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Handbook for Institutions Seeking Reaffirmation

HANDBOOK FOR INSTITUTIONS SEEKING REAFFIRMATION

Southern Association of Colleges and Schools
Commission on Colleges
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TABLE OF CONTENTS

SACSCOC MISSION

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is the regional body for the accreditation of degree-granting higher education institutions in the Southern states. The mission of SACSCOC is to assure the educational quality and improve the effectiveness of its member institutions. It serves as the common denominator of shared values and practices among the diverse institutions in Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and Latin America and other international sites approved by the SACSCOC Board of Trustees that award associate, baccalaureate, master's, or doctoral degrees. SACSCOC also accepts applications from other international institutions of higher education.

SACSCOC has six core values that guide its service to members and the public:
- Integrity
- Continuous Quality Improvement
- Peer Review/Self-regulation
- Accountability
- Student Learning
- Transparency

As its vision, SACSCOC strives to serve as the premier model for shaping and ensuring the quality of higher education throughout the world.

Accreditation by SACS Commission on Colleges signifies that the institution (1) has a mission appropriate to higher education, (2) has resources, programs, and services sufficient to accomplish and sustain that mission, and (3) maintains clearly specified educational objectives that are consistent with its mission and appropriate to the degrees it offers, and that indicate whether it is successful in achieving its stated objectives.

PREFACE

Designed to guide institutions through the reaffirmation process, this *Handbook* is organized around the four major steps in the reaffirmation process – (1) building a foundation of understanding as the institution starts the process, (2) preparing for the Off-Site Review, (3) preparing for the On-Site Review, and (4) completing the reaffirmation process. Because of its close relationship to the reaffirmation process, the Fifth-Year Interim Report is discussed throughout the document. Part I of the *Handbook* presents an overview of the SACSCOC philosophy of accreditation and the reaffirmation of accreditation review process. Subsequent parts provide guidance for institutions conducting an internal assessment of their compliance with SACSCOC standards to prepare for the external evaluation of compliance by off-site and on-site reaffirmation committees. The final section addresses the immediate and fifth-year follow-up processes, after the SACSCOC Board of Trustees acts on the institution's reaffirmation.

This *Handbook* does not contain the full text of policies and procedures and other relevant documents that are available on the SACSCOC website (www.sacscoc.org). This *Handbook* serves as a companion piece to other Commission publications, such as the *Principles of Accreditation* and the *Resource Manual for the Principles of Accreditation*, and to the policies, procedures, and other institutional resources on the SACSCOC website, all of which function as primary sources of information developed to assist institutions in fulfilling their responsibilities in the reaffirmation process. To guide the reader's use of these available resources, cross-references to related documents are made throughout this *Handbook*.

The guidelines contained in this *Handbook for Institutions Seeking Reaffirmation* are provided to readers for informational purposes only. In the event of a perceived conflict between the contents of this document and the bylaws, standards, policies, or procedures of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), the bylaws, standards, policies, or procedures shall take precedence. Updates to this *Handbook* may periodically be posted to the SACSCOC website at www.sacscoc.org.

GETTING STARTED: BUILDING A FOUNDATION OF UNDERSTANDING

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 is able to demonstrate compliance with SACSCOC standards and policies.

The Principles of Accreditation: Foundations for Quality Enhancement (2018 edition)

PART I
AN OVERVIEW OF
THE REAFFIRMATION PROCESS

Any process of accreditation or maintaining accreditation requires some type of review. For SACSCOC member institutions, the comprehensive review is the decennial reaffirmation of accreditation. Even though this is a periodic process, ten years is a long time. Faculty change, administrators change, and even the underlying SACSCOC accrediting standards may change. Part I of this *Handbook* is designed to give a refresher course – or a first course – on the accreditation process.

SACSCOC Structure

SACSCOC is an institutional agency accrediting 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 and currently accredits member institutions in Mexico, Costa Rica, and the United Arab Emirates. 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.

In order for accrediting agencies to be recognized as a "gatekeeper" for purposes of eligibility for federal financial aid funds, the agency must be reviewed every five years by the United States Department of Education (USDE) through its National Advisory Committee on Institutional Quality and Integrity (NACIQI). SACSCOC has been so reviewed and is "recognized" as a gatekeeper for federal financial aid funds.

