to the underlying rationale and to ensure the expected breadth of knowledge.

NOTES

In its publications, an institution is obligated to clearly designate the specific general education courses included in the three areas of knowledge: humanities and fine arts, social and behavioral sciences, and natural sciences and mathematics. Publications should clearly indicate or direct students in their options for selecting general education courses and, in particular, those considered pure humanities/fine arts that are in accord with the interpretation above. Finally, the institution should indicate how it ensures that all students follow the pathway for selecting general education courses as described in its publications.

In its assessment of institutions, the SACSCOC review committee will specifically evaluate whether each of the three subparts in the standard have been addressed. This review should specifically determine (with narrative supporting) its findings under part (c), whether credit hours that constitute the general education program at an institution are (1) drawn from and include at least one course from each of the following areas: humanities/fine arts, social/ behavioral sciences, and natural science/mathematics; (2) are consistent with the Executive Council's interpretation cited above; and (3) include courses that do not narrowly focus on those skills, techniques, and procedures specific to a student's particular occupation or profession.

Questions to Consider

- Does the institution have a formal guideline or policy that establishes a rationale for its general education requirements?
- How does the institution ensure that the student's breadth of knowledge acquired through the general education component of the degree program is sufficient and appropriate to its mission?
- What measures does the institution use to ensure that general education represents a substantial component of the undergraduate degree program?

- What process is used to ensure that courses students may take to fulfill general requirements support the goals of the general education component of the degree program?
- What criteria does the institution use to ensure that the desired general education outcomes meet college-level standards?
- Even if there is some variation in general education requirements across some majors, do all undergraduate degree programs include at least one course from the three required areas of study, as well as the requisite total hours?
- Does the institution designate in its publications those general education courses that are considered pure humanities/fine arts in accord with the interpretation above? How has the institution validated that the courses that the institution designates are in accord with the standard?
- Are printed materials describing general education requirements clear as to how a student can meet the requirements?
- How does the institution ensure that all students follow the pathway for selecting general education courses as described in its publications?
- How does the general education program apply to transfer students, distance and correspondence education programs, or competency-based programs?

Sample Documentation

- Description of and rationale for general education, including expected student learning outcomes.
- Publications that consistently describe the general education requirements.
- Explanation of the process used to review or change how students meet general education requirements.
- If requirements vary by major or degree, documentation that the standard is met for all degree-seeking students.
- Specific information as to how general education requirements are met for transfer students as well as students in competency-based, direct assessment programs.
- An explanation (and examples) of how completion of general education requirements is tracked and verified.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 8.2.b *(Student outcomes: general education)*

Standard 9.7 *(Program requirements)*

9.4 At least 25 percent of the credit hours required for an undergraduate degree are earned through instruction offered by the institution awarding the degree. *(Institutional credits for an undergraduate degree)*

Rationale and Notes

This standard establishes the general principle addressing the integrity of a degree; that is, if an institution awards an academic degree, then it is responsible for delivering an appropriate portion of the academic experiences applicable to the degree. The standard also establishes the threshold for determining the acceptable portion of coursework that the institution ought to provide for the degree.

NOTES

Credits "earned through instruction offered by the institution" would not include coursework transferred from other institutions, prior learning assessments, AP or CLEP credits (or credit by examination), or credits earned through a consortium that did not originate from the institution. Unless awarded upon entry into the program, this would include competency-based credits or credit equivalents for competencies or skills exhibited ***after*** *the institution offered instruction on that skill or competency.*

Institutions adopting "reverse transfer" programs should be mindful that this standard applies to such cases. Furthermore, institutions should ensure that transferred coursework is appropriate to the degree being conferred. See Standard 10.8 (Policies for awarding credit) *in this* Manual.

Questions to Consider

- Does the institution have a policy stating the amount of credit that must be earned through instruction by the institution?
- How does the institution monitor the amount of credit earned at the institution with respect to the total number of credits required for the degree?
- How are the policies disseminated to affected faculty, advisors, and students?
- How does an institution identify on its transcript the name of the institution or source from which a course was taken or credit granted?
- How are competencies determined for students in competency-based programs? How does the institution ensure instruction is provided by the institution?
- How does an institution identify on its transcript coursework earned through collaborative arrangements?

Sample Documentation

- Degree completion policies.

- Sample evidence that verifies that at least 25 percent of the credits required for the degree have been earned at the institution (e.g., redacted degree audit, registrar's check sheet, advisor's check sheet).
- Explanation of process for monitoring the amount of credit earned at the institution.
- Policies, procedures, and any operational manuals regarding the awarding of credit.
- Details specific to the "Note" above.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*
Direct Assessment Competency-Based Educational Programs
Quality and Integrity of Educational Credentials

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

9.5 At least one third of the credit hours required for a graduate or a post-baccalaureate professional degree are earned through instruction offered by the institution awarding the degree. *(Institutional credits for a graduate/professional degree)*

Rationale and Notes

An institution is responsible for the integrity of its graduate and post-baccalaureate professional degree programs. One means of ensuring this integrity is direct oversight of student work through its own courses. The standard also establishes the threshold for determining the acceptable portion of coursework that the institution should provide for the degree.

NOTE

Credits "earned through instruction offered by the institution" would not include coursework transferred from other institutions or credits earned through a consortium that did not originate from the institution. Unless awarded upon entry into the program, this would include competency-based credits or credit equivalents for competencies or skills exhibited ***after*** *the institution offered instruction on that skill or competency.*

Questions to Consider

- Does the institution have a policy stating the amount of graduate credit that must be earned through instruction by the institution?
- How does the institution monitor the amount of graduate credit earned at the institution with respect to the total number of credits required for the degree?

- How are the policies disseminated to affected faculty, advisors, and students?
- How does an institution identify on its transcript the name of the institution or source from which a graduate course was taken or credit granted?
- How are competencies determined for students in competency-based programs? How does the institution ensure instruction is provided by the institution?
- How does an institution identify on its transcript graduate coursework earned through collaborative arrangements?

Sample Documentation

- Degree completion policies.
- Sample evidence that verifies that at least one third of the credits required for the graduate or post-baccalaureate degree have been earned at the institution (e.g., redacted degree audit, registrar's check sheet, advisor's check sheet).
- Explanation of process for monitoring the amount of graduate credit earned at the institution.
- Policies, procedures, and any operational manuals regarding the awarding of graduate and post- baccalaureate credit.
- Details specific to the "Note" above.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*

Direct Assessment Competency-Based Educational Programs

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

9.6 Post-baccalaureate professional degree programs and graduate degree programs are progressively more advanced in academic content than undergraduate programs, and are structured (a) to include knowledge of the literature of the discipline and (b) to ensure engagement in research and/or appropriate professional practice and training. *(Post-baccalaureate rigor and curriculum)*

Rationale and Notes

Graduate education builds upon the foundation of undergraduate education. Hence, there is an expectation that postgraduate professional degree programs and graduate programs demand more rigor and higher-order learning than undergraduate work on the same subject. Post-baccalaureate

degree programs are progressively more complex than similar undergraduate programs. This expectation for graduate education also implies that requirements in courses not exclusively designed for graduate credit, but that allow both undergraduate and graduate enrollment, ensure that there is a clear distinction between the requirements of undergraduate students and graduate students.

Effective graduate instruction provides the foundational knowledge and skill development to support independent research and professional practice. Graduates of these programs should have the ability to contribute to a profession or field of study. Although the extent to which students are expected to demonstrate these competencies will vary with the level of the graduate degree, faculty within graduate programs define the skills, knowledge, and competencies required and evaluate the ability of students to engage in scholarly inquiry, research, and informed professional practice.

Questions to Consider

- Are there clear indications of more advanced content in graduate and post-baccalaureate programs when compared to the institution's own undergraduate programs in similar subjects?
- If the institution has no comparable undergraduate programs, are there clear indications of more advanced content in the institution's graduate and post-baccalaureate programs when compared to peer institutions' undergraduate programs in similar subjects?
- What process is used by the institution to establish the expected content and rigor of post-baccalaureate degree programs?
- How does the institution maintain higher rigor for graduate and post-baccalaureate programs if the same course is offered (or cross-listed) to both graduate/post-baccalaureate students and undergraduate students?
- How is the literature of the discipline incorporated into curriculum requirements?
- How does the institution ensure its graduate and post-baccalaureate students are engaged in research and/or appropriate professional practice and training experiences?

Sample Documentation

- Publications that show curricular differentiation between undergraduate and post-baccalaureate programs.
- Comparative course syllabi describing the advanced body of learning to be accomplished through the graduate/post-baccalaureate coursework.
- Graduate or post-baccalaureate studies policies and procedures used to ensure minimum course requirements.
- Examples of independent research projects, portfolios, case studies, theses, dissertations, or other examples of graduate research/professional practice.

- Assessment findings from graduate and post-baccalaureate programs related to research or professional practice with identified expected student learning outcomes beyond the undergraduate level (see Standard 8.2.a *[Student outcomes: educational programs]*).

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 8.2.a *(Student outcomes: educational programs)*

9.7 The institution publishes requirements for its undergraduate, graduate, and post-baccalaureate professional programs, as applicable. The requirements conform to commonly accepted standards and practices for degree programs. *(Program requirements)*

Rationale and Notes

Each program of study at the institution has clearly defined requirements regarding what is necessary to complete the program so that potential students are aware of expectations prior to enrollment.

These requirements are published so they are accessible to constituencies including faculty, students, and prospective students. Degree requirements conform to commonly accepted standards and practices found at institutions of higher education. When degree requirements are highly unusual, the expectations are explained, and an academic justification is provided.

Commonly accepted practices for the requirements of an undergraduate program address an appropriate number of semester hours, or its equivalent, and a coherent course of study appropriate to that level of higher education. Each undergraduate program of study identifies courses that are program requirements and any prerequisite courses. Specific program requirements are also published, including an appropriate college-level general education component, and if present, cross- curricular and co-curricular requirements (e.g., chapel attendance, service learning, performance on external examinations). All requirements for the degree should be clearly specified. Similarly, prospective students should have access to specific grade requirements, especially when they represent deviations from broader institutional policies.

Commonly accepted practices for the requirements of a graduate program address an appropriate number of semester hours, or its equivalent, and a coherent course of study appropriate to higher education. Each graduate and post-baccalaureate professional program of study identifies courses that are program requirements and any prerequisite courses. Graduate program requirements allow for an integrated understanding of the discipline. Such programs display a clear rationale and design and include clearly stated and measurable outcomes consistent with the

mission of the institution. General requirements for written and oral comprehensive examinations, theses and dissertations, professional practice, and so on, are published as well.

Questions to Consider

- Does the institution have clearly defined program requirements for each program?
- Could a prospective student understand all of the requirements for successful program completion prior to making an enrollment decision?
- What is the process for establishing how the program curriculum conforms to commonly accepted standards and practices?
- Are there specific requirements for what constitutes a major or concentration? Do these adhere to commonly accepted practices? Are they consistently followed at the institution?
- Where and how are program requirements published?
- Do published requirements provide clear, complete, and consistent information about each program?
- If there are requirements beyond a prescribed curriculum, how are these additional requirements determined and published?
- When program requirements change, how is this information made available?

Sample Documentation

- For all educational programs, published documents that contain program completion requirements.
- For undergraduate programs, published documents that also address general education requirements.
- If some programs deviate from general institutional requirements, specific information about how this information is published.
- If program requirements are atypical, additional evidence related to adherence to "commonly accepted standards and practices" (e.g., peer comparisons, reference to programmatic/specialized accreditation requirements, external program reviews, appropriate mission-specific expectations).

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 9.1 *(Program content)*

CR 9.2 *(Program length)*

CR 9.3 *(General education requirements)*

Standard 10.3 *(Archived information)*

SECTION 10: Educational Policies, Procedures, and Practices

10.1 The institution publishes, implements, and disseminates academic policies that adhere to principles of good educational practice and that accurately represent the programs and services of the institution. *(Academic policies)*

Rationale and Notes

Effective academic policies related to an institution's educational programs are developed in concert with the appropriate input and participation of the constituencies affected by the policies, conform to commonly accepted practices and policies in higher education, accurately portray the institution's programs and services, and are disseminated to those benefiting from such practices. These academic policies lead to a teaching and learning environment that enhances the achievement of student outcomes and success.

To advance learning, all coursework taken for academic credit has rigor, substance, and standards connected to established learning outcomes. To protect the integrity of degrees offered, the institution is responsible for the quality of all coursework transcripted as if it were credit earned from the institution.

Each institution develops academic policies—such as grading policies, withdrawals, degree completion requirements, academic misconduct policies, syllabus requirements—that are appropriate to its programs and students and that accurately portray its programs and services. Good educational practice presumes that these academic policies lead to a teaching and learning environment that enhances student learning. Faculty members assume responsibility for determining good educational practice and, therefore, should have a substantive role in the development and review of academic policies.

Questions to Consider

- How does the mission of the institution affect its academic practices?
- How are academic policies developed, approved, and revised?
- How and where are academic policies published for those constituencies affected by them?
- What is the role of faculty in determining academic policies?
- Are there examples of the implementation of various academic policies?

Sample Documentation

- Institutional publications that contain academic policies.
- A description of the published process by which academic policies are developed.
- Examples showing implementation and enforcement of academic policies.
- Minutes of meetings in which academic policies are modified or approved.

- Examples of policies that pertain to distance education, to course delivery at off-campus sites, branch campuses, dual enrollment, and for competency-based educational programs, or evidence that policies do not differ in any of these circumstances.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*
Direct Assessment Competency-Based Educational Programs
Distance and Correspondence Education
Institutional Obligations for Public Disclosure
Substantive Change Policy and Procedures

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 10.2 *(Public information)*

Standard 12.3 *(Student rights)*

Standard 14.2 *(Substantive change)*

10.2 The institution makes available to students and the public current academic calendars, grading policies, cost of attendance, and refund policies. *(Public information)*

Rationale and Notes

Good educational practice suggests that the institution's constituents be informed about matters such as academic calendars, grading policies, and refund policies. Such policies and calendars are published and widely distributed.

NOTE

Even if some of these policies were discussed in Standard 10.1 (Academic policies)*, information related to how they are made available to students and to the public should be repeated here.*

Questions to Consider

- How does the institution make current academic calendars, grading policies, and refund policies available to students and other constituents?
- Are these policies made available across all delivery locations and modes of instruction?

- Are there separate policies for graduate and undergraduate students?

Sample Documentation

- Publications that include information about academic calendars, grading policies, and refund policies.
- Details on how this information is provided to students taking distance education classes, at off- campus locations, or via other modes of delivery such as competency-based education.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*
Direct Assessment Competency-Based Educational Programs
Distance and Correspondence Education
Institutional Obligations for Public Disclosure
Substantive Change Policy and Procedures

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 10.1 *(Academic policies)*

10.3 The institution ensures the availability of archived official catalogs, digital or print, with relevant information for course and degree requirements sufficient to serve former and returning students. *(Archived information)*

Rationale and Notes

An institution is obligated to provide to its students, constituents, and the public information about itself that is complete, accurate, timely, accessible, clear and sufficient. Regardless of the name assigned to the publication, the college catalog is one of the most critical publications at any higher education institution. The catalog describes the institution consistent with its mission statement and sets forth the obligations and responsibilities of both students and the institution.

Because of its importance, the catalog is critical not just in its current edition. Former students often need information pertinent to the course of study and courses taken when they were students. Admissions officials at other institutions and employers are other constituents who often need information from past catalogs. Institutions utilizing print catalogs generally already have long-standing policies for maintaining archival copies. This current standard also emphasizes the

importance of this material for archival versions of digital catalogs, including web-based catalogs.

Questions to Consider

- Who is responsible for ensuring archival versions of catalogs are maintained?
- Where are print copies of past catalogs maintained?
- How do former students access the catalog of record for when they were at the institution?
- Is information as to how to obtain access to a former catalog easily accessed by former students and by the general public?
- What are the institution's policies and procedures for updating catalog information?
- How are constituents notified of changes to course offerings or the requirements needed to earn a specific credential?

Sample Documentation

- Details on where archival versions of catalogs are maintained.
- Information on how the catalogs can be accessed by the public.
- Evidence that information is available to the public.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Institutional Obligations for Public Disclosure*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 9.7 *(Program requirements)*

10.4 The institution (a) publishes and implements policies on the authority of faculty in academic and governance matters, (b) demonstrates that educational programs for which academic credit is awarded are approved consistent with institutional policy, and (c) places primary responsibility for the content, quality, and effectiveness of the curriculum with its faculty. *(Academic governance)*

Rationale and Notes

Because faculty are generally responsible for ensuring the achievement of appropriate student learning and academic program outcomes, it is imperative that an institution establish policies that explicitly delineate the responsibilities and authority of its faculty in academic and governance matters. These published policies clarify the role of the faculty in relation to other constituencies regarding these fundamental aspects of the institution. It is recognized that the authority of faculty in academic and governance matters varies widely across different types of

institutions due to differences in organizational structure, mission, and tradition. Nonetheless, all institutions should have clear policies and should act in accordance with these policies.

The tradition of shared governance within American higher education recognizes the importance of both faculty and administrative involvement in the approval of educational programs (degrees, certificates, and diplomas). Approval by the faculty ensures that programs, including programs offered through collaborative arrangements, contain appropriate courses reflecting current knowledge within a discipline and include courses appropriate for the students enrolled. Approval by the administration affirms that educational programs are consistent with the mission of the institution and that the institution possesses both the organization and resources to ensure the quality of its educational programs.

Institutional policies concerning the role of faculty in academic matters should make clear that the faculty has primary responsibility for the content, quality, and effectiveness of the curriculum. Documentation should include evidence that faculty actively assume these responsibilities. While department chairs may take a major role in these processes, the evidence should show broad faculty involvement in what are considered fundamental faculty roles.

Questions to Consider

- What are the institution's policies regarding the authority of faculty in academic and governance matters?
- Where are these policies published? Are they accessible to all who are affected by them?
- Are the policies consistently followed?
- How are these policies approved and updated?
- What is the process for developing and approving educational programs?
- Who is responsible for the process?
- What are the policies and procedures for expanding or limiting the curriculum and what are the faculty's responsibilities?
- What is the process for program evaluation and improvement or updating the curriculum?
- How are the faculty involved in these processes? Is it fair to say the faculty responsibility is "primary?"

Sample Documentation

- Policies regarding the role of the faculty in academic and governance matters.
- Details on where these policies are published and how they can be accessed.
- Committee structure and assignments that clarify which members are faculty.
- Minutes and other documents that clearly show the faculty role in academic and governance affairs.
- Procedures for approving educational programs.

- Minutes, forms, and sign-off sheets from relevant committees, both faculty and administrative, that show the program approval process being followed (forms should not be blank).
- Similar documentation for curricular change actions.
- Bylaws and minutes that document the role and responsibility of faculty in determining the content, quality, and effectiveness of the curriculum.
- Curriculum evaluations conducted by faculty showing attention to curriculum quality and effectiveness.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*
Direct Assessment Competency-Based Educational Programs
Distance and Correspondence Education
Quality and Integrity of Educational Credentials

This standard requires a policy or procedure; see Appendix A of this document for implications.
See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 4.2.b *(Board/administrative distinction)*
Standard 8.2.a *(Student outcomes: educational programs)*
Standard 8.2.b *(Student outcomes: general education)*
CR 9.1 *(Program content)*
Standard 10.1 *(Academic policies)*
Standard 10.7 *(Policies for awarding credit)*
Standard 10.8 *(Evaluating and awarding academic credit)*
Standard 10.9 *(Cooperative academic arrangements)*

10.5 The institution publishes admissions policies consistent with its mission. Recruitment materials and presentations accurately represent the practices, policies, and accreditation status of the institution. The institution also ensures that independent contractors or agents used for recruiting purposes and for admission activities are governed by the same principles and policies as institutional employees. *(Admissions policies and practices)*

Rationale and Notes

Sound admission policies are defined in relation to the institution's mission and are designed to ensure that students who are admitted to the institution or to a specific program can benefit from the institution's programs. Implicit in the policy is that the institution consistently applies the policy to all applicants and transfers; exceptions are limited in number and are based on specific criteria for making exceptions to admission requirements.

Sound admission policies for the institution or a specific program conform to widely accepted higher education standards for admissions and define all admissions categories used by the institution, such as transfer, transient, non-degree, dual enrollment, audit, honors, and probation or conditional. Admission policies are published in official documents and communicated accurately and effectively to prospective students and other constituents.

All accredited higher education institutions, or individuals acting on their behalf, must exhibit integrity and responsibility in student advertising and recruitment. Responsible self-regulation requires rigorous attention to principles of good practice.

NOTE

The SACSCOC policy on Advertising and Student Recruitment *contains the following statement regarding recruitment materials:*

> *All statements and representations are clear, factually accurate, and current. Supporting information is kept on file and readily available for review. In the case of programs that are awaiting SACSCOC's approval and inclusion in the institution's accreditation, the institution's communication with both external and internal constituencies clearly and consistently represent the program(s) as "pending approval by the Southern Association of Colleges and Schools Commission on Colleges."*

That policy contains several other statements that expand on what is meant by accurate representations, and should be referenced by each institution.

Questions to Consider

- What are the basic admissions requirements that apply to all students?
- What are the admission policies for specific programs and how are these policies based on widely accepted standards for undergraduate and graduate applicants?
- Are admissions policies consistent with the mission of the institution?
- Are policies clear and consistently implemented?
- How are exceptions to admissions policies controlled and documented?
- How does the institution disseminate admissions policies and are they uniform in all publications?
- If admission policies differ for various delivery methods or across various campus sites, what are the programs and why are they different (e.g., dual enrollment, branch campuses, online programs)?

- Do recruitment materials and presentations accurately represent the institution's practices, policies, and academic programs?
- What is the approval process for recruitment materials and presentations, and is it followed?
- How are recruitment personnel (staff, volunteers, contractors) trained?
- What are the guidelines for using independent contractors or agents in recruiting students?
  - Do these guidelines assure that independent contractors and agents are governed by the same principles and policies regarding admissions activities as are institutional employees?
  - Are these guidelines enforced?
- How does the institution oversee recruiting activities at branch campuses and at international sites?

Sample Documentation

- Admission policies of the institution and of specific programs.
- Undergraduate and graduate catalogs that include admission policies, standards, and procedures.
- Institutional and specific program brochures and other recruitment materials or electronic resources stating admission policies and procedures.
- Documents describing how the institution evaluates applications and makes admission decisions to the institution and to programs.
- Minutes or other documents showing evidence that the institution follows its admissions policies and that these policies and practices are appropriate.
- Documentation that exceptions are handled appropriately.
- System policy or legislation regarding admission policies and procedures, if applicable.
- Boilerplate expectations for admissions presentations.
- Details on the training of those involved in recruitment.
- Contracts, MOUs, or other documents relating to practices of independent contractors or agents used in recruitment activities.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Advertising and Student Recruitment*

Distance and Correspondence Education

This standard requires a policy or procedure; see Appendix A of this document for implications.
See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 14.5 *(Policy compliance)*

10.6 **An institution that offers distance or correspondence education**

(a) ensures that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit.

(b) has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs.

(c) ensures that students are notified in writing at the time of registration or enrollment of any projected additional student charges associated with verification of student identity.

(Distance and correspondence education)

Rationale and Notes

To protect the integrity of educational credentials awarded to students enrolled in distance or correspondence education courses or programs, an institution takes measures to ensure that a student awarded credit in distance or correspondence education courses is the same student who successfully completes the course and is tested for the achievement of intended student learning outcomes. To this end, an institution is required to verify the identity of a student enrolled in distance or correspondence education courses or programs, ensure that the method used to verify the identity protects the privacy of students enrolled, and notify the student in advance of enrollment regarding any projected additional charges associated with the verification process.

NOTES

In responding to this standard, all three subparts must be addressed.

Part (b) is not referring solely to privacy protections that apply to all students (including distance education students) under the Family Educational Rights and Privacy Act of 1974 (FERPA). The institution is expected to have specific polices to protect the privacy of students taking distance or correspondence courses. If these students utilize the same means of verification of identity as do all students, such as a username and password to access the learning management system, then the institution should explain how the institution protects the privacy of usernames and passwords in general.

Part (c) may be complicated by circumstances where students must have an examination proctored, but the institution requires the student to find the site. In those cases, the institution has an obligation to make it clear to students in advance of registration or enrollment that there may be charges for this and that the student will need to find an appropriate site.

Questions to Consider

- How does the institution demonstrate that the student who registers in the distance or correspondence education course or program is the same student who participates in and completes the course or program and receives credit?
- If the distance or correspondence education student never comes to campus, how is the student's identity initially confirmed?
- If the institution utilizes just a username and password, how does the institution ensure this information is not shared by the student when taking online examinations?
- Because the institution is obligated to select a verification method for identifying students enrolled in such courses or programs, how does the institution protect the privacy of students enrolled in distance or correspondence education?
- Do the institution's written procedures for notifying students of any projected additional student charges associated with verification conform to this standard?
- What office(s) is responsible for ensuring that the provisions of this standard are enforced?

Sample Documentation

- Identification of the method(s) used by the institution to verify the identity of the student enrolled in distance or correspondence education courses or programs.
- Institutional technology policies and procedures that apply to usernames, passwords, and protection of data.
- Description of the process for the initial verification of identity.
- Written procedure regarding the protection of privacy of the student enrolled in distance or correspondence education courses or programs.
  - Details on where and how that information is published.
- Written procedure addressing the notification of projected additional student charges associated with verification of student identity.
  - Details on where and how that information is published.
- Process for ensuring ongoing verification, including persons responsible for implementation.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Advertising and Student Recruitment*

Distance and Correspondence Education

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

10.7 **The institution publishes and implements policies for determining the amount and level of credit awarded for its courses, regardless of format or mode of delivery. These policies require oversight by persons academically qualified to make the necessary judgments. In educational programs not based on credit hours (e.g., direct assessment programs), the institution has a sound means for determining credit equivalencies.** *(Policies for awarding credit)*

Rationale and Notes

Good educational practices in higher education assume that institutions adopt sound and generally acceptable policies and procedures for determining what a credit unit means for graduate and undergraduate coursework, taking into account the amount and level of credit for courses. Students, institutions, employers, and others rely on the common currency of academic credit to support a wide range of activities, including the transfer of students from one institution to another. For several decades, the federal government has relied on credits as a measure of student academic engagement as a basis of awarding financial aid. Because of the significance of awarding credit for coursework or experiences, an institution is obligated to ensure that credit hours awarded for courses and programs conform to commonly accepted practices in higher education.

The most common means of making these determinations is through academic committees, usually a curriculum committee with approval by the academic administration. While the standard is not prescriptive as to organizational structure, there is a clear expectation that these decisions are made by appropriately qualified persons.

Policies related to determining amount and level of credit should go beyond the expectation that courses are taught in traditional "seat time" fashion. Institutions offer credits for laboratory classes, studios, internships, professional practicums, independent studies, activities courses, and web-based instruction, to mention just a few of the alternatives. Nontraditional course work may vary in format but is equivalent in expected learning outcomes. If the institution uses some measure of credit other than the semester credit hour, either institution-wide or within specific programs (e.g., direct assessment competency-based programs), the institution provides an explanation of equivalency. When undergraduate and graduate courses are offered through nontraditional delivery, the institution awards credit compatible with sound academic practice in the field. A sound academic practice typically involves faculty participation in the evaluation of credit. The institution gives attention to principles developed by nationally recognized organizations, such as the American Association of Collegiate Registrars and Admissions Officers (AACRAO), when developing the type of credit and the amount of credit awarded.

NOTE

This standard presumes the institution's credit hour policies include an acceptable definition of credit hours consistent with the SACSCOC policy on Credit Hours.

Questions to Consider

- What is the institution's definition of a credit hour, or its equivalent? Is this definition consistent with commonly accepted practices in higher education?
- What are the institution's policies related to assigning amount and level of credit for undergraduate and graduate courses?
- Are these policies and procedures published in an accessible manner?
- What is the institution's course numbering and naming system?
- If the institution awards credit for courses delivered in format other than semester credit hours, how does the institution ensure that the process for determining the amount of credit is equivalent to the credit earned in the same or similar courses delivered in other formats?
- What are the policies that determine the level and amount of credit awarded for undergraduate and graduate coursework delivered through distance learning technology?
- What is the oversight structure for course approval?
- What is the role of faculty in reviewing academic credit awarded?
- Do those persons responsible for course approval have appropriate academic qualifications?
- In developing policies related to the amount and level of credit awarded, how does the institution use the standards of professional organizations or the practices of peer institutions?
- Are practices under this standard consistent with the institution's own credit hour policies and with the SACSCOC policy on *Credit Hours*?

Sample Documentation

- The institution's policy for determining credit hours awarded, including the definition of a credit hour used by the institution.
- Policies and procedures for decisions related to the amount and level of credit for courses.
- Details as to where these policies and procedures are published.
- Evidence that the institution consistently applies its policies and procedures in awarding credit for courses and programs.
- Minutes, check sheets, and other documents showing the approval process for the level and amount of credit for courses (not blank forms).
- Descriptions of processes and criteria used to award credit for courses and programs that are not "traditional."
- List of responsibilities and of membership of the institution's curriculum committee or its equivalent, with evidence concerning academic qualifications of membership.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Credit Hours*

Direct Assessment Competency-Based Educational Programs

Distance and Correspondence Education

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 14.5 *(Policy compliance)*

10.8 **The institution publishes policies for evaluating, awarding, and accepting credit not originating from the institution. The institution ensures (a) the academic quality of any credit or coursework recorded on its transcript, (b) an approval process with oversight by persons academically qualified to make the necessary judgments, and (c) the credit awarded is comparable to a designated credit experience and is consistent with the institution's mission.** *(Evaluating and awarding academic credit)*

Rationale and Notes

The key to this standard lies in the institution's obligation to "ensure" academic quality, and to "ensure" comparability, since by awarding credit for learning outside its own educational programs, an institution affirms that students have achieved the knowledge, skills, and experiences comparable to those attained by students who have completed the institution's own courses. This standard applies to approval of transfer credit (including articulation agreements for transfer of credit), advanced placement, credit by examination, experiential learning, prior learning assessment, conversion of prior noncredit experiences into credit, or similar situations where credit is awarded for learning not originating from the institution itself. This standard does not apply to credit transcripted as the institution's own credit that originated from a cooperative academic arrangement (as opposed to being transcripted as transfer of credit); for this circumstance, see Standard 10.9 *(Cooperative academic arrangements)*.

Policies and procedures related to this standard should be approved through appropriate channels, and should be published so that the policies and procedures are available to those affected by the standard (e.g., faculty, current students, admissions staff, and prospective students). Good practices supporting academic quality in these areas include: (1) linking transfer credit, including credits earned at a foreign/international institution, to clearly delineated outcomes of the institution's own courses and programs; (2) delineating the basis for advanced placement credit awarded for achievements outside commonly accepted programs; (3) awarding credit for

experiential learning, professional certifications, and conversion of noncredit activities to credit based on well-documented activities and experiences at the appropriate educational level and evaluated based on clearly developed outcomes for the institution's own courses for which credit is awarded. A sound academic practice typically involves qualified faculty participation in the evaluation of credit.

Questions to Consider

- What are the institution's policies for evaluating, awarding, and accepting transfer credit (including entering into articulation agreements for transfer of credit), advanced placement, experiential learning, prior learning assessment, credit by examination, conversion of prior noncredit experiences into credit, and the like?
- Are these policies published in ways that make them accessible to those affected by the policies?
- Are the policies and procedures consistent with the mission of the institution?
- Are the policies clearly written and consistent with commonly accepted practices?
- How are the policies developed and evaluated to ensure comparability to the institution's own courses and degree programs?
- What is the role of faculty in reviewing academic credit awarded?
- How does the institution ensure that accepted coursework and learning outcomes are at the collegiate level?
- How does the institution demonstrate responsibility for the academic quality of the following work or credit recorded on the institution's transcript?
  - Credit awarded under articulation or other agreements with institutions from which students frequently transfer credits.
  - Transfer of credit not under articulation agreement.
  - Advanced placement and other examination-based awards of credit.
  - Experiential learning and prior learning assessment.
  - Professional certificates or other noncredit educational experiences outside a collegiate course.
- How does the institution ensure that students receiving credit for such programs have achieved the same knowledge, skills, and experiences as those who have completed its own coursework?

Sample Documentation

- Policies and procedures for evaluating, awarding, and accepting credit not originating from the institution.
- Evidence that policies are published and accessible.
- A description of how these policies are developed and updated.
- Examples of how the policies are implemented in practice.

- Forms, sign-off approval letters, and emails (not blank forms).
- Redacted transcripts showing how credits are posted.
- Narrative description of how decisions are made to accept or award credit from other institutions or organizations, including how the institution ensures that coursework and learning outcomes are at the collegiate level and are comparable to the institution's own degree programs.
- Copies of articulation or transfer agreements with other institutions or organizations, including agreements between two-year and senior institutions that involve transferring credits for coursework leading to a degree.
- Documents or descriptions of contracts, study abroad and student exchange agreements, or other arrangements with institutions or organizations inside or outside the United States that involve transferring credits for coursework leading to a degree.
- Description of the process of awarding experiential credit and prior learning assessment credit, including how the institution ensures that course work and learning outcomes are at the collegiate level and are comparable to the institution's own courses and degree programs.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Credit Hours*

Direct Assessment Competency-Based Educational Programs

Distance and Correspondence Education

Quality and Integrity of Educational Credentials

SACSCOC Position Statement: *Transfer of Academic Credit*

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 10.9 *(Cooperative academic arrangements)*

10.9 **The institution ensures the quality and integrity of the work recorded when an institution transcripts courses or credits as its own when offered through a cooperative academic arrangement. The institution maintains formal agreements between the parties involved, and the institution regularly evaluates such agreements.** *(Cooperative academic arrangements)*

Rationale and Notes

It is common for institutions of higher education to enter into cooperative academic arrangements (including consortial agreements or contractual agreements with other entities) to broaden the options for courses or programs offered at the institution. When institutions choose to treat such work in its transcripts as coursework offered by the institution itself, the institution has an obligation to its students and to SACSCOC to ensure the quality and integrity of that coursework that is similar to its obligations for its own courses.

While the institution is responsible for any credit placed on the transcript, including transfer of credit, the institution's obligation when transcripting credit as its own, even when it has not had full control over all aspects of the delivery of the coursework, is clearly higher. A signed written agreement that delineates the responsibility and role of all parties to the agreement is basic to the institution's ability to ensure the quality of the educational programs and courses covered by these agreements. Regular evaluation to validate comparability and approve program and course curricula, faculty qualifications, and the level of student learning against institutional expectations and mission is essential in maintaining educational quality. It is the institution's responsibility to provide documentation that it exercises appropriate oversight to ensure the quality and integrity of all credit transcripted.

NOTES

If an agreement entails courses that are transcripted as transfer of credit, then see Standard 10.8 (Evaluating and awarding academic credit). *However, if the agreement entails courses offered or traditional faculty functions offered by another institution of higher education, vendor, or other third party, then this standard (Standard 10.9) applies. Examples of agreements covered by this standard typically include:*

- *Geographic or denominational consortia*
- *Agreements involving joint and dual academic awards*
- *Statewide distance education agreements*
- *Agreements with international institutions*
- *Contractual instruction*

These types of cooperative academic arrangements are considered substantive changes, and require submission of the signed contract or agreement prior to initiation. If more than one SACSCOC institution is involved in the agreement, then each should submit the information (or one submission with a coversheet signed by an appropriate representative of each affected SACSCOC institution). A major revision of the contract or agreement should also be submitted. See SACSCOC policy Substantive Change Policy and Procedures.

Questions to Consider

- What types of cooperative academic arrangements does the institution have where it transcripts courses as its own work?

- Does the institution have a signed contract or memorandum of agreement for each such situation?
- Does the contract or consortial agreement provide for the following?
  - Clear indication of the responsibilities of all parties to the agreement?
  - Provision for ensuring the quality of the programs and courses offered through the agreement?
  - Provision for evaluating the agreement in relation to the mission of the institution?
- What is the institution's process for ensuring the quality of programs and courses offered through cooperative academic arrangements?
- How does the process involve all parties to the arrangement?
- How does credit earned through these agreements appear on the institution's transcript?

Sample Documentation

- Copies of signed contracts and consortial agreements.
- Evidence that the institution regularly evaluates the cooperative academic arrangement against the purpose of the institution.
- Documents that clearly stipulate the responsibility of each party to ensure course quality.
- Documents that clearly stipulate the responsibility of the SACSCOC institution to ensure ongoing compliance with the standards/requirements as applicable to the cooperative academic arrangement.
- Redacted transcripts that demonstrate how the credits earned under these agreements appear on the institution's transcript.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Agreements Involving Joint and Dual Academic Awards*

Direct Assessment Competency-Based Educational Programs

Distance and Correspondence Education

Dual Enrollment

Quality and Integrity of Educational Credentials

Substantive Change Policy and Procedures

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 6.2.a *(Faculty qualifications)*
Standard 6.2.b *(Program faculty)*
CR 9.1 *(Program content)*
Standard 9.4 *(Institutional credits for an undergraduate degree)*
Standard 9.5 *(Institutional credits for a graduate/professional degree)*
Standard 10.8 *(Evaluating and awarding academic credit)*

SECTION 11: Library and Learning/Information Resources

11.1 The institution provides adequate and appropriate library and learning/information resources, services, and support for its mission.

(Library and learning/information resources) **[CR]**

Rationale and Notes

To provide adequate support for the institution's curriculum and mission, an institution's students, faculty, and staff have access to appropriate collections, services, and other library-related resources that support all educational, research, and public service programs wherever they are offered and at the appropriate degree level. The levels and types of educational programs offered determine the nature and extent of library and learning resources needed to support the full range of the institution's academic programs. Qualified, effective staff are essential to carrying out the goals of a library/learning resource center and the mission of the institution, and to contributing to the quality and integrity of academic programs.

The purpose of this Core Requirement is to ensure that an institution offers adequate and appropriate library collections, services, and other related learning resources to support the mission of the institution. If the institution has research and/or public service missions in addition to its educational mission, the standard applies to those aspects of library and learning/information resources as well.

The levels and types of degrees offered by an institution determine the nature and extent of library-related resources needed to support the full range of its academic programs. In order to adequately support the institution's curriculum and mission, an institution may arrange for its students and faculty to have convenient access to the library/learning resources of another institution or to library-related resources that are shared by a consortium of institutions. In any case, it is expected that the institution provide adequate and appropriate library collections, learning resources, and related services at all locations, including off-campus instructional sites and branch campuses, as well as programs and courses offered through distance and correspondence education.

NOTES

Institutions should include information on learning/information resources housed in the library, other locations, or offered over a network, as appropriate (e.g., curriculum labs, specified reading rooms, computer labs, IT help services, writing centers, online learning management systems). If this information is presented in Core Requirement 12.1 (Student support services) *instead, that should be clear in the narrative of both standards. Physical facilities and the condition of such facilities (as opposed to contents within the building) do not need to be addressed in this standard, but should be addressed in Standard 13.7* (Physical resources).

Details on how library collections, resources, and services are assessed and results used to make improvements should be found in Standard 8.2.c (Student outcomes: academic and

student services). *Some of that information also may appear in this standard if it helps to establish the adequacy and appropriateness of current collections, services, and other related learning resources.*

Access to library collections and services is specifically included in Standard 11.3 (Library and learning/information access). *Thus, in Core Requirement 11.1, the emphasis should be on an enumeration of collections, resources, and the types of services offered. Ease of access should be part of Standard 11.3, not the current standard. There will be some duplication of discussion between these two standards.*

Questions to Consider

- How does the library determine whether collections are adequate and appropriate for the courses and programs offered, as well as for the research and/or public service activities of the institution (if relevant)?
- Is there a formal collection development policy? Does it work well?
- How are students at off-campus sites and taking distance education or correspondence courses provided adequate and appropriate collections?
- What library and learning/information services are offered (e.g., interlibrary loan, delivery services, bibliographic support, technical support, general help desk, off-site support)?
- How does the institution determine the adequacy and appropriateness of its services?
- What supporting services are offered through the library/learning resource offices as opposed to other academic support offices?
- If collections and services are offered through external contracts or consortia, how is adequacy and appropriateness determined?

Sample Documentation

- Description of library collections in terms of the programs and levels of programs offered.
- Description of library services in relation to the needs of faculty, students, and others (as needed).
- Description of related library and learning/information resources.
- Collection development policies and evidence of implementation.
- Evidence that the institution's library-related resources support all its educational, research, and public service programs wherever located or however delivered.
- Samples of guides, flyers supporting library services, and other direct evidence of library and related resources and services offered.
- Internal and external surveys and reports establishing the adequacy and appropriateness of collections, services, and related resources (e.g., satisfaction surveys, consultant reports).
- Peer comparisons.

- Usage statistics (with information on size of the user population).
- If the institution provides access to library resources through an arrangement with another institution or provider, copies of contracts and agreements outlining access and services.
- If the institution provides access to library resources through an arrangement with another institution or provider, description and analysis of the adequacy and appropriateness of the collections, services, and other related resources provided under that contract or agreement.
- Mission statement of the library, learning resource center, or other similar support services.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 8.2.c *(Student outcomes: academic and student services)*

Standard 11.3 *(Library and learning/information access)*

Standard 13.7 *(Physical resources)*

11.2 The institution ensures an adequate number of professional and other staff with appropriate education or experiences in library and/or other learning/information resources to accomplish the mission of the institution.

(Library and learning/information staff)

Rationale and Notes

A sufficient number of qualified staff is measured by the effectiveness of the delivery of services to students, faculty, and staff rather than simply the number of staff employed. Qualified faculty and staff members are essential to carrying out the mission of the library and to support various other learning/information services. Overall qualifications are based on academic credentials as the standard qualification for library and learning/information resource faculty and staff; however, other types of qualifications may prove to be appropriate, especially for noncritical tasks or for tasks associated with related academic support services.

Questions to Consider

- How does the institution determine the qualifications of its library and/or other learning/information resource staff?
- How are library support services augmented with nonprofessional staff?
- How does the institution demonstrate that the staff is sufficient to accomplish the mission?
- What professional opportunities are available to the library and learning/information resources staff?

Sample Documentation

- Roster of library/learning resource staff with job duties, academic qualifications, and experience.
- CVs of professional library/learning resource staff members.
- Position descriptions.
- Details related to professional growth and training activities.
- Information regarding the alignment of library/learning staff with the programs/services offered by the institution.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 6.2.a *(Faculty qualifications)*, if library faculty members are also instructors of record for credit courses

11.3 The institution provides (a) student and faculty access and user privileges to its library services and (b) access to regular and timely instruction in the use of the library and other learning/information resources.

(Library and learning/information access)

Rationale and Notes

To ensure appropriate use of the library and other learning/information resources, the institution is expected to provide timely and effective access that enables students, faculty, and staff to take full advantage of the learning resources provided by the institution. Furthermore, the institution has a responsibility to provide access to instruction in the use of the library and other learning/information resources. Access to resources, services, and instruction should address students enrolled at off-campus instructional sites, in distance or correspondence courses, or in evening courses, if applicable.

NOTE

Information related to assessing the effectiveness of instruction in the use of the library usually would be included in Standard 8.2.c (Student outcomes: academic and student services).

Questions to Consider

- What services are accessible on campus (e.g., the library, computer labs) versus at off-campus sites and through off-campus access?
- Do students and faculty have different user privileges?
- What are operating hours for the library and other learning resources?
- What services are available electronically when the library or other related facilities are closed?
- What delivery mechanisms exist for instruction and assistance to library users?
- How does the institution provide instruction and assistance to all users at all locations and through all modes of delivery?

Sample Documentation

- Details on user privileges by type of user.
- List of operating hours.
- Services and collections available online and at off-campus sites.
- Documentation of the availability and type of instruction.
- Schedules for instruction in the use of the library and learning/information resources (e.g., at orientation, by request of instructors, on demand).
- Reports of completed library instructional activity that demonstrate broad participation in the instructional program by all segments of the institution at all locations and delivery modes.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 6.5 *(Faculty development)*

Standard 8.2.c *(Student outcomes: academic and student services)*

CR 11.1 *(Library and learning/information resources)*

CR 12.1 *(Student support services)*

SECTION 12: Academic and Student Support Services

12.1 The institution provides appropriate academic and student support programs, services, and activities consistent with its mission. *(Student support services)* [CR]

Rationale and Notes

Student success is significantly affected by the learning environment. An effective institution provides appropriate academic and student support programs and services consistent with the institution's mission that enhance the educational and personal development experience(s) of students at all levels; contribute to the achievement of teaching and learning outcomes; ensure student success in meeting the goals of the educational programs; and provide an appropriate range of support services and programs to students at all locations. Qualified and effective faculty and staff are essential to implementing the institution's goals and mission and to ensuring the quality and integrity of its academic and student support programs and services. An effective institution has policies and procedures that support a stimulating and safe learning environment.

Appropriate academic and student support programs and services apply to both undergraduate and graduate programs, although the mix of appropriate services may differ for students seeking degrees at different levels. Similarly, the mix of services may differ by location or mode of delivery. Regardless of the type of student, however, the expectation is that an institution recognizes this important component of student learning and student development, and that, in the context of its mission, the institution provides an appropriate range of support services and programs to all students.

Furthermore, academic support services may be appropriate for faculty as well as students. Testing centers serve both faculty and students, learning resource specialists often offer services for enhancing pedagogy, and instructional technologists support faculty seeking to develop and enhance courses.