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 1).

College Delegate Assembly (CDA). The College Delegate Assembly is made up of one representative from each member institution. This voting member is the Chief Executive Officer (CEO). The CDA's 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 Southern Association of Colleges and Schools

Board (SACS). The College Delegate Assembly convenes for business during the SACSCOC Annual Meeting in December.

Figure 1: SACSCOC Structure

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              ┌─────────────────────────────────────┐
              │      College Delegate Assembly       │
              │ (1 delegate per institution = 790+/-) │
              │    (CEO of each member institution)   │
              └─────────────────────────────────────┘
                              │
   ┌──────────────────────┐   │
   │   Appeals Committee   │───┤
   │     (12 members)      │   │
   └──────────────────────┘   │
                              │
              ┌─────────────────────────────────────┐
              │          Board of Trustees           │
              │        (77 elected members)          │
              └─────────────────────────────────────┘
                   │                        │
   ┌──────────────────────┐   ┌──────────────────────┐
   │   Executive Council   │   │     Committees on     │
   │                       │   │  Compliance & Reports │
   │     (13 trustees)     │   │ (64 trustees + special readers) │
   └──────────────────────┘   └──────────────────────┘
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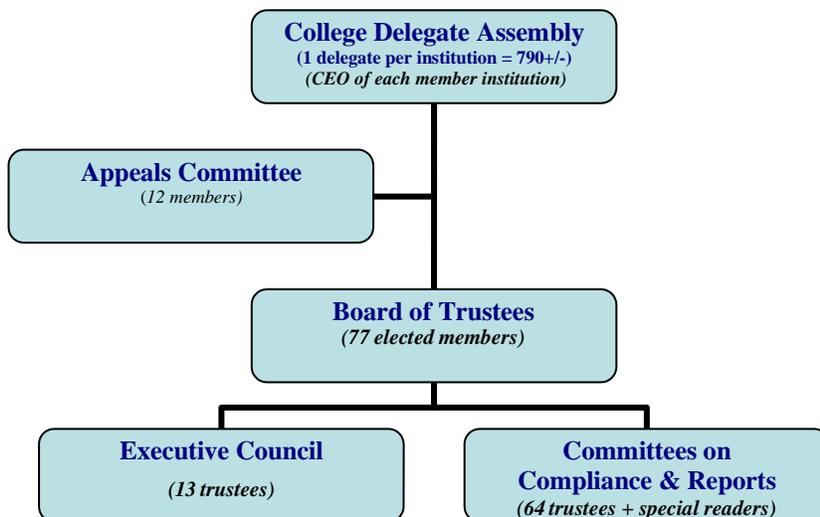
Board of Trustees (BOT). The 77 elected members of the SACSCOC Board of Trustees are primarily administrators and faculty from member institutions; however, eleven (one from each state in the region) are public members from outside the academy. Each state has at least four trustees (one from a Track 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; (3) taking final action on the accreditation status of applicant, candidate, and member institutions; (4) 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 two times per year: in June and December.

Executive Council (EC). The 13-member Executive Council (one trustee from each of the region's eleven 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 Commission policies and procedures; (2) develops procedures for and supervises the work of ad hoc and standing committees of SACSCOC on Colleges; (3) approves the goals and objectives of SACSCOC 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 (C & R). 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; (4) monitoring and referral reports; and (5) other reports requested by SACSCOC. 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 of the College Delegate Assembly. The Appeals Procedures of the College Delegate Assembly is an administrative process approved by the College Delegate Assembly allowing applicant, candidate, and member institutions to appeal adverse decisions taken by the Board of Trustees. As such, the appeals process is not subject to legal rules of evidence and legal procedures. Throughout the appellate process, the institution bears the burden of proof. The Appeals Committee shall consist of twelve persons elected by the College Delegate Assembly and who have served on the Board of Trustees: eight chief executive officers, two faculty/academic personnel, and two public members.

An institution may appeal only the following decisions made by the Board of Trustees or its standing committees regarding an institution's status of recognition:
- 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 policy *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly*.

Benefits of the Internal Institutional Analysis

An institution can derive numerous benefits from its internal assessment and determination of the extent of its compliance with the *Principles of Accreditation*. Among these benefits are the institution's opportunities to:

- Examine its mission statement to determine whether it accurately reflects its values, aspirations, and commitments to constituent groups.

- Review its goals, programs, services, policies, and procedures to determine the extent to which they reflect its mission and accurately describe the institution.

- Use the analysis of its compliance with the *Principles* to evaluate the effectiveness of its programs, operations, and services.

- Strive for a level of performance that will challenge it to move beyond the status quo or beyond simply accepting a level of performance that constitutes compliance with the *Principles*.

- Build or enhance its databases to provide ongoing documentation of its continuous improvement as well as evidence of its compliance with the standards.

- Reinforce the concept of accreditation as an ongoing, rather than an episodic event.

- Develop a Quality Enhancement Plan that demonstrates promise of making a significant impact on the quality of student learning and/or student success.

- Strengthen the involvement of all members of its community in enhancing institutional quality and effectiveness.

- Demonstrate its accountability to constituents, including students, parents, and the public.

Key SACSCOC Policies and Materials

The SACSCOC website (www.sacscoc.org) serves as a comprehensive repository of materials that can assist institutions as they maintain ongoing compliance and as they move through the reaffirmation process. From the perspective of compliance, *The Principles of Accreditation: Foundations for Quality Enhancement* and SACSCOC policies and procedures are binding documents for member institutions. Guidelines, good practices, and position statements are advisory and consultative in nature. The Glossary and Reference Guide in the Appendix of this *Handbook* provides a lexicon of accreditation terminology with cross-references to sections of this *Handbook* and to other resources on the SACSCOC website.

The Principles of Accreditation: Foundations for Quality Enhancement. Because it provides SACSCOC's formal statement of its accreditation process and standards, *The Principles of Accreditation: Foundations for Quality Enhancement* is SACSCOC's primary source document for the reaffirmation review process. Copies are provided to institutions at the beginning of the reaffirmation process, and the document is available on the SACSCOC website (www.sacscoc.org).

Participants in the review process should consult the *Principles of Accreditation* throughout the reaffirmation process. The principles are organized in sections, structured topically. If a section includes a Core Requirement, it will appear as the first standard(s) in a section. A Core Requirement is a basic, broad-based, foundational requirement that establishes a threshold of development required of all institutions seeking reaffirmation. The 2018 *Principles of Accreditation* includes 14 sections as shown in the Table 1:

Section 1, The Principle of Integrity, establishes the foundation for the relationship between SACSCOC and its member institutions. The *Principles* prefaces the Principle of Integrity with this statement:

> 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 their constituencies and with one another.

Table 1: Sections of the *Principles of Accreditation*

Section	Topic
1	The Principle of Integrity
2	Mission
3	Basic Eligibility Standard
4	Governing Board
5	Administration and Organization
6	Faculty
7	Institutional Planning and Effectiveness
8	Student Achievement
9	Educational Program Structure and Content
10	Educational Policies, Procedures, and Practices
11	Library and Learning/Information Resources
12	Academic and Student Support Services
13	Financial and Physical Resources
14	Transparency and Institutional Representation

In order to be reaffirmed, member institutions must be deemed compliant with the Principle of Integrity. This Principle is designated as a Core Requirement, but it is even more foundational than the other Core Requirements. Under this standard, SACSCOC expects that institutions will:

- Ensure that all documents submitted to SACSCOC are candid and provide all pertinent information. With due regard for the rights of individual privacy, every institution applying for reaffirmation of accreditation should 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.

- Respond in a timely manner to requests by SACSCOC for submission of dues, fees, and reports, as well as other requests for information.

- 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.

- Cooperate with SACSCOC in preparation for visits, receive visiting committees in a spirit of collegiality, and comply with SACSCOC's requests for acceptable reports and self-analyses.

- 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.

- Provide counsel and advice to SACSCOC, and agree to have its faculty and administrators (including the chief executive officer) serve, if available, on visiting committees and on other SACSCOC committees.