The Core Requirement calls for "appropriate … programs, services, and activities." When addressing this Core Requirement, an institution needs to see past its own organizational chart and not address just offices or departments. Organizationally, academic and student support services may be housed in academic offices, in student affairs, or administrative offices. Academic support services may include, but are not limited to, academic teaching and resource centers, tutoring, academic advising, counseling, disability services, diversity and inclusion offices, campus ministry, service learning centers, teaching laboratories, career services, testing centers, student life, residence life programming, and information technology. The emphasis should be on aspects of the institution that serve a curricular support or co-curricular function.

NOTES

This Core Requirement relies heavily on the professional judgment of those assembling a narrative and those reviewing the narrative. There is a balancing act between too much detail

and not enough. Finding this balance can be helped by recognizing that the standard seeks detail on the appropriateness of the programs, services, and activities—not on the effectiveness of activities. Details on effectiveness and assessment of programs should be in Standard 8.2.c (Student outcomes: academic and student services). However, information from that standard may be useful as evidence of the appropriateness of programs, services, and activities discussed in this standard.

There are separate standards for library and learning/information resources (Standard 11 of the Principles*), so that information does not need to be repeated here, with one major exception. As mentioned in this* Manual *in Core Requirement 11.1* (Library and learning/ information resources)*:*

Institutions should include information on learning/information resources housed in the library, other locations, or offered over a network, as appropriate (e.g., curriculum labs, specified reading rooms, computer labs, IT help services, writing centers, online learning management systems). If this information is instead presented in Core Requirement 12.1 (Student support services)*, that should be clear in the narrative of both standards.*

Questions to Consider

- How does the institution's organizational structure affect its delivery of academic and student support programs, services, and activities?
- What is the student body profile and do the institution's academic and student support programs, services, and activities serve all levels of students?
- How do the programs, services, and activities differ between undergraduate, graduate, and professional students?
- How do the academic and student support programs and services effectively promote the mission of the institution?
- How do students taking courses at off-campus instructional sites (including high school dual-enrollment sites) and branch campuses, or taking distance and correspondence education courses, access student support programs, services, and activities?
- What academic support programs, services, and activities exist for faculty?
- How does the institution ensure that its academic support programs and services are adequate and appropriate to the needs of its students and faculty?

Sample Documentation

- Descriptions of the various academic and student support programs, services, and activities.
- Narrative relating the support programs, services, and activities to the mission of the institution.
- Publications and websites (e.g., academic support services) explaining how support programs and services are provided and accessed.

- Data on the frequency of usage of academic and student support services, programs, and activities by students and faculty.
- Surveys indicating that student and faculty needs are being met.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

Cross-References to Other related Standards/Requirements, If Applicable

Standard 8.2.c *(Student outcomes: academic and student services)*

CR 11.1 *(Library and learning/information resources)*

Standard 12.2 *(Student support services staff)*

Standard 12.3 *(Student rights)*

Standard 12.5 *(Student records)*

Standard 12.6 *(Student debt)*

12.2 The institution ensures an adequate number of academic and student support services staff with appropriate education or experience in student support service areas to accomplish the mission of the institution. *(Student support services staff)*

Rationale and Notes

Qualified and effective faculty and staff are essential to implementing the institution's goals and mission and to ensuring the quality and integrity of its academic and student support programs and services. In order to carry out such programs and services, the institution is expected to appoint student affairs professionals who have adequate educational training and/or experience to provide these services. Although academic credentials are primary and, in most cases, will be the standard qualification, other types of qualifications may be appropriate. Furthermore, mission-related considerations may affect desired qualifications.

Questions to Consider

- How does providing academic and student support programs and services cut across organizational lines at the institution?
- What are the student support programs and services and how are they staffed?
- What are the qualifications, both academic and experiential, for student affairs and academic support personnel?

- What are the training and professional growth opportunities for student affairs staff?
- What evidence is needed to demonstrate that the staff is sufficient to accomplish the mission?

Sample Documentation

- Roster of academic and student services staff with job duties, academic qualifications, and experience.
- Position descriptions.
- Details related to professional growth and training activities.
- Organizational charts that help demonstrate reporting structures.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 12.1 *(Student support services)*

12.3 The institution publishes clear and appropriate statements of student rights and responsibilities and disseminates the statement(s) to the campus community. *(Student rights)*

Rationale and Notes

Institutions are obligated to develop comprehensive and appropriate policies delineating student rights and responsibilities because students and student learning are central to the institutional mission. To be effective, such policies are clearly written and widely available to the entire community of the institution and need to include procedures for use by students in preserving these rights and responsibilities. While student rights and responsibilities might not be enumerated in a single document, all elements should be easily accessible and should not be contradictory.

NOTE

Institutions may find professional organizations helpful in developing appropriate statements of student rights and responsibilities. See, for example, NASPA—Student Affairs Administrators in Higher Education and ACPA—College Student Educators International.

Questions to Consider

- Do student rights and responsibilities conform to sound educational practice and meet the needs of all undergraduate and graduate students served by the institution?

- Where are these rights and responsibilities published?
- How is access provided or publicized to those affected by the policies?
- Are there any differences for students based on location or mode of delivery (e.g., dual-enrollment students)?
- How are alleged violations and grievances regarding student rights and responsibilities handled?
- Who is responsible for formulating these rights and responsibilities, approving them, and keeping them updated?

Sample Documentation

- Statement or statements of student rights and responsibilities.
- Details on publication, dissemination, and access for various levels and types of students, including off-campus and distance education students.
- Information regarding channels for approval and review.
- Examples of implementation/enforcement (can be redacted if appropriate).

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 10.1 *(Academic policies)*

Standard 12.4 *(Student complaints)*

12.4 The institution (a) publishes appropriate and clear procedures for addressing written student complaints, (b) demonstrates that it follows the procedures when resolving them, and (c) maintains a record of student complaints that can be accessed upon request by SACSCOC.

(Student complaints)

Rationale and Notes

Institutional policies and procedures governing written student complaints need to be well publicized and provide clear and consistent guidelines for their resolution. Furthermore, the institution must abide by its own policies, ensuring that student complaints are addressed in a prompt, fair, and consistent manner.

The SACSCOC policy on *Complaint Procedures Against SACSCOC or Its Accredited Institutions* states:

> [E]ach institution is required to have in place student complaint policies and procedures that are reasonable, fairly administered, and well publicized. SACSCOC also requires, in accord with federal regulations, that each institution maintains a record of complaints received by the institution. This record is made available to SACSCOC upon request. This record will be reviewed and evaluated by SACSCOC as part of the institution's decennial evaluation.

When addressing this part of Standard 12.4, the institution should provide information in its Compliance Certification or Fifth-Year Interim Report describing how the institution maintains its record of written student complaints and also include the following:

- The individuals/offices responsible for maintenance of the record(s).
- Elements of a complaint review that are included in the record(s).
- Where the record(s) is located if centralized, or how records are maintained if decentralized.

One of the main purposes for requiring a record of written student complaints is so that the institution and SACSCOC can review the record to see if there are patterns. If a pattern of student complaints is found when reviewing the record, and if those complaints are related to SACSCOC accreditation standards, then SACSCOC will expand its review to include those issues if the complaints point to an unresolved problem. Thus, the record of student complaints should be maintained in a manner consistent with this intended purpose of the standard.

It is expected that institutions will provide at least one redacted example of a written complaint and documentation of that complaint's resolution in its response.

Questions to Consider

- How does the institution define a "written student complaint"?
- What are the policies and procedures governing written student complaints, and are they adequate to meet the needs of the students?
- How are the policies and procedures governing student complaints disseminated?
- Are there any differences in policies based on location or on mode of delivery?
- How was the policy approved and how is it revised if necessary?
- Are the publicized policies and procedures consistently followed when resolving student complaints?
- Where and how does the institution retain a record of student complaints?
- Is this record kept in a way to be able to discern if there are patterns in the complaints received?

Sample Documentation

- Policies and procedures for addressing written student complaints.

- Details on where the policies and procedures are published and efforts taken to ensure students, faculty, and staff are aware of the policies.
- An example of a written student complaint resolution (with sensitive information redacted).
- A description of how the institution maintains a record or records of written student complaints that includes:
  - The individuals/offices responsible for maintenance of the record(s).
  - Elements of a complaint review that are included in the record(s).
  - Where the record(s) is located if centralized, or how records are maintained if decentralized.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Complaint Procedures Against SACSCOC or Its Accredited Institutions*

Distance and Correspondence Education

This standard requires a policy or procedure; see Appendix A of this document for implications. See also:

SACSCOC Good Practices: *Developing Policy and Procedures Documents*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 14.5 *(Policy compliance)*

12.5 The institution protects the security, confidentiality, and integrity of its student records and maintains security measures to protect and back up data. *(Student records)*

Rationale and Notes

The security and confidentiality of student records is critical to the integrity of the institution. This standard acknowledges the institution's responsibility to oversee the release and use of all student records and institutional data with personally identified information and identifies four key aspects of that responsibility: security, confidentiality, integrity, and data protection and backup. As applied to this standard, integrity means to ensure that the records are not changed without appropriate oversight and sufficient security measures. Special security measures emphasize the imperative for the institution to protect confidentiality, preserve the integrity of its students' academic records and data, and oversee the release of records in accord with state and federal mandates and commonly accepted standards and practices among institutions of higher learning.

Questions to Consider

- What types of student records does the institution store?
- What are the definitions, policies, and procedures governing the security, confidentiality, and integrity of student records? How does the institution ensure that it adheres to these policies and procedures?
- How does the institution manage the physical security of record storage?
- How does the institution manage the security of electronic data storage systems, paper storage, and/or other storage?
- What is the institution's disaster plan for records retrieval?
- How does the institution ensure that faculty and staff understand and carry out the commitments to confidentiality, integrity, and security of student academic records?
- Are there special circumstances that affect records (e.g., an early college high school where student age may be an issue)?
- What training is required for those with access to student records?

Sample Documentation

- The policies and procedures governing student records, their security, integrity, and confidentiality, their use, and their release.
- Security measures adopted by the institution that apply to the protection and backups of data.
- Publications used by students and personnel that:
  - Discuss student academic records, including statements addressing confidentiality of student records.
  - Identify specific policies for the security of records and include statements about physical security of records, storage of records, backup of records in both electronic and hard copy, receipt of course grades, issuance of transcripts, etc.
- Documentation that faculty and staff are trained regarding policies on the confidentiality, integrity, and security of student records.
- Documentation of data backup procedures.
- Procedures for response to security breaches.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 10.6 *(Distance and correspondence education)*

12.6 The institution provides information and guidance to help student borrowers understand how to manage their debt and repay their loans. *(Student debt)*

Rationale and Notes

In order to address the national increase in student loan debt and loan default rates, this standard requires that institutions provide information and guidance to help student borrowers better understand how to manage their debt and repay their loans. The standard focuses on providing financial management information and guidance to student borrowers. The standard expects institutions to ensure that students are appropriately informed of the obligations associated with debt and repayment of student loans.

NOTE

This standard applies to all institutions, whether or not they participate in federal loan programs.

Questions to Consider

- What programs and activities are in place at the institution to provide information and guidance to students relating to financial management, especially managing debt?
- To whom are these programs and services offered?
- Is student participation voluntary or mandatory?
- What materials are used?
- What offices on campus are responsible for providing this information and guidance?
- If online resources are used, is there an option for students to seek additional assistance?

Sample Documentation

- Details on financial management information and guidance offered to students.
- Sample materials used in programs and services related to this standard.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 13.6 *(Federal and state responsibilities)*

SECTION 13: Financial and Physical Resources

Although missions vary among institutions, both a sound financial base and a pattern of financial stability provide the foundation for accomplishing an institution's mission. Adequate financial resources allow for deliberate consideration of the effective use of institutional resources to fulfill that mission. Adequate physical resources are essential to the educational environment and include facilities that are safe and appropriate for the scope of the institution's programs and services. It is reasonable that the general public, government entities, and current and prospective students expect financial and physical resources necessary to sustain and fulfill the institution's mission.

13.1 The institution has sound financial resources and a demonstrated, stable financial base to support the mission of the institution and the scope of its programs and services. *(Financial resources)* **[CR]**

Rationale and Notes

Peer evaluators may consider a number of factors when assessing a sound financial base like total net assets, unrestricted net assets (without donor restrictions), endowment balances, UNAEP (unrestricted net assets exclusive of plant and plant-related debt), reserves, select ratios or benchmarks (none specifically are required; if used, cite source of ratio or benchmark), and so forth. The stability of the base is typically the trending of this type of financial data over time. Some institutions use the Composite Financial Index (CFI) as a tool in financial analysis. While the CFI is not endorsed or required, institutions may consider providing the index as calculated by their auditor. Often external auditors provide extensive financial analysis of the audit when presenting it to the institution's board, and this information can be useful when building a case for compliance. There is no one way for an institution to present a case for sound and stable resource base, or for a peer evaluator to evaluate it.

In order to provide evidence for this standard, institutions should place primary attention on the documents required in the next standard (Core Requirement 13.2 *[Financial documents]*), as external audits and standard review reports give evidence of external verification as well as some degree of standardization. However, it is critical for the institution to provide a narrative supporting its claims; tables and charts are often helpful. The source of financial data included in institutional narratives should be cited. Special attention should be given to items in the external audits that appear atypical, as reviewers will not have proper context unless the institution provides it.

While parts of this core requirement clearly overlap with Standard 13.3 *(Financial responsibility)*, two key elements set them apart. First, there is severity, with a finding of noncompliance in this standard (Standard 13.1, a Core Requirement) reflecting more serious concerns than in Standard 13.3 (not a Core Requirement). Second, this core requirement focuses on the underlying financial strength of the institution and the stability of that base, while Standard 13.3 focuses more on operational financial management of the institution.

These standards often are related, and it is certainly easier to be fiscally responsible in operations if the underlying financial base is solid. However, compliance status with these two standards is not perfectly correlated and the standards are different.

For example, an institution might balance its budget, have positive operational cash flows, and meet obligations on a timely basis, yet have insufficient financial resources. This lack of resources might make it difficult to maintain its physical plant, provide sufficient faculty professional development, buy needed equipment, and otherwise support the mission of the institution. In such an instance, compliance in Standard 13.3 might accompany noncompliance in Standard 13.1. Just balancing the budget is not enough; an institution must also have an adequate resource base.

Or consider an institution that had depleted most of its endowment in order to maintain an excessive level of expenditures; that institution may be out of compliance with both standards because of a lack of a stable financial base (CR 13.1) and operational practices that are questionable and unsustainable (Standard 13.3).

And as a third example, consider that temporary problems with enrollment could create noncompliance with Standard 13.3 while CR 13.1 remains compliant. It is important for institutional narratives to explain the reason for financial difficulties.

NOTE

Institutions should not provide draft financial figures. Unaudited figures lack the validity of audited figures; if unaudited figures are used, they should clearly be designated as such. If the financial audit of the most recently completed fiscal year is not available when materials are submitted to SACSCOC, the institution should nonetheless provide a full narrative for this core requirement. Failure to provide the most recent financial audits if they are available could raise serious concerns of integrity (see CR 1.1). Similarly, failure to provide audits because they cannot be finalized may raise concerns about the underlying financial resources of the institution and/or the capabilities of staff.

Questions to Consider

- Does the institution demonstrate that is has sound financial resources?
- Does the institution demonstrate it has a stable financial base?
- How are the two questions above answered in the context of supporting the mission of the institution? (Is there evidence that important support of academics, facilities, learning resources, etc., is being denied due to financial stress?)
- What evidence is there that financial behaviors are sustainable?
- If financial behaviors have eroded the financial base or stability of the institution, what are they and why has this happened?
- Is the institution borrowing to support day-to-day operations? If so, what does this say about the level of financial resources to support the mission?

- What is the balance of unrestricted net assets exclusive of plant and plant-related debt (UNAEP)? How has it changed over time? If it is negative, why? If it is falling, why? (This is one way of assessing whether day-to-day resources are adequate to support operations.)
- If there are deficits in UNAEP, what are the causes? An overinvestment in plant? Operational deficits? Purchases of property and equipment? Market volatility?
- How stable are key financial indicators over recent years? Are there obvious trends? Are there obvious incongruences?

Sample Documentation

- See 13.2 *(Financial documents)* for required financial documents.
- External auditor trend analysis, ratio analysis, peer analysis, benchmarking, etc., based on audits.
- Evidence of sound financial resources and a stable financial base, which may include ratio analysis produced by institution based on audited financial statements. (If benchmarked, include source of benchmark. If ratios are used, show calculations.)
- Trend reports, graphs, and charts to document sound financial resources and a stable financial base (e.g., trends in net assets, FTE enrollment, endowment size and rates of return, gross tuition revenue, net tuition revenue, discount rate, state appropriations if applicable).
- Explanations of anomalies in financial data (e.g., sudden spikes or dips in values or ratios, a merger/acquisition that changes the base, discontinuation of key benefits, a very large gift, unusual write-offs).
- Rating agency reviews with special attention to any upgrades or downgrades in bond ratings (if applicable).

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*, see part (b)

Standard 4.3 *(Multi-level governance)*, see part (b)

CR 13.2 *(Financial documents)*

Standard 13.3 *(Financial responsibility)*

Standard 13.6 *(Federal and state responsibilities)*

13.2 **The member institution provides the following financial statements:**

(a) an institutional audit (or Standard Review Report issued in accordance with *Statements on Standards for Accounting and Review Services* issued by the AICPA for those institutions audited as part of a systemwide or statewide audit) for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide.

(b) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year.

(c) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board.

For applicant and candidate institutions, including an applicant seeking separate accreditation from a current SACSCOC-accredited institution, the institution provides the financial information, including audit requirements, specified in the SACSCOC policy *Accreditation Procedures for Applicant Institutions*.

(Financial documents) **[CR]**

Rationale and Notes

The financial statements required in this Core Requirement are necessary, as a minimum, to provide documentation of financial resources and financial responsibility. "The most recent fiscal year" means the fiscal year that most recently ended prior to the submission of a report. Note that if audited figures for earlier years are utilized in the narratives for Standard 13.1 *(Financial resources)* and/or Standard 13.3 *(Financial responsibility)*, those audits or Standard Review Reports should also be provided.

A common question relates to the number of years of financial information required to document compliance. Generally, finance evaluators will place the most emphasis on the most recent audited information, but multiple years are required to establish trends. Three years of financial information produces the most basic trend, while providing ten years would seem superfluous, as it would encompass the institution's last reaffirmation. Many evaluators look for a three- to five-year trend in financial information, but none of this is set in stone. An institution's responsibility is to make its case, providing sufficient trend information to explain its current resources and stability.

Private institutions must provide audited financial statements for the accredited institution. Certainly, public institutions may also provide audited financial statements opinioned on the individual institution. However, public institutions are often audited as part of a state or systemwide entity. If this is the case, the systemwide audit must provide supplemental schedules detailing the individual accredited institution which provide sufficient information to determine

resources, stability, and operational outcomes. State auditor's offices have approached this in a multitude of acceptable formats.

Item (b) above requires a statement of financial position of unrestricted net assets exclusive of plant assets and plant-related debt (UNAEP), which represents the level, and changes in the level, of unrestricted net assets attributable to operations for the most recent fiscal years. Unrestricted net assets (UNA) are assets without donor restriction, to be used as the institution deems appropriate. UNA includes assets of varying liquidity (availability). Some assets, such as cash, may be very liquid. Plant assets, such as buildings and equipment, might be difficult to sell to meet obligations. The purpose of calculating UNAEP is to determine the level of assets available to meet day-to-day obligations of the institution. There is no prescribed format for this schedule. It must be multiyear and the content is defined by the standard: unrestricted net assets less plant, net of depreciation and adding back plant-related debt. The goal is to determine the net investment in plant, and back that out of unrestricted net assets. All institutions, whether public, private, for-profit, or not-for-profit are required to submit this schedule.

The definition of plant for the calculation of UNAEP can be problematic. Remember, plant assets are not considered available for operational expenditure. Institutions should work with their auditors to properly classify assets as either plant or investment. If an asset can be easily sold, is not intended to be held indefinitely, and is not used in core institutional operations, it may be reasonable to include it in investments. However, if an asset is not easily sold and if the institution does not intend to sell it in the foreseeable future, it may be appropriate to treat it as plant for purposes of this calculation. Institutions should be guided by the question, "Is the asset in question reasonably available to meet general operational obligations?" In general, board-designated unrestricted net assets would be included as unrestricted net assets for the purpose of this schedule. There are common types of assets frequently considered unavailable for day-to-day use by peer finance evaluators: artwork and collections, intangible assets, horses, and real estate held for investment (particularly if not income-producing, not being actively marketed and contiguous to the campus). If these or similar items are held in investments, institutions should be aware peer evaluators may disregard them when calculating UNAEP. In addition, funds limited as to their use – such as debt service reserves, funds held for construction not yet completed, etc. – may also be regarded as unavailable in the UNAEP calculation.

Defining plant-related debt can also be difficult. Plant-related debt is generally debt used to purchase, expand, or refinance buildings, improvements, equipment, or other plant assets. Plant debt may also include accounts payable balances related to renovation, construction or equipment, lines of credit for construction, obligations related to auxiliary improvements (often made by vendors and amortized over the life of vendor agreements), swap obligations, and so on. Debt obtained to fund operational deficits, even if secured by plant, should not be included in plant-related debt. For purposes of this calculation, plant-related debt may not exceed plant net of depreciation.

Recent changes in accounting standards, especially by the Governmental Accounting Standards Board (GASB), have introduced elements that may need to be considered when deriving a workable definition of UNAEP. Specifically, public institutions may now be required to record pension obligations, compensated absences and other post-employment benefits (OPEB). If there are asset or liability categories that reflect a contingency that is largely unrelated to

operational activities, public institutions may augment the UNAEP statement by also netting out these categories. However, the values prior to this change should be explicit within the statement.

NOTES

Letters from SACSCOC sent to the CEO of the institution may provide additional details on the submission of audits and may request additional financial materials or information.

The language of the standard at the end is specific to applicant and candidate institutions, including an applicant seeking separate accreditation from a current SACSCOC accredited institution; the cited SACSCOC policy does not apply to member institutions seeking reaffirmation or submitting a Fifth-Year Interim Report.

Federally-funded military institutions are not required to conduct or submit annual audits of their financial statements. Therefore, these institutions will not be required to provide audited financial statements (or a Standard Review Report) to demonstrate compliance with Core Requirement 13.2 and used to support the narratives of Core Requirement 13.1 (Financial resources) *and Standard 13.3* (Financial responsibility)*. See SACSCOC policy* Military Institutions.

Questions to Consider

- Are audited financial statements (or standard review reports prepared for public institutions as part of a systemwide or statewide audit) prepared in accordance with generally accepted accounting principles and the appropriate audit guide?
- Did the most recent audited financial statements bear an unmodified opinion?
- Will final audited statements be received in time for due dates of SACSCOC reports? (If not, you might check with your institution's assigned SACSCOC vice president for possible options.)
- Are the independent auditor's report and the report on compliance and on internal control over financial reporting included (if issued with the audit)?
- Has a schedule of UNAEP been provided based on audited numbers? (This schedule can be placed in the audited statements, in the audit footnotes, as a table or chart in the institutional narrative or as a separate schedule in institutional materials. It is important that its location be clearly indicated.)
- Is the schedule of UNAEP multiyear, indicating the change in the balance of UNAEP? (Must be at least two years, more may make a better case; it's up to the institution.)
- What is the process for preparing the budget? (Often a flowchart or timeline outlines budget activities. Be sure to indicate offices/individuals involved.)
- Are underlying budget assumptions reasonable (e.g., enrollment, fundraising, state appropriations if applicable)? How do these budget assumptions compare to actual audited results?
- Is the budget balanced? Are there allowances for contingencies? Is there an amendment process? (Generally, the SACSCOC board expects budgets to be reduced if budgeted revenues do not materialize.)

- How is the institution's budget approved? (Often institutions provide excerpts from board minutes along with narrative describing the approval process.)

Sample Documentation

The following documents are required as part of a Compliance Certification or if specifically requested by SACSCOC:

- An institutional audit (or Standard Review Report issued in accordance with *Statements on Standards for Accounting and Review Services* issued by the AICPA for those institutions audited as part of a system-wide or statewide audit) for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide.
- A statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent fiscal year (based on audited numbers).
- An annual budget for the most recent year.
- Evidence the budget is preceded by sound planning, and is subject to sound fiscal procedures.
- Evidence of budget approval by the board.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Accreditation Procedures for Applicant Institutions* (applies only to applicant and candidate institutions, including an applicant seeking separate accreditation from a current SACSCOC-accredited institution)

Military Institutions

Cross-References to Other Related Standards/Requirements, If Applicable

CR 13.1 *(Financial resources)*

Standard 13.3 *(Financial responsibility)*

Standard 13.4 *(Control of finances)*

13.3 The institution manages its financial resources in a responsible manner.

(Financial responsibility)

Rationale and Notes

Institutions have obligations to the public, to government entities, and to current and future students to responsibly manage their finances. This standard boils down to two questions: Is the institution operating within its means? Are its fiscal activities sustainable? The emphasis is on the operational aspects of financial management, with a focus on such items as revenue streams, expenses, capital investments, and such. An institution may be overall financially stable, with

generally adequate financial resources (i.e., in compliance with Standard 13.1 *[Financial resources]*), and still experience fluctuations in its financial health, such as in changes in funding, enrollment, or expenditures. Or it may behave in ways that cannot be fiscally sustained. If an institution experiences operational problems or undertakes actions not generally considered commonly accepted practices, it is important that the institution understand the issues, explain their causes, and have a reasonable plan for remedying the situation. While a plan is not considered evidence for compliance, it may be helpful to peer evaluators to understand the financial landscape.

All institutions may experience financial difficulties due to internal or external factors. Evaluators and the SACSCOC board expect institutions to respond to declines in revenues with budget reductions, with the expectation of operational surpluses most years.

Private institutions may choose to detail operational outcomes over time, both unrestricted and total (including restricted activities). Private finance evaluators, across the board, consider depreciation expense an operational expense. For private institutions attempting to demonstrate compliance with 13.3 by claiming unrestricted operational surpluses, including an operational measure on audited financial statements goes a long way in providing clear evidence of this outcome (SACSCOC does not require this, but it may be helpful).

Public institutions, at the time of this publication, have a GASB format which necessitates the inclusion of operating and non-operating revenues (includes appropriations) when examining operational outcomes and the exclusion of depreciation from expenses. States have a variety of methodologies for funding capital improvements, and the GASB format separates out this information. While public finance evaluators may disregard depreciation from operational outcomes, they generally expect total net assets to be stable or increasing. This means that the states, generally and over time, must provide adequate capital infusions to offset depreciation expenses and maintain the overall value of the institution which includes its capital assets, net.

In order to demonstrate compliance with this standard, institutions should place primary attention on the documents required in Standard 13.2 *(Financial documents)*, as external audits and standard review reports give the evidence external verification as well as some degree of standardization. However, it is critical for the institution to provide a narrative supporting its claims. Judicious use of table and charts is often helpful. Special attention should be given to items in the external audits that appear anomalous, as reviewers will not have proper context unless the institution provides it.

Questions to Consider

- Is the institution operating within its financial means? Is it producing operational surpluses most years? Are these outcomes clear (either in audited financial statements or based on audited statements and included in institutional narratives)?
- Is the institution living within its operational cash flows? (Public institutions will have to include operational and non-capital cash flows for consideration.)
- Are financial behaviors sustainable?
- Has the institution experienced recent changes in operational revenues and expenditures?

  - Have these financial fluctuations undermined the overall financial stability and resources of the institution? If so, does this rise to noncompliance with Core Requirement 13.1 *(Financial resources)*?
  - Are there special circumstances that explain any unusual financial conditions?
- How has the institution managed changes in revenue streams such as net tuition, state appropriations, endowment/investment income, fund-raising income?
- What have been the changes in unrestricted, restricted and total net assets over the past several years?
- Is short-term indebtedness manageable? Are operations relying on debt?
- Does the institution have sufficient operational liquidity?
- How does interest expense compare to revenues? Has this changed over time?

Sample Documentation

- See 13.2 *(Financial documents)* for required documentation.
- Tables, graphs or charts of recent financial trends.
- Tables, graphs, and charts of recent enrollment trends (e.g., FTE, unduplicated headcount, grad/ undergrad—FTE for fall term is often a standard comparison item, FTE for all semesters for a given fiscal year may roughly correlate to gross tuition revenues).
- Tables, graphs, and charts of tuition revenues (gross and net), perhaps with consideration of net tuition per FTE.
- Tables, graphs, or charts of endowment trends such as balance, spending rate, spending per policy, additional draws, reclassifications or changes in donor restriction.
- Tables, graphs, or charts detailing debt trends (overall balances, current versus long-term debt, annual debt service, etc.).

Reference to SACSCOC Documents, If Applicable

SACSCOC position statement: *The Impact of Budget Reductions on Higher Education*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 13.1 *(Financial resources)*

Standard 13.3 *(Financial responsibility)*

Standard 13.6 *(Federal and state responsibilities)*

13.4 The institution exercises appropriate control over all its financial resources.

(Control of finances)

Rationale and Notes

Financial resource management is critical to the long-term stability of an institution. The institution has a fiduciary responsibility to operate in a prudent and responsible manner. This responsibility extends to the care for its financial assets by obtaining, sustaining, and maintaining them for achieving its mission. This requires the institution to employ a sufficient number of qualified staff empowered to provide systems and procedures for adequate checks, balances, and control over assets.

Questions to Consider

- Are there internal control findings (financial statement or federal awards) in the audit of federal awards? Are there control issues noted in the Auditor's Report on Internal Control?
  - If so, did these findings rise to significant deficiencies? material weaknesses?
  - Are the findings serious, pervasive, or indicative of administrative issues?
- What are the qualifications and experience of staff responsible for the control of institutional finances?
- What written policies and procedures are available for safeguarding cash? For approval of expenditures?
  - Is there evidence these policies are followed?
  - If there have been cases of not following internal control policies, have those been addressed?
- How does the institution manage risk as it relates to financial resources?
- Does the institution have an internal audit function?
  - If so, to whom does the internal auditor report?
  - If so, are there internal audit reports relevant to this standard?
- Note. Internal audit alone is not considered sufficient documentation for compliance, but as a supplement to external validation of an adequate control environment.

Sample Documentation

- Auditor's Report on Internal Control.
- Control issues noted in the audit of federal awards (or lack thereof).
- Documentation of the duties, qualifications, and experience of staff responsible for control of institutional finances.
- Institutional policies related to internal controls/audit.
- Sample documentation (not blank forms) illustrating implementation of policies.

- Documentation of budget status interim reporting to appropriate constituencies, including the CEO and members of the board.
- Internal audit and risk management reports.
- Written Management Letter if issued in conjunction with audited financial statements (while no longer required, this may still be useful, if available.)

Reference to SACSCOC Documents, If Applicable

SACSCOC position statement: *The Impact of Budget Reductions on Higher Education*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 4.1 *(Governing board characteristics)*, see part (b)

Standard 4.2.b *(Board/administrative distinction)*

CR 13.1 *(Financial resources)*

Standard 13.3 *(Financial responsibility)*

Standard 13.6 *(Federal and state responsibilities)*

13.5 The institution maintains financial control over externally funded or sponsored research and programs. *(Control of sponsored research/ external funds)*

Rationale and Notes

Externally funded research and programs are designed to aid in fulfillment of the institution's mission. Ceding financial controls to the funding source may compromise financial, ethical, or management standards of the institution. The same prudence in financial control should prevail as in internally funded activities.

NOTE

While a separate standard exists that requires compliance with Title IV Program Responsibilities (see 13.6 [Federal and state responsibilities]*) this standard generally applies to any other funding from external sources, such as grants, funding for research, or other federal programs.*

Questions to Consider

- What are the policies governing the expenditures of external funds, and are they published?
- Are the institution's externally funded or sponsored research programs accounted for in an appropriate manner, consistent with the institution's financial policies and procedures?
- Are appropriate reports filed in a timely manner, as required by external source of funds?

- Who has management control over external program and research funds within the institution, and how are they qualified?
- Has the institution been required to obtain a letter of credit on behalf of any financial regulatory agency (excluding Title IV programs, which are described under Standard 13.6)?
- Are there liabilities owed back to external funding sources (excluding Title IV programs, which are described under Standard 13.6 *[Federal and state responsibilities]*)?

Sample Documentation

- Federal award audits.
- Grant policies and procedures governing externally funded programs.
- Indirect cost policy.
- Grants accounting documentation.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

13.6 The institution (a) is in compliance with its program responsibilities under Title IV of the most recent Higher Education Act as amended and (b) audits financial aid programs as required by federal and state regulations. In reviewing the institution's compliance with these program responsibilities under Title IV, SACSCOC relies on documentation forwarded to it by the U.S. Department of Education. *(Federal and state responsibilities)*

Rationale and Notes

Many institutions are dependent upon Title IV federal financial aid to assist students with educational expenses and maintain adequate levels of enrollment. An institution must comply with the program responsibilities under Title IV of the most recent Higher Education Act as amended, or risk the loss of federal aid for both its students and organizational needs. As the primary gatekeeper for many member and candidate institutions seeking Title IV funds, SACSCOC is obligated to review information submitted by the institution, or provided by the U.S. Department of Education, that could affect an institution's continued compliance with SACSCOC standards.

Similarly, most states have financial aid programs that provide funding to students at both public and private institutions. These programs also have compliance expectations and regulations. Continued compliance with regulations governing these programs are essential for the long-term financial health of the institution.

NOTES

Institutions should remember that financial reviewers, by SACSCOC policy, will not be from the same state as the one under review. Thus it is important to explain the nature of state financial aid programs and how they are managed and audited.

Institutions whose Title IV financial aid is audited as part of a larger state or system "Single Audit" should work with the auditors to ensure that the audit clarifies that the institution was explicitly included within the coverage of the audit, and whether any findings within the audit pertain to that institution.

Questions to Consider

- What issues exist with Title IV programs for the institution, if any?
  - Has the institution been placed on the reimbursement method?
  - Has the institution been required to obtain a letter of credit on behalf of the Department of Education? If so, what is the status of that letter of credit?
  - Are there findings in the independent audit of the institution's federal financial aid programs? Are these findings significant, material, repeated, or indicative of administrative capability issues? Are questioned costs significant?
  - Are there significant impending litigation issues with respect to financial aid activities?
  - Are there significant unpaid dollar amounts due back to the Department of Education?
  - Has adverse communication been received from the Department of Education? If so, what was the institution's response?
  - What is the institution's student loan default rate? Is there a finding in the audit of federal awards regarding student loan default rates?
  - Is the institution aware of infractions to regulations that would jeopardize Title IV funding?
- Did the most recent audit of Title IV federal funds bear an unmodified opinion?
- For public institutions, how often are financial aid audits required by the federal government?
- If not annually, explain. Public institutions may not have these reviews annually and should explain their state's process. Peer evaluators have generally not accepted the argument that an individual institution is not required to have an audit of federal awards by the state's agreement with the federal government. SACSCOC standards require an audit of federal Title IV financial aid for member institutions.

- For public institutions, if the institution is included in a group of institutions for federal awards compliance review (such as a state or system audit), is it clearly indicated by name that your institution has been reviewed? Are findings clearly delineated by institution?

Sample Documentation

- Most recent federal awards/financial aid audit.
- Audits of state financial aid programs.
- Institutional responses to all audits and/or findings.
- Copies of all relevant correspondence received from the U.S. Department of Education for ongoing noncompliance issues, including liabilities owed.
  - Copies of institutional response to U.S. Department of Education correspondence.
- Negotiated settlement agreements for the payoff of any fines or monies owed in connection with program reviews.
- Internal audits related to federal or state financial aid programs.
- Copies of any reports on compliance from the U.S. Department of Education.

Reference to SACSCOC Documents, If Applicable

None noted.

Cross-References to Other Related Standards/Requirements, If Applicable

Standard 12.6 *(Student debt)*

Standard 13.4 *(Control of finances)*

13.7 The institution ensures adequate physical facilities and resources, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities. *(Physical resources)*

Rationale and Notes

Adequate physical resources are essential to the educational environment and include facilities that are safe and appropriate for the scope of the institution's programs and services. The general public and current and prospective students expect the institution to have appropriate physical resources necessary to fulfill the needs of its educational programs, support services, and other mission-related activities.

Questions to Consider

- Are overall physical facilities of the institution adequate in quality, scope, and condition to support the mission of its programs and services?
- Are there specific areas of concern in physical resources? How are these concerns being addressed by the institution?
- Does the institution have a master facility plan in place designed to meet current and future needs of the institution?
  - How is it revised and updated?
- How does the institution evaluate the appropriateness and sufficiency of physical resources at off- campus instructional sites, whether or not such sites are under the direct control of the institution?
- Are there details available relating to classrooms, libraries, laboratories, and other specific areas that address adequacy and appropriateness of facilities? Capacity reviews? Utilization studies?
- Are there surveys or other information sources that provide information as to whether or not physical facilities are adequate and appropriate?
- What is the extent of deferred maintenance?
  - Does the institution have a specific plan to manage deferred maintenance?
  - Is there evidence the plan is followed?
- Are facilities properly and routinely maintained?
- How does the institution manage risk as it relates to physical resources? Is a risk-management plan in place with the institution's insurance company?
- Are there proper levels of property insurance? Coverage for loss of use?
- Is there a physical inventory? Frequency? How are items tracked? Tagged? Assigned?
- Is there a disposal policy?
- Were there findings related to fixed assets in the Auditor's Report on Internal Controls? Or in the federal awards audit?
- Is the technological infrastructure sufficient for the needs of the institution, especially for distance and correspondence education programming?

Sample Documentation

- Narrative relating physical resources to the scope of programs and the size of the institution.
- Comparative data for benchmarking, if available.
- Documentation of the adequacy and condition of physical resources at all locations.
- Facilities master plan or academic master plan with facilities discussion (if there is one), with updates and details on implementation.
- Surveys from faculty, staff, and students addressing adequacy of the institution's physical facilities.

- Data comparing facility needs to actual facilities available.
  - Specifics on classrooms, offices, libraries, laboratories.
- Internal audit and risk-management reports related to physical resources.
- Plans and activities relating to routine, preventative, and deferred maintenance.
- Most recent annual capital budget.
- A video or other visual means to provide a "walking tour" of all the institution's facilities.
- Details on computer network infrastructure, portal, and learning management system.
- Annual reports from facilities contractors.
- Campus map.

Reference to SACSCOC Documents, If Applicable

SACSCOC policy: *Distance and Correspondence Education*

Cross-References to Other Related Standards/Requirements, If Applicable

CR 11.1 *(Library and learning/information resources)*

Standard 13.8 *(Institutional environment)*

13.8 The institution takes reasonable steps to provide a healthy, safe, and secure environment for all members of the campus community.

(Institutional environment)

Rationale and Notes

An institution has an ethical responsibility to take reasonable steps to provide a healthy, safe, and secure environment for all campus constituents. A healthy, safe, and secure environment enhances the accomplishment of the institution's mission and contributes to more effective risk management.

NOTE

In March 2017, the SACSCOC Executive Council determined that, in an institution's Compliance Certification and Fifth-Year Interim Report, the institution shall include within Standard 13.8 (Institutional environment) *information relating to any investigations by the U.S. Department of Education's Office of Civil Rights for possible violations alleging sexual violence as part of its narrative addressing a healthy, safe, and secure campus environment. This should include any open investigations as well as closed investigations that were active at the time of the last SACSCOC comprehensive review or occurred since the last SACSCOC comprehensive review.*

Questions to Consider

- Does the institution have a safety plan, and is it followed?
- Who has campus administrative responsibility for health, safety, and security functions, and what is the reporting structure to the CEO?
- Does the institution have a crisis communications plan? When was the system last tested?
- If crisis communications have been necessary, were they effective?
- Are facilities and grounds regularly reviewed and/or tested for health and safety concerns? If there were findings, have concerns been addressed?
- How is building access provided? After hours?
- How does the institution ensure campus security? In house? Outsourced?
- What is the relationship with local law enforcement?
- How does the institution address this standard at off-campus sites and branch campuses?
- How does the institution disseminate emergency procedures and other health and safety related procedures?

Sample Documentation

- Evidence that the institution has qualified staff to carry out the safety, security, and health plans of the institutions.
- Current safety, emergency, and disaster plans.
- Emergency procedures and evacuation plans.
- Inspection reports (e.g., health, safety).
- Clery Act reports and evidence of their publication.
- Evidence of compliance with environmental and occupational regulations.
- Evidence of corrective action, if appropriate.
- Policies and training regarding harassment, hazardous materials, etc.
- Copies of safety committee minutes.
- Summary of any open or recently closed investigations by the Office of Civil Rights for possible violations alleging sexual violence.
  - Correspondence with the Office of Civil Rights on such cases (e.g., letters and emails—not the full file).

Reference to SACSCOC Documents, If Applicable

SACSCOC Interpretation: *Interpretation on Standard 13.8* (Institutional environment)

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

SECTION 14: Transparency and Institutional Representation

14.1 **The institution (a) accurately represents its accreditation status and publishes the name, address, and telephone number of SACSCOC in accordance with SACSCOC's requirements and federal policy; and (b) ensures all its branch campuses include the name of that institution and make it clear that their accreditation depends on the continued accreditation of the parent campus.** *(Publication of accreditation status)*

Rationale and Notes

An institution is responsible for representing accurately to the public its status and relationship with SACSCOC; reporting accurately to the public its status with state and federal government if receiving funding from either or both; maintaining openness in all accreditation-related activities; ensuring the availability of institutional policies to students and the public; and publishing appropriate information with respect to student achievement. SACSCOC's philosophy of accreditation precludes removal from or denial of membership or candidacy to a degree-granting institution of higher education on any ground other than an institution's failure to meet the standards of the membership as determined by the professional judgment of peer reviewers, or failure to comply with SACSCOC policies and procedures.

Providing information on accreditation status makes it possible for anyone to inquire about the accreditation status of the institution, to ask questions about the accreditation process, or to pursue procedures for filing complaints against an institution. The information indicated in the standard should be clearly stated so that the constituent understands that the statement is published exclusively for accreditation-related purposes and not to inquire regarding the admissions or general educational policies and practices of an institution.

The accreditation status of a branch campus is strictly based on its relationship with the parent campus. If the branch campus cannot be clearly identified as a part of the parent institution, it can cause confusion and even misrepresentation of status.

Typically, the required accreditation statement is located in official institutional publications such as a catalog or handbook (or the website equivalent). The institution should use the publication of accreditation status that is cited in the *Principles*. The SACSCOC policy statement on *Institutional Obligations for Public Disclosure* contains the appropriate language for this statement. This policy also contains important guidance on how not to represent an institution's accreditation status.

NOTES

It is acceptable to reference accreditation by SACSCOC in flyers and other recruiting materials without the full statement found in the Institutional Obligations for Public Disclosure *policy. However, the full statement must appear in official publications such as the catalog, handbooks, or website pages where accreditation information is provided. Care must be taken in recruitment materials when referring to SACSCOC to ensure that accreditation status is not*

misrepresented, as discussed in the above-referenced policy. Institutions may also wish to use the "Stamp" of accreditation with their statements of accreditation; appropriate use of that "Stamp" is outlined in the SACSOC policy Institutional Obligations for Public Disclosure.

It is never appropriate for an institution that is not either a SACSCOC member institution (i.e., accredited by SACSCOC) or a candidate for membership to imply any status with SACSCOC. For example, it would be inappropriate to claim to be "applying for membership."

Questions to Consider

- Where does the institution publish its required accreditation status information?
- Is the information accurate and consistent with SACSCOC policy?
- If the status is published in multiple places, is the information consistent across publications?
- Are degrees represented appropriately to make clear that SACSCOC accreditation is institutional in nature, not accreditation of specific degrees or programs?
- Are there other publications that are not "official" where the representation of accreditation status is incorrect or inconsistent?
- If the institution has a branch campus or branch campuses:
  - Do they include the name of the parent institution as at least part of the name of the branch?
  - Is it clear the accreditation of the branch is dependent on the accreditation of the parent institution?

Sample Documentation

- Catalog, handbook, and web pages where accreditation status is referenced.

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Institutional Obligations for Public Disclosure*

Separate Accreditation for Units of a Member Institution

Cross-References to Other Related Standards/Requirements, If Applicable

CR 1.1 *(Integrity)*

Standard 14.4 *(Representation to Other Agencies)*

14.2 The institution has a policy and procedure to ensure that all substantive changes are reported in accordance with SACSCOC policy.

(Substantive change)

Rationale and Notes

Substantive change is a significant modification or expansion of the nature and scope of an accredited institution. The reporting and review of substantive changes ensure that the scope of programs offered by the institution, as well as the structure and organization of the institution, have undergone appropriate review by SACSCOC.

The *Principles of Accreditation* states:

> The Commission on Colleges accredits the entire institution and its programs and services, wherever they are located and however they are delivered. Accreditation, specific to an institution, is based on conditions existing at the time of the most recent evaluation and is not transferable. When an accredited institution significantly modifies or expands its scope, or changes the nature of its affiliation or its ownership, a substantive change review is required.

A member institution is responsible for following the substantive change policy (and related policies) by informing SACSCOC of changes in accord with the stated procedures and, when required, seeking approval prior to initiating the change. A failure to report substantive changes properly means that SACSCOC has based its accreditation of an institution on an incorrect impression of the institution's programs, character, or structure; furthermore, SACSCOC would have, in turn, unintentionally misrepresented the institution's character and structure to other constituencies, including the U.S. Department of Education. If an institution fails to follow SACSCOC substantive change policies and procedures, it may lose its Title IV funding or be required by the U.S. Department of Education to reimburse it for money it has received for programs related to the unreported substantive change. In addition, the institution's case may be referred to the SACSCOC Board of Trustees for the imposition of a sanction or for removal from membership. Thus, it is important that the institution itself has policies and procedures that ensure correct and timely reporting of all substantive changes.