- Provide SACSCOC or its representatives with information requested and maintain an openness and cooperation during reviews, enabling evaluators to perform their duties with maximum efficiency and effectiveness.

- Maintain current knowledge and understanding of both the product and process of accreditation/reaffirmation and be able to address/complete all requirements of such processes in a timely and accurate manner.

The *Principles of Accreditation* distinguishes the significance of the Core Requirements from the position of the other standards. Because Core Requirements are the basic, broad-based, foundational requirements for membership, documentation of compliance with these standards is necessary for reaffirmation. Failure to document compliance with the Core Requirements will result in sanction or adverse action. (See SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.) The *Principles of Accreditation* note, however, that compliance with the Core Requirements alone will not result in reaffirmation.

The criteria outlined in the U.S. Secretary of Education's Criteria for Recognition are embedded throughout the standards. (See Appendix A, Column 6, of the *Resource Manual* for a listing.) Standards that include expectations mandated by federal regulation are reviewed by both Off-Site and On-Site Reaffirmation Committees.

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 Reviews" and address them in its analysis and documentation of compliance. *(See* SACSCOC policy *Distance and Correspondence Education*.)

Policies and Procedures. A policy is a **required** course of action to be followed by the SACSCOC Board of Trustees or by SACSCOC member or candidate institutions. Commission policies may also include procedures, which are likewise a required course of action. The *Principles of Accreditation* requires 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, SACSCOC may choose to forward a policy to the College Delegate Assembly for approval. (See Standard 14.5: Policy compliance.)

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 these 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 statement *Developing Policy and Procedures Documents*.) Appendix A, Column 7, of the *Resource Manual* contains a summary of

standards calling for a policy or procedure. Within the *Resource Manual*, this is also noted in the "Reference to SACSCOC Documents, if applicable" section of affected standards.

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 SACSCOC Executive Council. The guidelines are examples of commonly accepted practices that constitute compliance with the standard. Depending upon the nature and mission of the institution, however, other approaches may be more appropriate and also provide evidence of compliance.

Good Practices. Good practices are commonly-accepted practices within the higher education community that enhance institutional quality. Good practices may be formulated by outside agencies and organizations and endorsed by the Executive Council or the SACSCOC Board of Trustees.

Position Statements. A position statement examines an issue facing SACSCOC's membership, describes appropriate approaches, and states SACSCOC's stance on the issue. It is endorsed by the Executive Council or the SACSCOC Board of Trustees.

Forms and Templates. Forms and templates are made available to institutions to assist them with organizing and presenting information regarding compliance with the SACSCOC standards during the reaffirmation process. Peer evaluators expect that information will be presented in a clear format, but institutions have the flexibility to present information in whatever ways best demonstrate compliance with the standards.

All forms and templates are available on the SACSCOC website (www.sacscoc.org). SACSCOC maintains currency on the web and reserves the right to add, modify, or delete any published document at any time. It is the responsibility of the institution to check for updates.

Documents of the Reaffirmation Process

Six documents are key elements of the reaffirmation process. The Compliance Certification, Institutional Summary Form, Quality Enhancement Plan, Focused Report, and Response to the Visiting Committee Report, are prepared specifically for the reaffirmation process. The Institutional Profiles are completed on an annual basis.

1. **Compliance Certification.** The Compliance Certification document is completed by the institution to demonstrate its compliance with the *Principles of Accreditation*. This document addresses all requirements and standards in the *Principles* except for Core Requirement 1.1 (Integrity) and Standard 7.2 (*Quality Enhancement Plan*); the former is addressed by the reviewing committees, and the latter is submitted later as a stand-alone document. Part II of this *Handbook* addresses preparation of the Compliance Certification. The signatures of the CEO and the Accreditation Liaison attest to the institution's honest, forthright, and comprehensive institutional analysis, as well as the accuracy and completeness of its findings. The template for the Compliance Certification is available at www.sacscoc.org on the page outlining the Reaffirmation Process.

2. **Institutional Summary Form Prepared for SACSCOC Reviews.** The [Institutional Summary Form](#) provides evaluators and SACSCOC staff the following information: a list of educational programs and degrees offered, identification of governance control, a brief history and institutional characteristics, a list of branch campuses, off-campus instructional sites, and online educational programs, accreditation status with other agencies, and the institution's relationship with the U.S. Department of Education. If the institution provides English as a Second Language (ESL) programs, these should also be noted on the form. The Institutional Summary Form is submitted three times during the reaffirmation process: (1) prior to the Orientation Meeting; (2) along with the Compliance Certification, revised if necessary; and (3) with the materials provided to the On-Site Reaffirmation Committee, again revised if necessary. Please note that this final copy provided to the On-Site Reaffirmation Committee is retained by SACSCOC as the official institutional snapshot at the time of reaffirmation. This information may be used to document approved programs and sites at reaffirmation to address Department of Education inquiries. Available at www.sacscoc.org under [Institutional Resources](#), this document is used to help plan the reaffirmation visit as well as to provide an official record of the programs, sites, and delivery modes included in the reaffirmation review. The Institutional Summary form is not, however, the appropriate place to submit substantive changes for notification or approval.

3. **Quality Enhancement Plan.** Each institution undergoing reaffirmation will develop a Quality Enhancement Plan (QEP) that focuses on student learning and/or student success. The QEP should be derived from the institution's ongoing comprehensive planning and evaluation processes. Part IV of this *Handbook* addresses the development of the QEP.

4. **Focused Report.** The Focused Report is an additional report completed by the institution to address any standards for which the Off-Site Reaffirmation Committee could not determine compliance at the time of its review. Within the Focused Report, the institution can provide additional or updated documentation and narrative to demonstrate compliance with those standards in question. Part IV of this *Handbook* addresses development of the Focused Report.

5. **Response to the Visiting Committee Report.** If the Report of the Reaffirmation Committee includes any recommendations (findings of Non-Compliance), the institution must address the findings in a written response. Part VI of this *Handbook* addresses the Response to the Visiting Committee Report.

Institutional Responsibilities during the Reaffirmation Process

Depending upon the size and complexity of an institution, the number of individuals who contribute to the development of the two primary accreditation documents – the Compliance Certification and the Quality Enhancement Plan – will vary considerably. Nonetheless, the reaffirmation process is the same for all institutions, regardless of size or mission. The process functions most effectively when the Leadership Team, the CEO, and the Accreditation Liaison work together to guide the institution towards reaffirmation.

Institutional Leadership Team. Institutions are expected to establish a Leadership Team to manage and validate the internal institutional assessment of compliance with the *Principles of Accreditation*. The team should include individuals who have the skills, knowledge, and authority to lead in this institutional effort and who have access to the required data and information. Some institutions elect to give responsibility for conducting this analysis of compliance to an existing unit or committee/council; others form an *ad hoc* group for this particular purpose. This team should not be too large, but its membership would normally include, at a minimum, the CEO, chief academic officer, and Accreditation Liaison. The responsibilities of the Leadership Team include, but are not limited to:

- Coordinating and managing the internal review process, including developing the structure and timelines for ensuring the timely completion of all tasks and attending the Orientation Meeting conducted by SACSCOC. The Orientation Meeting is limited to five people from each institution, including the institution's finance officer.

- Coordinating the completion of the Compliance Certification by overseeing the institutional review of the extent of compliance with the *Principles* and the documentation of evidence supporting the extent of compliance. (Leadership for the Compliance Certification is detailed in Part II of this *Handbook*.)

- Ensuring that the institutional community is engaged in the review process and is informed of the progress of the review.

- Overseeing the completion and ensuring the accuracy of the Institutional Summary Form submitted at the time of the Orientation Meeting, included with the Compliance Certification, and updated for the On-Site Reaffirmation Committee.

- Developing the Focused Report, if the institution so chooses. (While labeled optional, nearly all institutions submit a Focused Report if any standards are found to be in non-compliance by the Off-Site Reaffirmation Committee.)

- Overseeing the development and implementation of the Quality Enhancement Plan. (Leadership for the development of the QEP is detailed in Part IV of this *Handbook*.)

- Overseeing arrangements for the on-site visit.