Under federal regulations, substantive change includes:

- Any change in the established mission or objectives of the institution.
- Any change in legal status, form of control, or ownership of the institution.
- The addition of courses or programs that represent a significant departure, either in content or method of delivery, from those that were offered when the institution was last evaluated.
- The addition of courses or programs of study at a degree or credential level different from that which is included in the institution's current accreditation or reaffirmation.
- A change from clock hours to credit hours.
- A substantial increase in the number of clock or credit hours awarded for successful completion of a program.

- The establishment of an additional location geographically apart from the main campus at which the institution offers at least 50 percent of an educational program.
- The establishment of a branch campus.
- Closing a program, off-campus site, branch campus, or institution.
- Entering into a collaborative academic arrangement such as a dual degree program or a joint degree program with another institution.
- Acquiring another institution or a program or location of another institution.
- Adding a permanent location at a site where the institution is conducting a teach-out program for a closed institution.
- Entering into a contract by which an entity not eligible for Title IV funding offers 25 percent or more of one or more of the accredited institution's programs.

But the list of types of substantive changes itself changes if federal regulations change. A recent example has been the addition of offering direct assessment competency-based programs. Furthermore, SACSCOC reporting requirements are more specific than the above list. An institution should always check SACSCOC's policy Substantive Change Policy and Procedures for the most updated information.

An appropriate institutional policy regarding substantive change should cover all different types of changes, ranging from adding a new program that may be significantly different from existing programs, to merging with another institution or closure of the institution. Policies that do not cover the full range of possible substantive changes will fall short when the unexpected happens. The policy should be approved through appropriate channels. It should also be published such that affected constituencies can obtain the policy. As important as a published policy, however, is one that is workable and working. Evidence of unreported substantive change would be considered as a strong indication that a policy is not working.

NOTE

This standard explicitly requires an institutional policy and procedure concerning substantive change. Thus, in reporting on this standard, the institution should provide evidence that the policy was approved through appropriate channels, is published so that those affected by the policy have access to it, and that the policy is implemented and enforced by the institution. While any institution with curricular changes would seem to have evidence of "implementation" within that process, if, in fact, the policy has never had reason to be implemented, then that should be clear in materials submitted to SACSCOC.

Questions to Consider

- Does the institution have an internal policy (and appropriate procedures) for notification and approval of substantive changes that:
  - Covers all types of potential substantive changes?
  - Has been approved through appropriate channels?
  - Is published where those affected can view the policy?

  - Clearly designates responsibility for substantive change reporting?
  - Shows the policy is in effect?
  - Has a means for updating when needed?
- Are the appropriate people at the institution involved in this policy and procedure so that relevant changes do not go unreported?

Sample Documentation

- Copies of institutional policies and procedures for reporting substantive changes, and details on how the policies and procedures are published.
- Evidence the policy has appropriate approval and is in effect.
- Copies of correspondence from SACSCOC documenting submission of materials for notification or approval of substantive change.
- Examples of internal documents showing the policy is working (e.g., completed program approval forms, curriculum committee minutes).

Reference to SACSCOC Documents, If Applicable

SACSCOC policies: *Substantive Change Policy and Procedures*

Agreements Involving Joint and Dual Academic Awards

Direct Assessment Competency-Based Educational Programs

Integrity and Institutional Obligations to SACSCOC

Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status

Separate Accreditation for Units of a Member Institution

This standard requires a policy or procedure; see Appendix A of this document for implications.
See also:

SACSCOC good practices: *Developing Policy and Procedures Documents*

Closing a Program, Site, Branch or Institution

Cross-References to Other Related Standards/Requirements, If Applicable

CR 1.1 *(Integrity)*

Standard 10.1 *(Academic policies)*

Standard 10.9 *(Cooperative academic arrangements)*

Standard 14.5 *(Policy compliance)*

14.3 The institution applies all appropriate standards and policies to its distance learning programs, branch campuses, and off-campus instructional sites. *(Comprehensive institutional reviews)*

Rationale and Notes

The *Principles* apply to all institutional programs and services, wherever located or however delivered. This includes programs offered through distance and correspondence education, off-campus sites, and branch campuses. The institution must have incorporated an assessment of its compliance with appropriate standards for these circumstances. In this standard, the institution should summarize its process for incorporating the review and analysis of these programs.

Appendix C of this document offers "Guidelines for Addressing Distance and Correspondence Education, Off-Campus Instructional Sites, and Branch Campuses." This resource will be beneficial for understanding the standards where distance education—as well as off-campus sites—deserve explicit mention within standards throughout a Compliance Certification or Fifth-Year Interim Report.

> ***NOTE***
>
> *It is not necessary to repeat each narrative containing reference to distance and correspondence education, off-campus sites, and branch campuses. However, hyperlinks back to standards containing explicit information relating to these programs would be appropriate. Standard 14.3 would be in noncompliance if there were a clear lack of inclusion of these modes of delivery or locations. However, if there were an issue with a standard or two, those standards would be found in noncompliance due to these exclusions (or evidence of noncompliance), and Standard 14.3 would be in compliance. If an institution has no distance or correspondence education, no off-campus instructional sites, and no branch campuses, "not applicable" is an appropriate response. The Institutional Summary Form Prepared for SACSCOC Reviews should be consistent with the information provided in this standard regarding the presence of these modes or location of delivery.*

Questions to Consider

- Are courses and programs offered at off-campus sites and through distance or correspondence education given the same attention in terms of the quality and integrity of the offerings as is given to other courses and programs?
- What types of academic and student support services and activities are offered to distance learning students, students at off-campus sites, and at branch campuses?
- Are off-campus and distance learning offerings included when collecting data for assessing expected student learning outcomes?
- What type of oversight is there for distance learning and for off-campus sites?
- What is the role of full-time faculty relative to these sites and modes of delivery?

- How does the institution ensure adequate and appropriate physical resources at off-campus instructional sites?
- If the institution offers dual-enrollment courses with local high schools, how are the quality and integrity of these offerings ensured?

Sample Documentation

- If an institution has off-campus sites, branch campuses, and/or offers courses through distance learning as a delivery mode, then mention of sites and modes should be peppered throughout a Compliance Certification, Application for Membership, or Fifth-Year Interim Report.
- Branch campuses will often need narratives similar to what is offered for the main campus, especially with regard to faculty, academic and student support, physical resources, budgets, student achievement, library and learning resources, and educational policies.
- It is common to see subheadings and other similar means to clarify site/modal differences when responding to the charge to apply "all appropriate standards and policies."

Reference to SACSCOC Documents, If Applicable

SACSCOC document: Institutional Summary Form Prepared for SACSCOC Reviews

SACSCOC policies: *Distance and Correspondence Education*
Reaffirmation of Accreditation and Subsequent Reports
Substantive Change Policy and Procedures

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

14.4 The institution (a) represents itself accurately to all U.S. Department of Education recognized accrediting agencies with which it holds accreditation and (b) informs those agencies of any change of accreditation status, including the imposition of public sanctions. (See SACSCOC policy *Accrediting Decisions of Other Agencies*.)

(Representation to other agencies)

Rationale and Notes

An institution is responsible for representing accurately to the public its status and relationship with SACSCOC; reporting accurately to the public its status with the state or federal government if receiving funding from either or both; maintaining openness in all accreditation-related activities; ensuring the availability of institutional policies to students and the public; and

publishing appropriate information with respect to student achievement. SACSCOC's philosophy of accreditation precludes removal from or denial of membership or candidacy to a degree-granting institution of higher education on any ground other than an institution's failure to meet the standards of membership as determined by the professional judgment of peer reviewers, or failure to comply with SACSCOC policies and procedures.

The SACSOC policy *Accrediting Decisions of Other Agencies* includes the following as an "Institutional Responsibility":

> SACSCOC requires candidate and member institutions holding accredited or candidacy (pre-accredited) status from more than one U.S. Department of Education– recognized institutional accrediting agency to keep each agency apprised of any change in its status with one or another agency. Any institution seeking or holding accreditation from more than one USDE-recognized institutional accrediting agency must represent itself accurately to each agency with regard to purpose, governance, programs, degrees, diplomas, certificates, personnel, finances, and constituents, and must keep each USDOE recognized accrediting body, including SACSCOC, apprised of any change in its status with one or another accrediting agency.

The phrase "must represent itself accurately" is generally most problematic for institutions with multiple sites and branch campuses, as well as institutions that have undergone mergers, consolidations, or a change in governance. Evidence for compliance might include the website listings of other accreditors from their directories of accredited institutions, where institutional details should be consistent with those given to SACSCOC, especially as they appear in the SACSCOC member directory at www.sacscoc.org. Another source of evidence might be excerpts from self-studies prepared for accreditation visits/actions by these other accrediting bodies.

> ***NOTE***
>
> *The SACSCOC policy makes clear that this applies to all USDE accreditors, including national and specialized accrediting agencies. A list of such accreditors can be found on the USDE website. At the time of the writing of this* Manual*, the link is at https://ope.ed.gov/accreditation/Agencies.aspx. This site itself will have a listing for each accredited institution, and a PDF of the USDE site's accreditation information on the institution is another good source of documentation.*

Questions to Consider

- For institutions with multiple sites, is the institutional identity clear across accreditors?
- Does the institution have a policy or procedure to ensure other accreditors are notified when a change in status occurs, including voluntary withdrawal from accreditation?
- Who is responsible for ensuring this notification occurs?

Sample Documentation

- Excerpts from reports prepared for other accreditors or reports by other accreditors.
- Screenshots and printouts on the institution from accreditor websites and directories.

- Printout from the USDE accreditation database.
- Copies of letters mailed to SACSCOC notifying of a change in accreditor status (and any letter received in return).

Reference to SACSCOC Documents, If Applicable

SACSCOC document: Institutional Summary Form Prepared for SACSCOC Reviews

SACSCOC policy: *Accrediting Decisions of Other Agencies*

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

14.5 The institution complies with SACSCOC policy statements that pertain to new or additional institutional obligations that may arise that are not part of the standards in the current *Principles of Accreditation*.

(Policy compliance)

(Note: For applicable policies, institutions should refer to the SACSCOC website: www.sacscoc.org)

Rationale and Notes

An institution is responsible for representing accurately to the public its status and relationship with SACSCOC; reporting accurately to the public its status with the state or federal government if receiving funding from either or both; maintaining openness in all accreditation-related activities; ensuring the availability of institutional policies to students and the public; and publishing appropriate information with respect to student achievement. SACSCOC's philosophy of accreditation precludes removal from or denial of membership or candidacy to a degree-granting institution of higher education on any ground other than an institution's failure to meet the standards of membership as determined by the professional judgment of peer reviewers, or failure to comply with SACSCOC policies and procedures.

New SACSCOC policies are developed from time to time, often because of a federal mandate or because of a major change in the higher education landscape. Not all policies pertain directly to an institution's obligations for compliance; many policies relate to how SACSCOC itself operates. But when a policy requires actions or compliance by member institutions, Standard 14.5 (Policy compliance) makes clear that noncompliance with a policy has the same implications as noncompliance with a standard of the *Principles of Accreditation*. Appendix D lists policies that currently affect compliance with the *Principles of Accreditation*, and are referenced in different places in this Manual. Other policies also affect institutions directly and they, too, are listed in Appendix D. However, it is an institutional obligation to stay informed as to new policies promulgated since the publication of this *Manual*. These will appear on the Documents page of the

SACSCOC website. Policies requiring an institutional response will also be noted on the templates for the Compliance Certification and the Fifth-Year Interim Report.

NOTE

If no new policies requiring a response have been adopted since the publication of this Manual*, then the institution may list this standard as "not applicable."*

Questions to Consider

- Have you checked the SACSCOC website to see if there have been policy revisions or new policies since this Resource Manual was published?
- Does either the CEO's office or the Accreditation Liaison maintain a file of emails sent from SACSCOC that includes information about policy revisions or new policies?
- Are you using the most current Compliance Certification of Fifth-Year Interim Report template?

Sample Documentation

- Documentation will depend upon what, if any, changes have been made to SACSCOC policies.

Reference to SACSCOC Documents, If Applicable

Refer to the SACSCOC website under the link for Documents.

Cross-References to Other Related Standards/Requirements, If Applicable

None noted.

Appendices

APPENDIX A: Chart of Standards

The chart below provides the reader with an overview of the information as to the status of each standard in terms of various aspects of the review process. The chart identifies which standards are Core Requirements, which are part of the Fifth-Year Interim Report, which are part of the Application for Membership (for those pursuing candidacy), which are reviewed on site even if the off-site committee finds compliance, which require a published institutional policy or procedure, and which are closely associated with a SACSCOC policy statement or statements (as identified in the narratives in this report).

Meaning of the Columns in the Chart

Column 1 The number of the standard (or named substandard) of the *Principles of Accreditation*.

Column 2 The descriptor for the standard.

Column 3 Standards that are Core Requirements (see glossary).

Column 4 Standards that are part of the Fifth-Year Interim Report.

Column 5 Standards that are part of the application for institutions seeking membership (candidacy status and initial accreditation). This does not apply to institutions seeking separate accreditation from a current member institution.

Column 6 Standards that will be reviewed on-site regardless of the off-site finding. This is either due to the standard being a federal requirement of recognized accreditors, or because the standard was not reviewed by the Off-Site Reaffirmation Committee (in the case of the QEP).

Column 7 Standards that require a published institutional policy or procedure. Narratives in the body of the Resource Manual will cite the SACSCOC good practices statement Developing Policy and Procedures Documents.

Note: Implicit in every standard mandating a policy or procedure is the expectation that the policy or procedure is in writing and has been approved through appropriate institutional processes, published in appropriate institutional documents accessible to those affected by the policy or procedure, and implemented and enforced by the institution. At the time of review, an institution will be expected to demonstrate that it has met all of the above elements. If the institution has had no cause to apply its policy, it should indicate that an example of implementation is unavailable because there has been no cause to apply it.

Column 8 Standards that are related to a SACSCOC Policy Statement.

(1) Standard Number	(2) Descriptor	(3) Core Requirement?	(4) Fifth-Year Report?	(5) Application for Candidacy?	(6) Reviewed On-Site?	(7) Published Institutional Policy?	(8) SACSCOC Policy?
1.1	*Integrity*	✓		✓	✓		✓
2.1	*Institutional mission*	✓		✓			
3.1.a	*Degree granting authority*	✓		✓			
3.1.b	*Course work for degrees*	✓		✓			✓
3.1.c	*Continuous operation*	✓		✓			
4.1	*Governing board characteristics*	✓		✓			✓
4.2.a	*Mission review*						✓
4.2.b	*Board/administrative distinction*					✓	
4.2.c	*CEO evaluation/selection*			✓			
4.2.d	*Conflict of interest*			✓		✓	
4.2.e	*Board dismissal*					✓	
4.2.f	*External influence*						
4.2.g	*Board self-evaluation*					✓	
4.3	*Multiple level governing structure*					✓	✓
5.1	*Chief executive officer*	✓		✓			✓
5.2.a	*CEO control*						
5.2.b	*Control of intercollegiate athletics*						
5.2.c	*Control of fund-raising activities*						
5.3	*Institution-related entities*					✓	
5.4	*Qualified administrative/academic officers*		✓	✓	✓		
5.5	*Personnel appointment and evaluation*					✓	
6.1	*Full-time faculty*	✓	✓	✓	✓		
6.2.a	*Faculty qualifications*			✓			
6.2.b	*Program faculty*		✓	✓	✓		✓
6.2.c	*Program coordination*		✓		✓		
6.3	*Faculty appointment and evaluation*					✓	
6.4	*Academic freedom*					✓	
6.5	*Faculty development*						
7.1	*Institutional planning*	✓		✓			
7.2	*Quality Enhancement Plan*				✓		✓
7.3	*Administrative effectiveness*			✓			
8.1	*Student achievement*	✓	✓	✓	✓		
8.2.a	*Student outcomes: educational programs*		✓	✓	✓		✓
8.2.b	*Student outcomes: general education*			✓			✓
8.2.c	*Student outcomes: academic and student services*			✓			✓
9.1	*Program content*	✓	✓	✓	✓		✓
9.2	*Program length*	✓	✓	✓	✓		✓
9.3	*General education requirements*	✓		✓	✓		
9.4	*Institutional credits for an undergraduate degree*						✓
9.5	*Institutional credits for a graduate/professional degree*						✓
9.6	*Post-baccalaureate rigor and curriculum*						
9.7	*Program requirements*						

(1) Standard Number	(2) Descriptor	(3) Core Requirement?	(4) Fifth-Year Report?	(5) Application for Candidacy?	(6) Reviewed On-Site?	(7) Published Institutional Policy?	(8) SACSCOC Policy?
10.1	*Academic policies*					✓	✓
10.2	*Public information*		✓	✓	✓	✓	✓
10.3	*Archived information*		✓				✓
10.4	*Academic governance*					✓	✓
10.5	*Admissions policies and practices*		✓	✓	✓	✓	✓
10.6	*Distance and correspondence education*		✓	✓	✓	✓	✓
10.7	*Policies for awarding credit*		✓	✓	✓	✓	✓
10.8	*Evaluating and awarding academic credit*					✓	✓
10.9	*Cooperative academic arrangements*		✓				✓
11.1	*Library & learning/information resources*	✓		✓			✓
11.2	*Library & learning/information staff*			✓			
11.3	*Library & learning/information access*			✓			✓
12.1	*Student support services*	✓	✓	✓	✓		✓
12.2	*Student support services staff*						
12.3	*Student rights*					✓	✓
12.4	*Student complaints*		✓	✓	✓	✓	✓
12.5	*Student records*						✓
12.6	*Student debt*						
13.1	*Financial resources*	✓		✓			
13.2	*Financial documents*	✓		✓			
13.3	*Financial responsibility*						
13.4	*Control of finances*						
13.5	*Control of sponsored research/external funds*						
13.6	*Federal and state responsibilities*		✓	✓	✓		
13.7	*Physical resources*		✓	✓	✓		✓
13.8	*Institutional environment*		✓				
14.1	*Publication of accreditation status*		✓	✓	✓		✓
14.2	*Substantive change*					✓	✓
14.3	*Comprehensive institutional reviews*		✓	✓	✓		✓
14.4	*Representation to other agencies*		✓	✓	✓		✓
14.5	*Policy compliance*			✓			✓

APPENDIX B: Glossary of Terms

—A—

Accreditation Committee The Accreditation Committee visits a candidate institution or an institution seeking Separate Accreditation to verify compliance with all standards in the *Principles of Accreditation* (except for Standard 7.2 [*Quality Enhancement Plan*]). The candidate institution is seeking renewal of candidate: status or initial membership. An institution may remain in candidacy status for a maximum of four years.

Accreditation Contact The Accreditation Contact is the member of the applicant institution's Leadership Team who works closely with SACSCOC staff during review of the Application for Membership and with the chair of the candidacy committee to prepare for the institution's first on-site review.

Accreditation Liaison Each candidate and member institution appoints an Accreditation Liaison to serve as the resource person on campus for SACSCOC accreditation questions and as an institutional contact person for SACSCOC personnel. (A complete description of the responsibilities of the Accreditation Liaison is available under Institutional Resources.)

Adverse Action SACSCOC defines four actions taken by the SACSCOC Board of Trustees as adverse actions: (1) Denial of Candidacy for Initial Accreditation, (2) Removal from Candidacy for Initial Accreditation, (3) Denial of Initial Membership, and (4) Removal from Membership. All four actions are appealable.

Annual Meeting Each December, SACSCOC's College Delegate Assembly business meeting caps a four-day Annual Meeting agenda of pre-session workshops, general sessions, break-out meetings, and round-table discussions about current issues in higher education and topics related to accreditation processes. (Information about the upcoming Annual Meeting is available at Annual Meeting.)

Appealable Action SACSCOC defines four decisions made by the SACSCOC Board of Trustees or its standing committees as appealable actions: (1) Denial of Candidacy for Initial Accreditation, (2) Removal from Candidacy for Initial Accreditation, (3) Denial of Initial Membership, and (4) Removal from Membership. (Details of the appeals process can be found in SACSCOC policy, *Appeals Procedures of the College Delegate Assembly*.)

Appeals Committee Consisting of 12 persons who have served on the SACSCOC Board of Trustees, the Appeals Committee is elected by the College Delegate Assembly to enable applicant, candidate, and member institutions to appeal adverse decisions taken by the SACSCOC Board. (Information on the membership of the committee and its operating procedures is available in SACSCOC policy, *Appeals Procedures of the College Delegate Assembly*.)

Applicant Institution

After a prospective member institution submits to SACSCOC an initial Application for Membership, it is identified by SACSCOC as an applicant institution. An applicant institution has no formal status with SACSCOC, nor does submission of an Application for Membership imply that the institution will attain candidacy or membership.

Application for Membership

The first document submitted by institutions as they begin the process of securing initial accreditation, the Application for Membership describes institutional characteristics in Part A (history, control, organization, educational programs, methods of delivery, enrollment, faculty qualifications, library/learning resources, financial resources, and physical resources) and documents compliance with selected standards of the *Principles of Accreditation* in Part B (all Core Requirements, Standard 6.2, Section 7, and several other standards as identified in Appendix A of the *Resource Manual*). (More information is available at Application Information.)

Approval of Substantive Change

Some substantive changes filed by institutions require notification and approval prior to implementation of the change. When SACSCOC takes positive action (by its Board of Trustees) on an institution's prospectus or application for substantive change following notification in accord with SACSCOC policy, it has approved the substantive change and the institution can initiate the substantive change. The policy and procedures for reporting and review of institutional substantive change are outlined in the SACSCOC policy *Substantive Change Policy and Procedures*.

Arbitration

Following a full and final written decision by the Appeals Committee of the College Delegate Assembly (see SACSCOC policy *Appeals Procedures of the College Delegate Assembly*), a Candidate for Initial Accreditation which has been denied membership or a Member Institution that has been removed from membership in SACSCOC has consented to resolve disputes in accordance with the binding arbitration procedures set forth in SACSCOC's *Arbitration of Adverse Actions* policy as required by 20 U.S.C. §1099b(e) and 34 C.F.R.§602.20(e).

Articulation Agreement

An agreement among institutions to accept transfer credits from one institution(s) by the other institution(s). Articulation agreements of a SACSCOC institution are covered by Standard 10.7 *(Evaluating and awarding academic credit)* of the *Principles of Accreditation*.

Authorization of a Candidacy Committee Visit

The first official action in the SACSCOC procedure for securing initial accreditation is the authorization of a Candidacy Committee visit, which results from a determination that the revised Application for Membership appears to document compliance with the subset of standards in that Application. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

—B—

Branch Campus

A branch campus is an instructional site located geographically apart and independent of the main campus of the institution. A location is independent of the main campus if the location is (1) permanent in nature, (2) offers courses in educational programs leading to a degree, diploma, certificate, or other recognized educational credential, (3) has its own faculty and administrative or supervisory organization, and (4) has its own budgetary and hiring authority. All branch campuses related to the parent campus through corporate or administrative control must (1) include the name of the parent campus and make it clear that its accreditation is dependent on the continued accreditation of the parent campus and (2) be evaluated during reviews for institutions seeking candidacy, initial membership, or reaffirmation of accreditation. (For more information on branch campuses, see SACSCOC Policy *Separate Accreditation for Units of a Member Institution*.)