- Ensuring that the appropriate follow-up activities are in place to address compliance issues cited by the Off-Site Reaffirmation Committee; recommendations written by the On-Site Reaffirmation Committee, if any; and requests for subsequent monitoring reports by the SACSCOC Board of Trustees, if any.

Institutional CEO. The CEO is expected to provide active leadership and ensure continuing support for the reaffirmation process. Additionally, the CEO is responsible for the following:

- Ensuring the integrity of the internal review process and the accuracy of all submissions.

- Providing adequate personnel and financial resources to support the review process.

- Reviewing progress reports and providing feedback.

- Informing the institution's governing board on a periodic basis concerning matters related to reaffirmation.

- Ensuring on-going compliance with the *Principles of Accreditation* and with SACSCOC standards, policies, and procedures.

Institutional Accreditation Liaison. Each institution is required to have an Accreditation Liaison, normally someone other than the CEO. This individual has a vital role in the reaffirmation process. Serving as a resource person for the development of the reaffirmation documents, the Accreditation Liaison assists the chief executive officer in ensuring the accuracy of all information submitted to SACSCOC.

In addition, the Accreditation Liaison is the individual who seeks consultation from the institution's assigned SACSCOC staff representative on questions that arise on campus regarding interpretations of SACSCOC standards and policies, and the preparation of the various documents required during the reaffirmation process. Serving as the campus authority on institutional accreditation, the Accreditation Liaison should assist faculty, staff, and administrators in maintaining compliance with SACSCOC requirements when institutional policies and procedures are adopted and revised. In the intervening years between reaffirmation reviews, the Accreditation Liaison coordinates the timely submission of annual institutional profiles and other reports as requested by SACSCOC. Additionally, a major responsibility of the liaison is to monitor and report substantive changes consistent with SACSCOC policy. A complete description of the responsibilities of the Accreditation Liaison is available at www.sacscoc.org in the document, *[The Accreditation Liaison](http://www.sacscoc.org)*.

Institutional Governing Board. The governing board is expected to support the reaffirmation process by ensuring adequate financial resources to cover both direct and indirect costs. While Board members do not engage in drafting the institution's reaffirmation documents – the Compliance Certification and the Quality Enhancement Plan – they should become familiar with both the process for reaffirmation and the content of the primary documents. One or more members of the Board may be asked to schedule time to talk directly with representatives of the On-Site Reaffirmation Committee during the visit to campus. This interview may take place in person or by phone/video conference. The institution's CEO might be asked to provide introductions between members of the governing and members of the committee; however, the interview is intended to be between the governing board members and the committee, not between the CEO and the committee. A separate interview is scheduled for that purpose.

SACSCOC Staff Responsibilities during the Reaffirmation Process

Throughout the decennial review cycle, SACSCOC staff members serve as an on-going source of information about Commission standards and procedures. Their relationship with the institutions they serve during the reaffirmation process typically begins no later than the Orientation Meeting for the Leadership Teams conducted by the staff. The SACSCOC staff representative assigned to the institution assumes responsibility for:

- Establishing a working relationship with the institution's Leadership Team.

- Providing information to the institution that it will need in carrying out its responsibilities during the reaffirmation process.

- Providing appropriate advisory services related to the reaffirmation process.

- Serving as liaison between the Off-Site Reaffirmation Committee, On-Site Reaffirmation Committee, and institution.

- Conveying the Off-Site Reaffirmation Committee's report to the institution's leadership and responding to questions about the committee's concerns.

- Selecting, structuring, and advising the On-Site Reaffirmation Committee and assisting the committee during its visit.

- Consulting with the institution as it prepares its response to the Report of the Reaffirmation Committee, if appropriate.

- Being available for consultation with the institution if SACSCOC requires a Monitoring Report related to compliance issues and/or the QEP and when the institution prepares its Fifth-Year Interim Report.

Commission staff do not set accreditation standards, nor do they approve SACSCOC policies and procedures. They are, however, expected to assist in ensuring a just and equitable review process for all institutions in accordance with the policies and procedures adopted by the SACSCOC Board of Trustees. They are also charged with advising and informing the Board and its committees on matters relative to an institution.