—C—

Candidacy Committee

The Candidacy Committee visits an applicant institution to verify compliance with the selected standards and requirements addressed in the Application for Membership. The applicant institution is seeking candidate status. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

Candidacy Status

An institution seeking initial accreditation is granted candidacy status upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has demonstrated compliance with the requirements and standards addressed in the Application for Membership and that this compliance has been verified by a Candidacy Committee during a visit to the institution. Candidacy is effective on the date when the SACSCOC Board of Trustees grants Candidacy. An institution may remain in Candidacy status for a maximum of four years with renewal within two years of the date when it was granted Candidacy. (More information is available at Application Information.)

Change of legal status, governance, control, or form

For the purpose of accreditation and in accord with the SACSCOC policy on substantive change, an institution must seek prior approval of any of the following: a change of corporate form, governance structure, or conversion, including, but not limited to, change from Limited Partnership to Corporation, from Limited Liability Corporation to Corporation, from a Not-for Profit Corporation to a For-Profit Corporation, a Private to a Public, a Not-for Profit Corporation controlled by members to one controlled by its Board of Directors, or a significant change in the size of the institution's governing board. (Further information on consolidations is available in SACSCOC policy *Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status*.)

Change of ownership

For the purpose of accreditation and in accord with SACSCOC policy on substantive change, an institution must seek prior approval for the sale or transfer to, or acquisition by, a new owner of all, or a substantial portion, of the institution's assets, or the assets of a branch campus or site. (Further information on consolidations is available in SACSCOC policy *Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status*.)

Coherent Evidence

Coherent evidence of an institution's level of compliance with SACSCOC standards is orderly and logical and consistent with other patterns of evidence presented.

College Delegate Assembly

Comprised of one voting representative from each member institution, the College Delegate Assembly elects the SACSCOC Board of Trustees, the Appeals Committee, and representatives to the SACS Board, and approves revisions to the accrediting standards and the dues schedule. (See Appendix E of the *Resource Manual*. Further information on the authority of the College Delegate Assembly is available in SACSCOC policy *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly*.)

Combination Degree

A combination degree is a situation where the same institution awards more than one degree from an overlapping course of study. Combination degrees often allow a shorter time for completion due to the "double-counting" of some coursework. Where this occurs, institutions have an obligation to explain how the quality and integrity of each degree involved is maintained. See **Core Requirement 9.2** ***(Program length)*** in the *Resource Manual* for more detail.

Committees on Compliance and Reports (C&R Committees)

Standing committees of the SACSCOC Board of Trustees, the Committees on Compliance and Reports review Applications for Membership, reports prepared by visiting committees, and the institutional responses to those reports and recommend action on those accreditation issues to the Executive Council. (See Appendix E of the *Resource Manual*. Further information on the composition and duties of C&R Committees is available in SACSCOC policy *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly*.)

Complaint against the Commission

A formal written document submitted by a student, employee, or others against a Commission staff member, agency representative, the President of SACSCOC, SACSCOC, or a member of its Board of Trustees, alleging failure to follow Commission policy, evidence of existing bias against an institution, evidence of a conflict of interest, failure to attend to allegations of unfair treatment by a staff member against an institution, etc. (Further information on complaints is available in SACSCOC policy *Complaint Procedures Against SACSCOC or Its Accredited Institutions*.)

Complaint against an Institution

A formal written document submitted by a student, employee, or others against a member or candidate institution alleging possible non-compliance with a standard of the *Principles of Accreditation*. (Further information on complaints is available in SACSCOC policy *Complaint Procedures Against SACSCOC or Its Accredited Institutions*.)

Compliance

A finding of compliance in a report resulting from committee review indicates that an institution has documented that it meets the expectations set forth in a standard or requirement in the *Principles of Accreditation*. Reports written by committees require judgments about the compliance or non-compliance of the institution with all of the standards relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement.

Compliance Certification

The primary document prepared by candidate institutions for Accreditation Committees (when seeking initial accreditation) and Off-Site Reaffirmation Committees (when member institutions are seeking reaffirmation of Accreditation), the Compliance Certification presents narrative arguments and appropriate documentation supporting those narratives for compliance with all standards of the *Principles of Accreditation* except Standard 7.2 (*Quality Enhancement Plan*), which is submitted separately as part of a Reaffirmation review. (The template for the Compliance Certification is available at www.sacscoc.org under Institutional Resources and also under Application Information.)

Compliance Components

Embedded in the wording of the standards of the *Principles of Accreditation*, the compliance components are the multiple discrete issues that must be addressed for each standard. These components are frequently signaled by alphanumeric letter, numbers, commas, and the use of compound modifiers. When writing a narrative for a standard, all compliance components should be addressed

Comprehensive Standards

Prior to the 2018 edition of the *Principles of Accreditation*, some standards were identified as Comprehensive Standards. This distinction was removed in the 2018 edition.

Consolidation

For the purpose of accreditation and in accord with SACSCOC policy, a consolidation is the combination or transfer of the assets of at least two distinct institutions (corporations) to that of a newly-formed institution (corporation). An example includes two colleges consolidating to form a new institution. For purposes of accreditation, when an institution consolidates with another, SACSCOC uses the same review process as that with a change of ownership, acquisitions, and merger. (Further information on consolidations is available in SACSCOC policy *Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status*.)

Continued Candidacy

An institution is continued in candidacy upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate adequate compliance with the applicable standards of the *Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for initial accreditation has been verified by the first Accreditation Committee that visited the institution. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

Cooperative Academic Arrangements

Cooperative academic arrangements are agreements by institutions accredited by SACSCOC and other parties where the SACSCOC-accredited institution records credits on its transcript as its own without delivering all of the educational process for those credits. Cooperative academic arrangements require notification and a copy of the signed agreement be submitted prior to initiation. The SACSOC accredited institution has full responsibility for the quality and integrity of the courses and/or programs offered through such arrangements. These arrangements are covered by Standard 10.9 *(Cooperative academic arrangements)* of the *Principles of Accreditation*.

Core Requirements

Basic, broad-based, foundational requirements, the Core Requirements establish a threshold of development required of all institutions seeking initial accreditation or reaffirmation. Core Requirements are designated with a "(CR)" designation following the standard, and are also listed in Appendix A of the *Resource Manual*.

Correspondence Education

Correspondence education is a formal educational process under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student; courses are typically self-paced. (See SACSCOC policy *Distance and Correspondence Education*.)

Credit Hour

For the purpose of accreditation and in accord with federal regulations, a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates (1) not less than one hour of classroom or direct faculty instruction and a minimum of two hours out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time or (2) at least an equivalent amount of work as required outlined in item 1 above for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. (Further information on the definition of credit hour is available in SACSCOC policy *Credit Hours*.)

Current Evidence

Information that supports an assessment of the institution as it exists now is current evidence of an institution's level of compliance with SACSCOC standards and requirements.

—D—

Degree completion program

Typically, a degree completion program is one designed for a non-traditional undergraduate population such as working adults who have completed some college-level course work but have not achieved a baccalaureate degree. Students in such programs may transfer in credit from courses taken previously and may receive credit for experiential learning. Courses in degree completion programs are often offered in an accelerated format or meet during evening and weekend hours, or may be offered via distance learning technologies. An institution's initial degree completion program is considered to be a substantive change.

Degree Level

See "Level."

Degree Programs

See "Educational Program."

Denial of Authorization of a Candidacy Committee Visit

An institution is denied authorization of a Candidacy Committee visit upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements and standards of the Application for Membership. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

Denial of Candidacy Status

An institution is denied candidacy status upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees indicating that the institution has failed to demonstrate compliance with the requirements and standards of the Application for Membership and that this lack of compliance has been verified by a Candidacy Committee during a visit to the institution. Denial of candidacy status is an appealable action. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

Denial of Initial Accreditation

An institution is denied initial accreditation upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution (1) has failed to demonstrate compliance with the applicable requirements and standards of the *Principles of Accreditation* and/or (2) has not been in operation through at least one complete degree program cycle and consequently has not graduated at least one class at the level of the highest degree offered by the institution. Furthermore, this failure to meet the requirements for initial accreditation has been verified by the first and/or second Accreditation Committee that visited the institution. Denial of initial accreditation is an appealable action. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

Denial of Reaffirmation

An institution is denied reaffirmation upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that, during its decennial review, the institution (1) has failed to comply with any of the Core Requirements, (2) demonstrates significant non-compliance with other standards of the *Principles*, or (3) does not comply with SACSCOC policies. Denial of reaffirmation is accompanied by a sanction. Denial of reaffirmation is not an appealable action. (Further information is available in SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.)

Distance Education

In conjunction with the federal definition, SACSCOC defines distance education as a formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs if used as part of the distance learning course or program. (See SACSCOC policy *Distance and Correspondence Education*.)

Dual Degree Program

A dual degree (or a dual academic award) is one whereby students study at two or more institutions, and each institution awards a separate program completion credential bearing only its own name, seal and signature. (See SACSCOC policy *Agreements Involving Joint and Dual Academic Awards*.)

Dual-Enrollment Program

A dual-enrollment program (or dual credit program) is one where a high school student earns college credit for courses that also satisfy high school requirements. Higher education institutions awarding college credit to high school students are fully responsible for the quality and integrity of that credit. (See SACSCOC Policy *Dual Enrollment*.)

Dues

Member and candidate institutions pay annual dues to SACSCOC based on a fixed cost set by the Executive Council, plus a percentage of the institution's full-time equivalent enrollment, plus a percentage of the E & G expenses of an institution, if the E & G expenses exceed four million dollars. Institutions are billed in April for receipt by June 30 of that same year. (See SACSCOC policy *Dues, Fees and Expenses*.)

—E—

Educational Program

An educational program is a coherent set of courses leading to a credential (degree, diploma, or certificate) awarded by the institution.

Executive Council

Comprised of 13 members, the Executive Council is the executive arm of the SACSCOC Board of Trustees and functions on behalf of the Board and the College Delegate Assembly between meetings. (See Part I in this *Handbook*. Further information on the composition and selection of the Executive Council and its duties is available in SACSCOC policy *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly*.)

Exit Conference

Committee visits end with a brief meeting between the Committee and the institution's leadership, the Exit Conference, at which time the Committee orally presents an overview of its draft report with particular emphasis on its findings of compliance/non-compliance.

—F—

Faculty Qualifications

Standard 6.2.a *(Faculty qualifications)* of the *Principles of Accreditation* requires that the institution justifies and documents the qualifications of its faculty members.

Federal Requirements

Prior to the 2018 Edition revision of the *Principles of Accreditation*, some standards were identified as Federal Requirements. This distinction was removed in the 2018 revision. However, Appendix A of the Resource Manual identifies standards of the *Principles* that must be reviewed on-site as part of SACSOC's obligations as an accreditor recognized by the U.S. Department of Education.

Fees

SACSCOC assesses fees to institutions for a variety of activities: application, reaffirmation of accreditation, substantive change, special reviews, and advisory visits. As part of the reaffirmation process, member institutions pay a set fee for the Off-Site Review, as well as the actual expenses incurred by members of the On-Site Reaffirmation Committee. (See SACSCOC policy *Dues, Fees and Expenses*.)

Fifth-Year Follow-up

Submitted approximately five years prior to an institution's reaffirmation review, a Fifth-Year Follow-up Report addresses accreditation issues identified for verification of continued compliance during a prior meeting of the Committee on Compliance and Reports.

Fifth-Year Interim Report

Submitted approximately five years prior to an institution's reaffirmation review, a Fifth-Year Interim Report includes (1) a modified Compliance Certification that addresses only those federal expectations that are integrated in the various requirements and standards of the *Principles of Accreditation*, (2) an Impact Report on the Quality Enhancement Plan, (3) an Institutional Summary Form Prepared for SACSCOC Reviews, and, where applicable, (4) a report on off-campus sites initiated since the institution's last reaffirmation but not reviewed, and (5) a report on issues identified for verification of continued compliance during the last reaffirmation review. (See Fifth-Year Interim Review.)

Focused Report A component of the process for reaffirmation of Accreditation, a Focused Report addresses the findings of the Off-Site Review Committee.

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General Education Courses in general education introduce undergraduate students to the basic content and methodology of the principal areas of knowledge – humanities and the fine arts, the social and behavioral sciences, and the natural sciences and mathematics.

Geographically Separate A geographically separate site is an instructional site or branch campus that is located physically apart from the main campus of the institution. This definition is used in the application of provisions of the SACSCOC policy *Substantive Change Policy and Procedures*.

Good Cause If a member institution has not remedied deficiencies at the conclusion of its two-year monitoring period, the SACSCOC Board of Trustees must either remove the institution from membership or continue accreditation for Good Cause; an institution may be continued for Good Cause only if it has met all of the following three conditions: it has (1) demonstrated significant recent accomplishments in addressing non-compliance; (2) documented that it has the "potential" to remedy all deficiencies within the extended period; and (3) provided assurance to the Board that it is not aware of any other reasons why the institution could not be continued in accreditation. Good Cause must be accompanied with Probation. (For further information, see SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.)

Good Practices A SACSCOC good practice is a commonly-accepted practice within the higher education community designed to enhance institutional quality. Good practices are posted on the Documents page of the SACSCOC website.)

Governance When SACSCOC refers to the governance of an institution, it means one of three types of control: (1) public, (2) private, not-for-profit, and (3) private, for-profit. (See also Types of Institutions.)

Guidelines A SACSCOC guideline is an advisory statement designed to assist institutions in fulfilling accreditation requirements. Guidelines are posted on the Documents page of the SACSCOC website.)

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Impact Report for the Quality Enhancement Plan (QEP) Submitted as part of the Fifth-Year Interim Report five years prior to an institution's reaffirmation review, the Impact Report demonstrates the extent to which the QEP has affected outcomes related to student learning and/or student success

Initial Accreditation

An institution is awarded initial accreditation upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has demonstrated compliance with the requirements and standards of the *Principles of Accreditation* (except Standard 7.2 *[Quality Enhancement Plan]*), and this compliance has been verified by an Accreditation Committee during a visit to the institution; that it has been in operation through at least one complete degree program cycle; and that it has graduated at least one class at the level of the highest degree offered by the institution. The date of initial accreditation retroactive to January 1 of the year in which the Board of Trustees grants accreditation. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

Initial Application for Membership

The initial Application for Membership (addressing Institutional Characteristics in Part A and documenting compliance with the requirements and relevant standards in Part B) is the first document submitted by the applicant institution after participation in a Pre-Applicant and Institutional Effectiveness Workshops. (More information is available at Application Information.)

Institute on Quality Enhancement and Accreditation

Each summer, SACSCOC offers a three-day Institute on Quality Enhancement and Accreditation to address issues related to the assessment of student learning and the development of a QEP. (Programs for the upcoming institute and highlights of recent institutes are available on the Institute on Quality Enhancement and Accreditation page.)

Institution Related Entity

A corporation or other legal entity organized separately from the member institution but having the support of the institution or its programs as its primary purpose. Such entities are often not-for-profit corporations, and they often bear at least some part of the institution's name. Since they are so clearly identified with the institution, Standard 5.3 *(Institution-related entities)* outlines aspects of the relationship that will be examined by peer-review committees.

Institutional Contingency Teach-Out Plan

A Candidate institution is required to submit an Institutional Contingency Teach-Out Plan for review by the Candidacy Committee and approval by the SACSCOC Board of Trustees. When an applicant receives candidacy status, it must submit an institutional contingency teach-out plan to ensure students completing the teach-out would meet curricular requirements for professional licensure or certification, if any, and which must include a list of academic programs offered by the institution and the names of other institutions that offer similar programs and that could potentially enter into a teach out agreement with the institution. If the institution does not receive initial accreditation within two years of becoming a candidate, the institution will remain a candidate upon the condition that only the currently enrolled students have had a reasonable time to complete the activities in its teach-out plan. To assist students in transferring or completing their programs, the institution will remain in candidacy status, but for no more than 120 additional days unless approved by the SACSCOC Board of Trustees for Good Cause.

A member institution placed or continued on Probation or Probation for Good Cause is also required to submit an Institutional Contingency Teach-Out Plan for review and approval by the SACSCOC Board of Trustees.

Institutional Effectiveness

Institutional effectiveness is the systematic, explicit, and documented process of measuring performance against mission in all aspects of an institution.

Institutional Profile

Each year, the SACSCOC office collects information about candidate and member institutions. The Institutional Profile requesting information about finances is due in July; the Institutional Profile requesting information about enrollment is due in January.

Institutional Publication

The term "institutional publication" refers to formal print materials of the institution, such as catalogs and faculty handbooks, as well as electronic materials, such as web sites.

Integrity

The honesty, sincerity, and sound moral principle embedded in the concept of integrity serve as the foundation of the relationship between the SACSCOC and its member, candidate, and applicant institutions. (See Section 1 in the *Resource Manual* or in the *Principles of Accreditation*.)

—J—

Joint Degree Program

A joint degree program (or joint academic award) is one whereby students study at two or more institutions and are awarded a single program completion credential bearing the names, seals and signatures of each of the participating institutions. (See SACSCOC policy, *Agreements Involving Joint and Dual Academic Awards*.)

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Last Reaffirmation

The date of an institution's last reaffirmation identifies the year that the most recent comprehensive review of the institution's compliance with SACSCOC standards was acted upon by the SACSCOC Board of Trustees.

Leadership Team

The Leadership Team is the small group at the institution that coordinates and manages the internal process for developing appropriate documents and overseeing preparations for the reviews that are required for initial accreditation or reaffirmation of Accreditation.

Level

Classified by SACSCOC according to the highest degree offered, member institutions are designated as operating at one of the following six levels:
Level I – Associate
Level II – Baccalaureate
Level III - Masters
Level IV – Education Specialist
Level V – Doctorate (3 or fewer)
Level VI – Doctorate (4 or more)

Loss of Membership

See "Removal from Membership."

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Main Campus

An institution's main campus is the street address used for the institution as a whole. The main campus is typically the campus where the central administrative offices are located.

Meeting on the Record

Committees on Compliance and Reports meet with representatives of institutions in a meeting on the record, which is an interview with a recorded transcript, when there is a significant possibility that SACSCOC action could include appealable actions (denial of candidacy for initial accreditation, removal from candidacy for initial accreditation, denial of initial membership, and removal from membership), or when such a meeting is needed to provide more information on a complex case. (Further information is available in SACSCOC policy *Administrative Procedures for the Meetings of the Committees on Compliance and Reports*.)

Merger

"Merger" means the acquisition by one institution of another institution's assets. An example includes an institution accredited by SACSCOC acquiring the assets of a non-accredited institution. For purposes of accreditation, when an institution merges with another, SACSCOC uses the same review process as that with a change of ownership, acquisitions, and consolidation. (Further information on mergers is available in SACSCOC policy *Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status*.)

Mission statement

The mission statement is a comprehensive statement addressing all aspects of institutional function. It is important that the institutional mission statement be formally adopted, published, implemented, and made available to all the constituencies of the institution and to the general public. Because the mission statement describes what the institution does, it is the foundation for planning and effectiveness processes. These processes validate that the institution does what it claims and evaluates how well it fulfills its mission statement. The mission statement thus provides the basis and context for evaluating institutional effectiveness. SACSCOC uses the term "mission" throughout its standards to be consistent in representing other terminology which may mean the same, such as purpose or vision.

Monitoring Report

A Monitoring Report provides additional documentation of compliance for those standards of the *Principles of Accreditation* identified by the Committee on Compliance and Reports following review of a committee's findings as issues for which full compliance has not yet been documented. (Additional information is available in SACSCOC policy *Reports Submitted for SACSCOC Review*.)

Multi-campus Institution

A multi-campus institution is accredited as one unit with all campuses included in that accreditation. Such campuses are permanent and usually have a core faculty and substantive administrative and academic support systems. A multi-campus institution may have a central administrative unit—a unit that administers the entire institution—with all instruction taking place on the individual campuses.

Multiple Level Governing Structure

The governing board of an institution typically has legal authority and responsibility for the institution's mission, its financial stability, and institutional policies. When the governing board does not retain sole legal authority and operating control, the institution has a multiple level governing structure, and needs to clearly outline the active control of these functions by other entities and how the multiple levels of governance relate to the governing board's responsibilities pertaining to institutional mission, financial operations, and/or institutional policies. See Standard 4.3 *(Multiple level governing structure)* in the *Resource Manual*.

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National Accrediting Agencies

National institutional accrediting agencies (such as the Rabbinical and Talmudic Schools Accreditation Commission and the Accrediting Bureau of Health Education Schools) focus on specific types of institutions wherever they are located. Normally, these are single purpose institutions (e.g. career education, religious education). (See Appendix E of the *Resource Manual*.)

Negative Actions

SACSCOC defines negative actions taken by SACSCOC Board of Trustees as the following: (1) Place or continue on warning; (2) Place or continue on probation; and (3) Continue accreditation for good cause and place or continue on probation.

Next Reaffirmation

The date of the next reaffirmation of a member institution is the year in which the SACSCOC Board of Trustees will act on the results of the next comprehensive review of the institution's compliance with the *Principles of Accreditation*. Between reaffirmations, other committees (such as Substantive Change Committees) may visit the campus to review the institution's compliance with a portion of the SACSCOC standards.

Non-Compliance

A finding of Non-Compliance in a report written by a visiting committee indicates that an institution has failed to document that it meets a standard in the *Principles of Accreditation*. Reports written by both Off-Site Reaffirmation Committees and On-Site (all types) Committees require judgments about the compliance or non-compliance of the institution with all of the standards relevant to the review; each judgment is summarized in a short narrative that details how the institution meets or fails to meet the standard or requirement. In reports written by visiting committees, narratives that detail findings of non-compliance include recommendations, which formally cite the lack of compliance with a standard or requirement.

Notification of Substantive Change

Some substantive changes require notification prior to implementation. The institution must first submit a letter from its CEO, or his/her designated representative, to the SACSCOC President summarizing the proposed change and providing the intended implementation date. Some types of changes also require prior approval. The policy and procedures for reporting and review of institutional substantive change are outlined in the SACSCOC policy *Substantive Change Policy and Procedures*.

—O—

Objective Evidence

Objective evidence of the institution's level of compliance with SACSCOC standards and requirements is based on observable data and information.

Off-Campus Instructional Site

If instruction is delivered by distance education (synchronously or asynchronously) to a location geographically apart from an institution's sole main campus — AND — if a student is required to be at the location to receive instruction, then the location is an off-campus instructional site. A location at which no instruction is delivered to students is not an off-campus instructional site, e.g., a distance education video studio (with no students physically present), an off-campus student services complex, or administrative offices.

Off-Site Reaffirmation Committee

Composed of a chair and evaluators for finance, institutional effectiveness, governance and administration, academic and student support services, library and learning support services, and two or more evaluators for educational programs, the Off-Site Reaffirmation Committee completes the first review of the Compliance Certification developed by a member institution seeking reaffirmation of Accreditation.

On-Site Reaffirmation Committee

Composed of a minimum of seven members (the chair and evaluators in the areas of organization/governance, faculty, educational programs, student support services, institutional effectiveness, and the Quality Enhancement Plan), the On-Site Reaffirmation Committee visits a member institution seeking reaffirmation of Accreditation to complete the review of the standards begun by the Off-Site Review Committee and to review the QEP and Focused Report.

—P—

Policy

A SACSCOC policy is a required course of action to be followed by SACSCOC's Board of Trustees or its member or candidate institutions. Policies are posted on the Documents page of the SACSCOC website.

Position Statement

A SACSCOC position statement examines an issue facing SACSCOC's membership, describes appropriate approaches, and states SACSCOC's stance on the issue. Position statements are posted on the Documents page of the SACSCOC website.

The *Principles of Accreditation: Foundations For Quality Enhancement*

The accreditation requirements of SACSCOC that must be met by all applicant, candidate, and member institutions (private for-profit, private not-for-profit, and public) are published in the *Principles of Accreditation*. These requirements apply to all institutional programs and services, wherever located or however delivered.

Principle of Integrity

The Principle of Integrity (Standard 1.1 in the *Principles of Accreditation*) embodies SACSCOC's expectations that integrity governs the operation of all institutions and that institutions make decisions consistent with the spirit of integrity. Failure to adhere to the integrity principle may result in a loss of accreditation or loss of candidacy.

Probation

The more serious of the SACSCOC-imposed sanctions, probation is usually, but not necessarily, invoked by SACSCOC as the last step before an institution is removed from membership. The reasons for the imposition of probation can be found under "Sanctions." The maximum consecutive time that an institution may be on Probation is two years. (See SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.)

Probation For Good Cause

Probation for Good Cause is a negative action imposed when an institution has exhausted its monitoring period (a maximum of two years). The reasons for the imposition of Probation for Good Cause can be found under "Sanctions." The maximum consecutive time that an institution may be on Probation for Good Cause is two years, subject to a maximum time submitting monitoring reports of four years. (See SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.)

Programmatic Accrediting Agencies

Programmatic Accrediting Agencies (such as those for dentistry and for dance) are also called Specialized Accrediting Agencies. They focus on discipline-specific educational programs and are not geographically restricted. (See Appendix E of the *Resource Manual*.)

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Quality Enhancement Plan (QEP)

Required of all member institutions undergoing reaffirmation of Accreditation, the Quality Enhancement Plan is a carefully designed and focused course of action derived from the institution's existing planning and evaluation processes that addresses a well-defined issue directly related to enhancing specific student learning outcomes and/or student success. Applicant and candidate institutions do not prepare a Quality Enhancement Plan during the process for initial accreditation. (See Standard 7.2 *[Quality Enhancement Plan]* of the *Resource Manual*.)

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Reaffirmation of Accreditation

A process that involves a collective analysis and judgment by the institution's internal constituencies, an informed review by peers external to the institution, and a reasoned decision by the elected members of the SACSCOC Board of Trustees, reaffirmation of accreditation is the process for ensuring that member institutions maintain continuing compliance with SACSCOC policies and with the *Principles of Accreditation*. An institution's accreditation must be reaffirmed five years after it gains initial accreditation and every ten years thereafter.

Recommendation

A recommendation is a formal statement written by an evaluation committee of SACSCOC indicating an institution's lack of compliance with a standard in the *Principles of Accreditation*. The Candidacy Committee and the Off-Site Reaffirmation Committee are the only SACSCOC committees that do not write recommendations (if appropriate).

Referral Report

A Referral Report provides additional documentation of compliance for those standards identified by the Committee on Fifth-Year Interim Reports following submission of an institution's Fifth-Year Interim Report and Quality Enhancement Plan Impact Report as issues for which full compliance has not yet been documented. The Referral Report is forwarded to the Committees on Compliance and Reports for action. (Additional information is available in SACSCOC policy *Reports Submitted for SACSCOC Review*.)

Regional Accrediting Agencies

The seven regional institutional accrediting agencies within the six geographic regions of the U.S. review the entire organization, not just the education programs, for institutions within their geographic service area. (See Appendix E of the *Resource Manual*).

Relevant Evidence

When the evidence directly addresses the standard and provides the basis for the institution's argument for compliance, it is relevant evidence of an institution's level of compliance with SACSCOC standards.

Reliable Evidence

Evidence that can be consistently interpreted is reliable evidence of an institution's level of compliance with SACSCOC standards.

Removal from Candidacy

An institution is removed from candidacy upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has failed to demonstrate compliance with the Core Requirements and/or has failed to provide strong evidence that it is making adequate progress towards complying with the other standards in the *Principles of Accreditation*. Removal from candidacy is an appealable action. (More details are in SACSCOC policy *Accreditation Procedures for Applicant Institutions*.)

Removal from Membership

An institution is removed from membership upon recommendation of the Committee on Compliance and Reports and subsequent action by the SACSCOC Board of Trustees that the institution has failed to demonstrate compliance with the Core Requirements (including the Principle of Integrity), other standards in the *Principles of Accreditation*, or has failed to comply with SACSCOC policy. Removal from membership is an appealable action. (See SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.)

Report of the Accreditation Committee

Prepared by the Accreditation Committee to record their on-site findings of compliance and non-compliance with the applicable standards of the *Principles of Accreditation*, the Report of the Accreditation Committee is considered by the Committee on Compliance and Reports when it determines whether to recommend initial accreditation for a candidate institution. (The template for this report is available at Evaluator Resources.)

Report of the Candidacy Committee

Prepared by the Candidacy Committee to record their on-site findings of compliance and non-compliance with all Core Requirements and standards addressed in the Application for Membership, the Report of the Candidacy Committee is considered by the Committee on Compliance and Reports when it determines whether to recommend the granting of candidacy status to an applicant institution. (The template for this report is available at Evaluator Resources.)

Report of the Interim OCIS Committee

Prepared by the Interim OCIS Committee to record their on-site findings of compliance and non-compliance with selected requirements and standards in the Principles of Accreditation, the Report of the Interim OCIS Committee is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a member institution. This committee is authorized in conjunction with the Fifth-Year Interim Review process for institutions that have seen significant expansion of their off-campus instructional sites since their last reaffirmation. (The template for this report is available under Evaluator Resources.)

Report of the Reaffirmation Committee

Begun by the Off-Site Reaffirmation Committee and completed by the On-Site Reaffirmation Committee to record findings of compliance and non-compliance with all requirements and standards in the *Principles of Accreditation*, the Report of the Reaffirmation Committee is reviewed by the Committee on Compliance and Reports when it determines whether to recommend reaffirmation of accreditation for a member institution. (The template for this report is available under Evaluator Resources.)

Report of the Special Committee

Prepared by the Special Committee to record on-site findings of compliance and non-compliance with the applicable standards, the Report of the Special Committee is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a member institution. (The template for this report is available under Evaluator Resources, although it should be noted that this report template is almost always tailored to better match the issues under review by the Special Committee.)

Report of the Substantive Change Committee

Prepared by the Substantive Change Committee to record on-site findings of compliance and non-compliance with the applicable standards, the Report of the Substantive Change Committee is reviewed by the Committee on Compliance and Reports when it determines whether to recommend continuation of accreditation for a member institution. (The templates for various substantive change reports are available at www.sacscoc.org under Evaluator Resources.)

Representative Evidence

Not indicative of an isolated case, representative evidence of an institution's level of compliance with SACSCOC standards reflects a larger body of knowledge.

Response to the Visiting Committee Report

A Response to the Visiting Committee Report addresses recommendations written by visiting committees by providing updated or additional documentation of compliance. (Additional information is available in SACSCOC policy *Reports Submitted for SACSCOC Review*.)

Revised Application for Membership

After the leadership team from the applicant institution has met with SACSCOC staff to discuss the staff analysis of the initial Application for Membership, the institution is invited to re-work weak standards of the original document and submit a revised Application for Membership. The decision whether to authorize a Candidacy Committee visit will be based on this revised document. (More information is available under Application Information.)

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SACS

A private, nonprofit, voluntary organization, SACS (the Southern Association of Colleges and Schools) comprises two separately-incorporated accrediting entities: SACSCOC, which accredits higher education degree-granting institutions, and SACS CASI (a division of a larger group known as Cognia) which accredits elementary, middle, and secondary schools. SACS itself now has no accreditation function. (See Appendix E of the *Resource Manual*.)

SACSCOC

One of two separately incorporated entities of the Southern Association of Colleges and Schools, the SACSCOC (Southern Association of Colleges and Schools Commission on College) is the regional body for the accreditation of degree-granting institutions of higher education in the eleven Southern states – Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia; SACSCOC also accredits international institutions of higher education. (See Appendix E of the *Resource Manual*.)

SACSCOC Board of Trustees

Comprised of 77 elected members, the SACSCOC Board of Trustees recommends changes to the accrediting standards, authorizes special visits, takes final action on the accreditation status of institutions, nominates individuals to serve on the SACSCOC Board, elects the Executive Council, appoints ad hoc study committees, and approves policies and procedures. (See Appendix E of the *Resource Manual*. Further information on the selection of trustees and their duties is available in SACSCOC policy *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly*.)

SACSCOC Staff Representative

Various members of SACSCOC staff are designated contacts for applicant, candidate, and member institutions as they move through various phases of the accreditation process. (See SACSCOC policy *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly*.)

Sampling

There is a clear expectation that an institution is required to be able to demonstrate institutional effectiveness for all its educational programs. This includes certificate and degree programs. To this end, a member institution may provide a sampling of the effectiveness of its programs within its Compliance Certification submitted at the time of its comprehensive review. Sampling, for the purpose of accreditation, includes the following three elements: (1) a representation of the institution's mission, (2) a valid cross-section of programs from every school or division, and (3) a compelling case – presented in the institution's narrative – as to why the sampling and assessment findings are an appropriate representation of the institution's educational programs. Sampling does not preclude the institution from having effectiveness data/analysis available on all programs. It is the prerogative of a SACSCOC committee member to conduct a more in-depth review of an institution's data/findings/analysis on the effectiveness of all its educational programs. Institutions applying for membership ***may not*** use sampling when responding to the relevant standards. See SACSCOC *Interpretation on Sampling*.

Sanctions

An institution that fails to comply with any of the Core Requirements, demonstrates significant non-compliance with other standards of the *Principles of Accreditation*, fails to make significant progress towards correcting deficiencies within the time allotted, or does not comply with SACSCOC policies may be placed on one of two sanctions: warning or probation. (See SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.)

Separate Accreditation

Separate accreditation is the process by which an extended unit of a SACSCOC-accredited institution may seek or be directed to seek separate accreditation because of its degree of autonomy from the main campus. (See SACSCOC Policy *Separate Accreditation for Units of a Member Institution*.)

Significant departure

A new for-credit program with significant new content is considered a significant departure and requires SACSCOC approval prior to implementation. See SACSCOC Policy *Substantive Change Policy and Procedures*.

Site visits

Committees of evaluators are sent to applicant, candidate, and member institutions to verify the documentation of compliance previously submitted to SACSCOC in such documents as Applications for Membership, Compliance Certifications, and prospectuses for substantive change. Site visits typically involve both the main campus and off-campus instructional sites.

Southern Association of Colleges and Schools

See "SACS."

Southern Association of Colleges and Schools Commission on Colleges

See "SACSCOC"

Special Committee

Special Committees are authorized by the SACSCOC Board of Trustees or by the SACSCOC President to evaluate institutional circumstances determined to be indicative of a lack of compliance with SACSCOC standards, regulations, or policies. (Further information is available in SACSCOC policy *Special Committee Procedures and Team Report*.)

Staff Advisory Visit

After the Orientation Meeting for the institution's Leadership Team for Reaffirmation, an institution may schedule an optional staff advisory visit to the institution to address preparation of the Compliance Certification. Advisory visits are sometimes conducted virtually.

Substantive Change

A substantive change is a significant modification or expansion of the nature and scope of an accredited institution. See Standard 14.2 (Substantive change) of the *Resource Manual* for more details. Further information about reporting and approval procedures for substantive change can be found in SACSCOC policy *Substantive Change Policy and Procedures*.)

Substantive Change Committee

Composed of a chair and a number of evaluators whose expertise is appropriate for the significant departure or expansion under review, the Substantive Change Committee visits the institution to confirm whether the institution has maintained compliance with selected standards of the *Principles of Accreditation*.

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Teach-out Agreement

A teach-out agreement is a written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, an educational program at an institution, or an institutional location that provides fifty percent or more of at least one program offered ceases to operate before all enrolled students have completed their program of study. Such a teach-out agreement requires SACSCOC approval in advance of implementation. Requirements for approval of teach-out agreements can be found in SACSCOC policy *Substantive Change Policy and Procedures*.

Teach-Out Plan

A written plan developed by an institution for students to complete their programs of study because it decided to end a program, off-campus instructional site, method of delivery, or to close the institution. A teach-out plan provides an orderly process, the equitable treatment of students, minimal disruption and additional costs to students, and covers all enrolled students regardless of their progress to completion. Requirements for approval of teach-out agreements can be found in SACSCOC policy *Substantive Change Policy and Procedures*. See also "Institutional Contingency Teach-Out Plan."

Third-Party Comments

In recognition of the value of information provided by the public in determining whether an institution's performance at the time of formal committee evaluation for candidacy, initial accreditation, or reaffirmation of accreditation meets all requirements at the time of the relevant committee's review, SACSCOC invites the public to submit third-party comments. For the purpose of this policy, the public is defined as individuals external to the college or university, excluding students. Therefore, this policy will not apply to comments forwarded to the SACSCOC by the current administration, faculty, and staff. SACSCOC's "Complaint Policy" is the vehicle for comments filed by institutional personnel. (Further information can be found in SACSCOC policy *Third-Party Comment by the Public*.)

Track A Institution

A Track A institution is a SACSCOC-accredited institution that offers undergraduate degrees only. The term is used to classify institutions during the reaffirmation process and affects the timing of the review.

Track B Institution

A Track B institution is a SACSCOC-accredited institution that offers undergraduate and graduate degrees or graduate degrees only. The term is used to classify institutions during the reaffirmation process and affects the timing of the review.

Type of Institution

On the basis of their governance systems, member institutions are classified as one of two primary types of institutions – public or private. Private institutions are further classified as not-for-profit and for-profit.

—U—

Undue External Influence

In order for an institution to accomplish its mission, the institution's governing board must be independent enough to give priority to the needs of the institution. Governing boards of public and church-related institutions are usually comprised of trustees selected through an external political or denominational process. Sometimes, those involved in that selection process may expect the trustee(s) to represent political or religious interests, rather than the interests of the educational institution and its mission. Institutions and their governing boards appropriately take notice of constituents and stakeholders, but the governing board must be able to protect the institution from external attempts to exert influence over strategic and operational decisions. While these attempts often focus on personnel or curricular decisions, any part of the institution may be the subject of attempts to exert such undue influence.

Unsolicited Information

Significant accreditation-related information revealed about a candidate or member institution (1) during off-site or on-site committee reviews, (2) between periods of scheduled review, and/or (3) during a meeting on the record with the Committees on Compliance and Reports constitutes unsolicited information that may become the basis for a request for further documentation of compliance with a SACSCOC standard or policy. (Further information can be found in SACSCOC policy *Unsolicited Information*.)

—V—

Verifiable Evidence

Evidence that can be replicated and corroborated is verifiable evidence of an institution's level of compliance with SACSCOC standards and requirements.

Visiting Committees

Composed of evaluators from similar institutions outside of the home state of the host institution, visiting committees conduct site visits to main campuses and/or off-campus instructional sites and write reports of their findings for consideration by the Committee on Compliance and Reports as it addresses institutional accreditation issues. Visiting committees are most often referred to by their formal titles (such as On-Site Reaffirmation Committee or Substantive Change Committee) that reflect the nature of the accreditation issue under consideration. (See SACSCOC policy, *Ethical Obligations of Evaluators*.)

—W—

Warning

The less serious of two SACSCOC-imposed sanctions, warning is usually, but not necessarily, levied in the earlier stages of institutional review and often, but not necessarily, precedes probation. It cannot, however, succeed probation. The reasons for the imposition of warning can be found under "Sanctions." The maximum consecutive time that an institution may be on warning is two years. Sanctions do not apply to applicant and candidate institutions. (See SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.)

Workshops for Pre-Applicants

Prior to submitting an Application for Membership, all prospective applicants (including campuses of member institutions seeking separate accreditation) are required to attend two workshops (the Pre-Applicant Workshop and the Pre-Applicant Institutional Effectiveness Workshop). The Pre-Applicant Workshop is designed to (1) review the procedures for attaining membership, (2) provide an understanding of SACSCOC and its accreditation procedures, and (3) explain how to complete the application. The Pre-Applicant Institutional Effectiveness Workshop is designed to illustrate how to write adequate narratives and appropriately document compliance with the SACSCOC requirements and standards that have historically proven most difficult for applicants to address – Section 7 (Institutional Planning and Effectiveness) and Section 8 (Student Achievement). (More information is available under Application Information.)

APPENDIX C: Guidelines for Addressing Distance and Correspondence Education, Off-Campus Instructional Sites, and Branch Campuses

This guide provides assistance for peer reviewers when preparing to serve as evaluators of distance and correspondence education and also off-campus instructional sites and branch campuses, especially as part of the reaffirmation process. It should be used in conjunction with the *Principles of Accreditation*, the *Resource Manual*, and the *Handbook for Review Committees* as well as the SACSCOC policy *Reaffirmation of Accreditation and Subsequent Reports*.

The underlying rationale for these reviews is that the *Principles of Accreditation* applies to all institutional programs and services, wherever located or however delivered. This includes programs offered through distance and correspondence education, off-campus sites, and branch campuses. The institution must have incorporated an assessment of its compliance with appropriate standards for these circumstances. Furthermore, federal mandates require that on-site reaffirmation committees explicitly review distance and correspondence educational programs as well as all branch campuses. The committee must also visit a representative sample of other off-campus instructional sites where 50 percent or more of the coursework for a program is offered.

Generally, issues of compliance with the *Principles of Accreditation* as related to off-campus sites and distance/correspondence education will appear in a committee's deliberations and in its report of findings within the standard of the *Principles* where there is an issue. If the issue is specific to location or mode of delivery, the narrative and the wording of the finding should make that clear. For example, the institution may have provided sufficient and acceptable information concerning distance education as it relates to physical resources, academic and student support services, library and learning resources, and the like, but totally omitted any reference about student access to full- time faculty or what role the faculty played at the locations or via the delivery mode. In that case, the review committee might find the institution in noncompliance with Standard 6.1 *(Full-time faculty)* and/or Standard 6.2.b *(Program faculty)*, specifically citing that the issue is related to the location and/or modality of instruction, with details in the narrative of the report. However, if the nature of the issue is a general lack of attention in the institution's materials to distance or correspondence education, or to off-campus sites or branch campuses, there is a separate standard specific to that concern: Standard 14.3, which reads as follows:

> The institution applies all appropriate standards and policies to its distance learning programs, branch campuses, and off-campus instructional sites. *(Comprehensive institutional reviews)*

When citing this standard of the *Principles* as in noncompliance (off-site committees) or in writing a recommendation on this standard (on-site committees), the review committee is essentially saying that the presentation was largely devoid of material that allowed a review of distance or correspondence education, and/or off-campus sites to include branch campuses. Such a finding or recommendation would then entail a rather substantial institutional response directed specifically at the mode of delivery or location of delivery, and covering a broad array of standards from the *Principles*. However, the standards in the rest of the *Principles* where information was omitted could be found in compliance if the submitted materials support

compliance for the locations and modes of delivery not covered by the finding in Standard 14.3.

Definitions

SACSCOC has developed specific definitions of key terms related to this guideline, as follows:

Branch Campus A branch campus is an instructional site located geographically apart and independent of the main campus of the institution. A location is independent of the main campus if the location is (1) permanent in nature, (2) offers courses in educational programs leading to a degree, diploma, certificate, or other recognized educational credential, (3) has its own faculty and administrative or supervisory organization, and (4) has its own budgetary and hiring authority. All branch campuses related to the parent campus through corporate or administrative control must (1) include the name of the parent campus and make it clear that its accreditation is dependent on the continued accreditation of the parent campus and (2) be evaluated during reviews for institutions seeking candidacy, initial membership, or reaffirmation of accreditation.

Correspondence Education Correspondence education is a formal educational process under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student; courses are typically self-paced. (See SACSCOC policy *Distance and Correspondence Education*.)

Distance Education In conjunction with the federal definition, SACSCOC defines distance education as a formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs if used as part of the distance learning course or program. (See SACSCOC policy *Distance and Correspondence Education*.)

Off-Campus Instructional Site An off-campus instructional site is a teaching site located geographically apart from the main campus. A site at which an institution provides electronic delivery and where students go to access the support services needed is also considered an off-campus instructional site. The site is not independent of the institution's main campus.

Applicable Standards of the *Principles*

The following standards of the Principles of Accreditation make clear reference to either distance/ correspondence education or to off-campus instructional sites. For these standards, the institutional narratives obviously must address location or mode of delivery, as applicable:

Standard 10.6 An institution that offers distance or correspondence education:
(a) ensures that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit.
(b) has a written procedure for protecting the privacy of students enrolled in distance and correspondence education courses or programs.
(c) ensures that students are notified in writing at the time of registration or enrollment of any projected additional student charges associated with verification of student identity.
(Distance and correspondence education)

Standard 10.7 The institution publishes and implements policies for determining the amount and level of credit awarded for its courses, regardless of format or mode of delivery. These policies require oversight by persons academically qualified to make the necessary judgments. In educational programs not based on credit hours (e.g., direct assessment programs), the institution has a sound means for determining credit equivalencies. *(Policies for awarding credit)*

Standard 13.7 The institution ensures adequate physical facilities and resources, both on and off campus, that appropriately serve the needs of the institution's educational programs, support services, and other mission-related activities. *(Physical resources)*

Standard 14.1 The institution (a) accurately represents its accreditation status and publishes the name, address, and telephone number of SACSCOC in accordance with SACSCOC requirements and federal policy and (b) ensures all its branch campuses include the name of that institution and make it clear that their accreditation is dependent on the continued accreditation of the parent campus. *(Publication of accreditation status)*

Standard 14.3 The institution applies all appropriate standards and policies to its distance learning programs, branch campuses, and off-campus instructional sites. *(Comprehensive institutional reviews)*
(This standard was discussed earlier in this guide.)

As noted above, the *Principles of Accreditation* applies to all institutional programs and services, wherever located or however delivered. The SACSCOC policy *Reaffirmation of Accreditation and Subsequent Reports* provides details on how this review will take place. Note that determination of the importance and the sufficiency of coverage of extended sites and of distance and correspondence education in an institution's compliance materials is a matter of professional judgment by the review committee except where explicitly required by policy or by the *Principles*. The following guidelines may help institutions and reviewers make these judgments by using the SACSCOC policy on *Reaffirmation of Accreditation and Subsequent*

Reports to determine where best to incorporate location and delivery mode in standards of the Principles. That policy should be consulted regarding specifics of planning and carrying out on-site reviews of off-campus instructional sites and branch campuses.

Mission

If the institution offers predominantly distance and correspondence education programs as its primary mode of delivery, this should be reflected in the institutional mission. Likewise, if expansive use of extended sites is the primary means of program delivery, that should be reflected in the institutional mission. Otherwise, the mission should not be inconsistent with the nature of such locations and modes of delivery. See Core Requirement 2.1 *(Institutional mission).*

Degree-granting authority

If the institution has physical sites in states or nations outside of the main campus, these should have appropriate governmental operating authority and/or degree-granting authority, if required. Similarly, if the institution has distance/correspondence education students enrolled from other states, it should provide evidence of state authorization, if required. If such authorization is not required, evidence should support that it is not needed. See Core Requirement 3.1.a *(Degree-granting authority)*.

Multi-level governance

If branch campuses have their own boards, the relationship of these boards to the governing board of the institution should be clearly explained. See Standard 4.3 *(Multilevel governance).*

Faculty

Oversight of faculty teaching at extended sites and in programs offered predominantly via distance or correspondence education should be explained [see Standard 6.3 *(Faculty appointment and evaluation)*]. If students can earn 50 percent or more of the credits for a program at an extended site or via distance/correspondence education, there should be explanation of the responsibility for program coordination [see Standard 6.2.c *(Program coordination)*]. It would also be appropriate to explain the role of faculty development activities in preparing faculty to offer and teach courses using different modes of delivery [see Standard 6.5 *(Faculty development)*]. Faculty teaching at all sites and via all modes of delivery should be included in faculty rosters provided for Standard 6.2.a *(Faculty qualifications)*. Faculty at branch campuses should be included in discussion of other parts of Section 6 (Faculty).

Institutional planning

If the institution has broad goals and outcomes regarding growth and development of off-campus sites and distance education, these should be pointed out in the discussion of Core Requirement

7.1 *(Institutional planning)*. Similarly, it should be clear whether extended sites and/or distance education students are part of the QEP (Standard 7.2) and if not, why not.

Student achievement

An institution is not required to report separate student achievement data by location of instruction or by mode of instruction. However, it should be clear from narratives how these sites and modes are incorporated into broader institutional statistics and into outcomes assessment measures.

Institutions with multiple sites or with a broad array of distance learning programs may find it helpful to consider location or mode of delivery as a key variable in developing ways to use assessment results for program improvement. See Core Requirement 8.1 *(Student achievement)*, as well as all of the student outcomes sub-standards in Standard 8.2. It should be noted that an institution does have an obligation to establish comparability of instruction across locations and modes.

Educational policies, procedures, and practices

If branch campuses have academic policies or practices that vary from campus to campus, this should be explained in Standard 10.1 *(Academic policies)*. Narratives in Standard 10.2 *(Public information)* should make clear how key public information is conveyed to students across sites and across modes of delivery.

Cooperative academic arrangements

Off-campus programs and distance/correspondence education are areas where contractual or cooperative agreements often occur. The nature of these agreements should be clear, as should that the institution has the capacity to ensure the quality and integrity of programs offered via such arrangements. See Standard 10.9 *(Cooperative academic agreements)*.

Academic governance

If an institution has extended sites and/or distance/correspondence education programs, Standard 10.4 *(Academic governance)* should clarify the responsibilities of the faculty for the content, quality, and effectiveness of curricula, including those offered at off-campus sites and via distance or correspondence education.

Library and learning/information resources

Institutional narratives and documents should be explicit as to how students at off-campus sites and those enrolled in distance or correspondence education programs have access to adequate and appropriate library or related collections and services. All three parts of Section 11 (Library and Learning/Information Resources) will generally have supporting narrative related explicitly to location or mode of delivery.

Academic and student support services

It is common to see explicit reference to off-campus sites and to distance education in narratives relating to academic and student support services. The standard does not require identical services regardless of location or mode of delivery, but it should be clear as to the nature of services across locations and modes, and that the services match the needs of students by location and mode. See Core Requirement 12.1 *(Student support services)*.

Student written complaints

Students at off-campus locations or taking courses via distance or correspondence education have rights to file written complaints with the institution. Narratives should make clear how this information is accessed for these students. See Standard 12.4 *(Student complaints)*.

Financial documents

A characteristic of a branch campus is a degree of budgetary independence from the main campus. Institutions with branch campuses will need to discuss this, including budget approval processes, as part of its narrative in Standard 12.2 *(Financial documents)*.

Physical resources

There should be explicit reference to the adequacy and appropriateness of the physical facilities and resources at off-campus instructional sites and branch campuses within Standard 13.7 *(Physical resources)*. For branch campuses, the coverage under this standard will be very similar to what is provided for the main campus; use of a subheading for each branch campus might be considered. For smaller off-campus sites, the facilities should be discussed, whether or not under the direct control of the institution. Institutions offering distance education programs generally include a brief discussion of the learning management system and the IT backbone available to host the service.

Institutional environment

Institutions are responsible for the institutional environment at off-campus instructional sites and at branch campuses, whether or not the sites are under the direct control of the institution. Contracts, emails, surveys, and other documents might be relevant for inclusion under Standard 13.8 *(Institutional environment)*.

Distance and Correspondence Education, Off-Campus Instructional Sites, and Branch Campuses Review Activities

The design of the on-site review of distance and correspondence education programs depends on a number of factors, some of which include:

- **Structure of the program**. Are there multiple types of programs? Is oversight centralized or decentralized? This will affect the time needed for the review as well as the logistics of the review.
- **Whom to interview**. The institution should provide an organizational chart to help identify key actors in reviewing distance education programs. Although the persons to be evaluated depend on the structure, size, and scope of distance learning activities, the people who should be considered for interviews are:
  - Students currently in the programs or formerly enrolled.
  - Main campus deans and directors responsible for distance learning activities, including those responsible for evaluating student learning.
  - Main campus faculty, student support personnel, and library/learning resource personnel involved in distance learning activities.
  - Off-site deans, directors, coordinators, faculty, librarians, and administrators (perhaps reviewed virtually).
  - Operational personnel such as IT staff, instructional designers.
  - General staff such as the chief academic officer, VP staff to whom other personnel report, institutional effectiveness staff.
- **Physical resources**. For extended sites, committee members generally take a tour of facilities. This is done even for sites that may be visited "virtually" due to travel restrictions, weather, and the like; institutions should be prepared to offer a means for such a "tour" to take place by an on-site committee. Classrooms, office space, locations to offer academic and student support services, and library/learning facilities are examples of physical resources offered. For distance education programs, this could include production facilities, if appropriate.
- **The Institutional Summary Form**. This should give the scope of distance education offerings.

APPENDIX D: Documents of Special Significance for SACSCOC Institutions

The following SACSCOC statements are of special significance for institutions because they often require action on the part of the institution as part of a review or as requested by SACSCOC. These policies appear frequently in the text and in the glossary of this *Resource Manual*. New policies are occasionally promulgated. This listing is accurate as of January 2021. For the most recent list, please see the Index of SACSCOC Documents on the SACSCOC website.

SACSCOC Policies

Policy Name	Date Approved
Accreditation Procedures for Applicant Institutions	*12/01/2020*
Accreditation Records Retention, Maintenance and Destruction Policy for SACSCOC	*12/15/2019*
Accrediting Decisions of Other Agencies	*12/01/2020*
Administrative Procedures for Meetings of the Committees on Compliance and Reports	*12/15/2019*
Advertising and Student Recruitment	*08/01/2017*
Agreements Involving Joint and Dual Academic Awards	*07/01/2018*
Antitrust Compliance	*09/03/2020*
Appeals Procedures of the College Delegate Assembly	*12/01/2020*
Arbitration of Adverse Actions	*09/03/2020*
Complaint Procedures Against SACSCOC or Its Accredited Institutions	*12/15/2019*
Conflict of Interest for SACSCOC Staff	*08/01/2018*
Core Requirement 3.1.b: Documenting an Alternative Approach	*03/01/2018*
Core Requirement 5.1:Documenting an Alternative Approach	*03/01/2018*
Credit Hours	*08/01/2018*
Deadlines for Reports and Profiles	*08/01/2018*
Differentiated Review Process	*12/08/2019*
Direct Assessment Competency Based Educational Programs	*08/01/2018*
Disclosure of Accrediting Documents and Actions of SACSCOC	*09/03/2020*
Distance and Correspondence Education	*09/03/2020*
Dual Enrollment	*12/01/2018*
Dues, Fees and Expenses	*12/08/2020*
Emergency Temporary Relocation of Instruction	*09/09/2020*
Enrollment Growth Institutions	*09/03/2020*
Ethical Obligations of Evaluators	*09/03/2020*
Ethical Obligations of Members of SACSCOC Board of Trustees	*12/15/2019*
Fifth-Year Interim Report	*06/01/2018*
Governing, Coordinating, and Other State Agencies: Representation on Evaluation Committees	*08/01/2018*
Institutional Obligations for Public Disclosure	*09/01/2020*
Integrity and Institutional Obligations to SACSCOC	*08/01/2018*

Policy Name	Date Approved
Litigation: Institutional Obligations	*08/01/2018*
Mergers, Consolidations, Change of Ownership, Acquisitions, and Change of Governance, Control, Form, or Legal Status	*07/01/2019*
Military Institutions	*12/08/2019*
Mission Statement of the Commission	*08/01/2018*
Observers on Reaffirmation On-Site Review Committees	*01/01/2012*
Policies, Guidelines, Good Practices, and Position Statements: Definitions for Accreditation Purposes	*08/01/2018*
Quality Enhancement Plan	*12/15/2019*
Quality and Integrity of Educational Credentials	*09/03/2020*
Reaffirmation of Accreditation and Subsequent Reports	*09/03/2020*
Reimbursement for Expenses	*08/01/2018*
Reports Submitted for SACSCOC Review	*12/15/2019*
SACSCOC Flexibilities Policy regarding COVID-19	*03/31/2020*
Sanctions, Denial of Reaffirmation, and Removal from Membership	*09/03/2020*
Seeking Accreditation at a Higher or Lower Degree Level	*12/15/2019*
Separate Accreditation for Units of a Member Institution	*06/01/2018*
Special Committee Procedures and Team Report	*08/01/2018*
Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly	*08/01/2018*
Substantive Change Policy and Procedures	*09/03/2020*
Third-Party Comment by the Public	*08/01/2018*
Unsolicited Information	*08/01/2018*

Guidelines

Document Name	Date Approved
Faculty Credentials	*04/01/2018*
Full-time Faculty	*06/01/2019*
Guidelines for Addressing Distance and Correspondence Education	*09/03/2020*
Guidelines for International Travel and Committee Visits To Member Institutions	*06/01/2018*
Guidelines for Writing Comments for Committee Reports	*08/15/2018*
Guidelines for the Evaluation of Distance Education (On-Line Learning)	*09/03/2020*
Requests for Data or Research Assistance	*12/01/2015*
The Accreditation Liaison	*09/03/2020*
Travel and Committees Visits	*02/01/2004*

Interpretations

Document Name	Date Approved
Interpretation of Core Requirement 8.1 (Student achievement)	*12/15/2019*
Interpretation to Core Requirement 9.3 of the Principles	*06/15/2019*

Document Name	Date Approved
Interpretation of Standard 6.2.a (Faculty qualifications)	*12/01/2020*
Interpretation of Standard 8.2.a (Student outcomes: educational programs)	*06/15/2020*
Interpretation on Standard 13.8 (Institutional environment)	*12/01/2020*
Interpretation on Sampling	*12/04/2020*

Position Statements

Document Name	Date Approved
Diversity, Equity, and Inclusion: A Position Statement	*12/01/2020*
Economic Impact During Pandemic	*05/13/2020*
Educational Quality During Pandemic	*05/13/2020*
Institutional Planning and Assessment During Pandemic	*05/13/2020*
The Impact of Budget Reductions on Higher Education	*01/01/2009*
Transfer of Academic Credit	*06/01/2003*

Good Practices

Document Name	Date Approved
Closing a Program, Site, Branch or Institution	*07/01/2014*
Developing Policy and Procedures Documents	*06/01/2010*

Handbooks

Document Name	Date Approved
Handbook for Institutions Seeking Initial Accreditation	*03/26/2020*
Handbook for Institutions Seeking Reaffirmation	*03/26/2020*
Handbook for Review Committees	*10/15/2020*
Resource Manual for the 2018 Principles of Accreditation: Foundations for Quality Enhancement	*12/31/2020*

APPENDIX E: Overview of Accreditation

Accreditation in the United States is a voluntary and self-regulatory mechanism of the higher education community. It plays a significant role in fostering public confidence in the educational enterprise, maintaining standards, enhancing institutional effectiveness, and improving higher education by establishing a common set of requirements with which accredited institutions must comply.

Types of Accrediting Agencies

The approximately 60 accrediting organizations recognized by the U.S. Department of Education (USDOE) reflect three basic approaches to accreditation: (1) national accreditation, (2) programmatic or specialized accreditation, and (3) regional accreditation. National and regional agencies accredit the entire institution; programmatic agencies accredit programs within institutions.

National Accrediting Agencies

National accreditors accredit primarily single purpose institutions and do not have a geographically limited service area. The USDOE recognizes several national faith-based accreditors (such as the Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission and the Association for Biblical Higher Education Commission on Accreditation) which review religiously affiliated or doctrinally based institutions. The USDOE also recognizes several national career-related accreditors (such as the Accrediting Commission of Career Schools and Colleges and the Council on Occupational Education), which review institutions whose missions focus primarily on career education programs of both degree and non-degree types. These programs are generally designed to meet the needs of the job market.

Programmatic Accrediting Agencies (Also called Specialized Accrediting Agencies)

Programmatic accreditors focus on a single educational program and do not have a geographically limited service area. USDOE recognizes approximately 40 programmatic accreditors, many of which focus on allied health such as those in dietetics, dentistry, occupational therapy, optometry, podiatric medicine, nursing, physical therapy, and radiologic technology. Among the nonmedical specialties for which programmatic accreditation is available are programs in art and design, dance, education, law, music, theater, and theology. Several programmatic accreditors have characteristics of national accreditors in that they may be authorized to accredit free-standing, single-purpose institutions, such as a free-standing theological seminary.

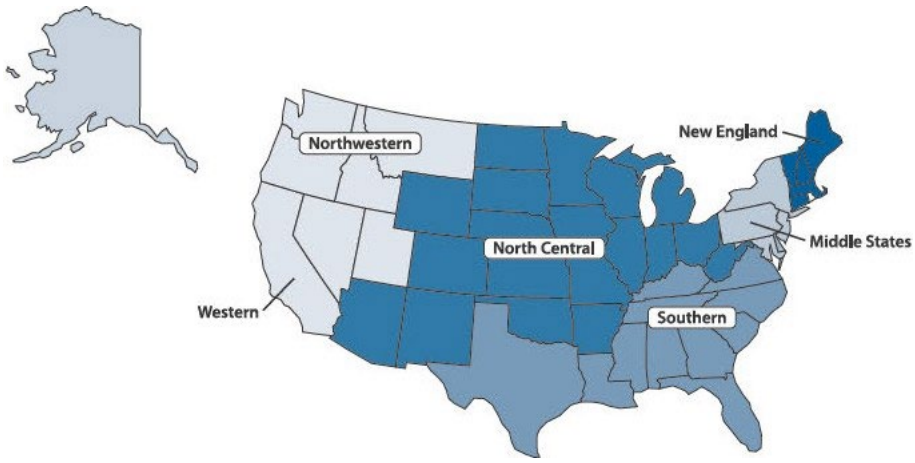
Regional Accrediting Agencies

Regional institutional accreditors accredit an entire higher education institution and have a geographically limited service area. Seven regional institutional accrediting agencies operate in the six U.S. regions (see Figure 1). The Western region (California and Hawaii) has divided its institutions by level and created two agencies to manage accreditation. To maintain their status as gatekeepers for federal financial aid, every five years or less, regional institutional accreditors

undergo a continued recognition review with the U.S. Department of Education.

These regional institutional agencies are independent nonprofit entities with separate standards, policies, and procedures designed for their respective member institutions and for meeting the USDE recognition standards that apply to all accreditors. Consequently, all agencies address such issues as faculty, student achievement, curricula and program length, facilities, equipment, finance, administrative capacity, student support services, recruiting and admissions practices, student complaints, and compliance with federal financial aid regulations. Although these regional entities function independently of one another, they do communicate regularly through the Council of Regional Accrediting Commissions (C-RAC), which is composed of the CEO and commission chairs of each regional agency.

FIGURE 1:The Six Accrediting Regions



Southern Association of Colleges and Schools (SACS)

The Southern Association of Colleges and Schools is a private, nonprofit, voluntary organization founded in 1895 in Atlanta, Georgia. SACS comprises the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), which accredits higher education degree-granting institutions in the southeastern United States and abroad, and the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI), which accredits elementary, middle, and secondary schools. However, SACSCOC and SACS CASI operate independently of each other, each carrying out its mission with considerable autonomy; each develops its own standards and procedures and governs itself by a delegate assembly. Both are independently incorporated, and do not rely upon the SACS umbrella for accreditation authority.

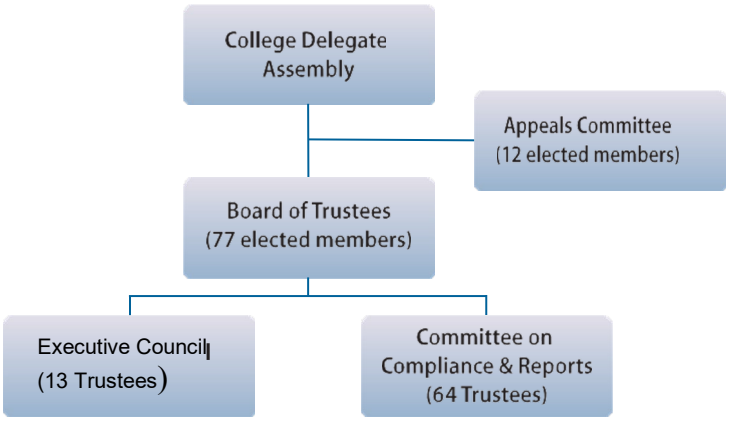
SACSCOC

SACSCOC is the regional body for the accreditation of degree-granting higher education institutions in eleven Southern states: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. SACSCOC also accredits international institutions of higher education. SACSCOC strives to enhance educational quality by ensuring that institutions meet standards established by the higher education community to address the needs of society and students. It serves as the common denominator of shared

values and practices among the diverse institutions that award associate, baccalaureate, master's, or doctoral degrees.

SACSCOC is composed of four primary units: (1) the College Delegate Assembly, (2) the Board of Trustees, (3) the Executive Council, and (4) the Committees on Compliance and Reports, as well as an Appeals Committee (see Figure 2).

FIGURE 2: SACSCOC



College Delegate Assembly

The College Delegate Assembly comprises one voting representative (the CEO or the CEO's designee) from each member institution. Its responsibilities include (1) electing the SACSCOC Board of Trustees, (2) approving all revisions in accrediting standards recommended by the SACSCOC Board, (3) approving the dues schedule for candidate and member institutions as recommended by the SACSCOC Board, (4) electing an Appeals Committee to hear appeals of adverse accreditation decisions, and (5) electing representatives to the SACS Board. The College Delegate Assembly convenes for business during the SACSCOC Annual Meeting in December.

Board of Trustees

The 77 elected members of the SACSCOC Board of Trustees are primarily administrators and faculty from member institutions; however, 11 (one from each state in the region) are public members from outside the academy. Each state has at least four trustees (one from a Track A institution [levels I and II], two from a Track B institution [levels III-VI], and one from the public); the remaining 33 are at-large positions that are apportioned among the states to ensure representation for both Track A and B institutions, as well as an effort to represent proportionally the states within the SACSCOC region. One of the at-large positions is designated for representation from one of the internationally accredited institutions. The Board is responsible for (1) recommending to the College Delegate Assembly standards for candidacy and for membership; (2) authorizing special visits to institutions; taking final action on the accreditation status of applicant, candidate, and member institutions; nominating to the CDA individuals for

election to the SACSCOC Board of Trustees; (5) electing the Executive Council; (6) appointing ad hoc study committees as needed; and (7) approving the policies and procedures of SACSCOC. The Board meets twice a year.

Executive Council

The 13-member Executive Council (one trustee from each of the region's 11 states, one public member, and the chair of the SACSCOC Board of Trustees) is the executive arm of SACSCOC and functions on behalf of the SACSCOC Board and the College Delegate Assembly between meetings; however, the actions of the Executive Council are subject to review and approval by the SACSCOC Board. The Executive Council (1) interprets SACSCOC policies and procedures; (2) develops procedures for and supervises the work of ad hoc and standing committees of the Commission on Colleges; (3) approves the goals and objectives of the Commission on Colleges; (4) reviews and approves SACSCOC's budget and the membership's dues; (5) oversees and annually evaluates the work of its president; and (6) initiates new programs, projects, and policy proposals. The Executive Council meets three times a year.

Committees on Compliance and Reports

Standing committees of the SACSCOC Board of Trustees, the Committees on Compliance and Reports (C&R Committees) review (1) applications for membership; (2) applications/prospectuses for substantive changes requiring Board approval; (3) visiting committee reports and institutional responses generated by reaffirmation committees, special committees, substantive change committees, and candidacy and accreditation committees prepared by peer committees; (4) monitoring and referral reports; and (5) other reports requested by the Commission on Colleges. C&R Committee recommendations resulting from the analysis of these documents are forwarded to the Executive Council for review. In addition to the elected trustees who serve on C&R Committees, membership may be expanded to include temporarily appointed special readers whose expertise – typically in the areas of finance, institutional effectiveness, and library/learning resources – is germane to the compliance issues under review. C&R Committees meet twice a year prior to the meetings of the SACSCOC Board of Trustees.

Appeals Committee

The 12-member Appeals Committee is elected by the College Delegate Assembly from former members of the SACSCOC Board of Trustees. The role of the Appeals Committee is to hear appeals of adverse actions taken by the SACSCOC Board of Trustees related to an applicant, candidate, or member institution. Specifically, the following actions are appealable:

- Denial of candidacy for initial accreditation
- Removal from candidacy for initial accreditation
- Denial of initial membership (initial accreditation)
- Removal from membership (loss of accreditation)

Additional details on the composition, selection, and duties of the above bodies can be found in SACSCOC policies *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly* and *Appeals Procedures of the College Delegate Assembly* at www.sacscoc.org.