Steps in the Reaffirmation Process

Ten steps in the reaffirmation process involve the institution, the Off-Site and On-Site Reaffirmation Committees, the SACSCOC Board of Trustees, and Commission staff. Each step may include several components that are addressed in more detail elsewhere in this *Handbook*. These ten steps cluster around four phases of the reaffirmation process: (1) preparation, (2) the Off-Site Review, (3) the On-Site Review, and (4) action by the SACSCOC Board of Trustees. The general timeframe for these steps is addressed in the following discussion of the phases.

Phase 1: Preparation

1. **The Orientation Meeting.** Institutions approaching reaffirmation are invited to attend a recommended Orientation Meeting. This meeting is scheduled to coincide with the SACSCOC Annual Meeting, which is held in December. A special track of sessions is

scheduled for orientation participants that focus on topics to help them prepare for reaffirmation. Orientation sessions address critical issues pertaining to the completion of the Compliance Certification, the development of the Quality Enhancement Plan, and other process logistics. Prior to attending the Orientation Meeting, institutions will be asked to submit a completed Institutional Summary Form, as previously noted.

2. **Advisory Visit.** The institution may request that its assigned SACSCOC staff representative conduct an optional advisory visit as a follow-up to the Orientation Meeting. This consultation may take the form of a conference call, videoconference, or in-person visit to the campus. The timing of this consultation is determined in conversations between the SACSCOC staff representative and the institution's liaison. The visit may take place prior to or after the Off-Site Reaffirmation visit. The purpose of this consultation is to answer questions and provide feedback on the institution's strategies for demonstrating compliance. In addition, the institution should be prepared to discuss its Quality Enhancement Plan with the SACSCOC staff member during this advisory visit. There is a fee for this service. See the SACSCOC policy *Dues, Fees, and Expenses* for a current listing of rates.

Phase 2: Off-Site Review

3. **Compliance Certification.** The institution prepares and submits its Compliance Certification, relevant supporting documentation, and an updated current "Institutional Summary Form Prepared for SACSCOC Reviews" to the Off-Site Reaffirmation Committee, the SACSCOC Vice President assigned to the institution, and to the SACSCOC Cluster Coordinator, as noted on the Committee Roster provided to the institution. Part II of this *Handbook* addresses preparation of the Compliance Certification.

4. **Off-Site Review and Report.** Two discrete evaluation committees, the Off-Site Reaffirmation Committee and the On-Site Reaffirmation Committee, share responsibility for assessing institutional compliance prior to action on reaffirmation by the SACSCOC Board of Trustees. The Off-Site Review is conducted by a group of peer evaluators called the Off-Site Reaffirmation Committee. The Committee comprises individuals from institutions of a similar mission and type to the institutions being reviewed. The Committee typically includes a chair – who guides the process – and evaluators from the following areas: governance and administration, finance, academic affairs, institutional effectiveness, library services, and student affairs.

   The Off-Site Reaffirmation Committee is charged with reviewing materials from two or three institutions, determining whether each institution is in compliance with the *Principles of Accreditation*. Over the course of eight weeks, the Committee meets by conference call and then in person in Atlanta to conduct a preliminary review of the institutions' compliance with the *Principles*. Part III of this *Handbook* provides additional information regarding the Off-Site Review.

5. **Review of the Report.** Two to three weeks after the Off-Site Review, the office of the institution's assigned SACSCOC staff member transmits the Preliminary Report of

Reaffirmation Committee to the CEO of the institution and offers to schedule a conference call or videoconference to discuss the findings with institutional personnel.

Phase 3: On-Site Review

6. **On-Site Reaffirmation Committee Roster.** The institution will be emailed early in the process to confirm that there is no conflict of interest with the chair selected by SACSCOC staff to lead the On-Site Reaffirmation Committee. For more information regarding conflict of interest for committee members, see the SACSCOC policy *Ethical Obligations of Evaluators*. After the chair of the committee is confirmed, Commission staff will independently identify the remaining members of the committee.

   SACSCOC may also request permission from the institution to allow an individual from an institution approaching reaffirmation to accompany and observe the On-Site Reaffirmation Committee. Observing helps the peer institution prepare for its upcoming reaffirmation. For more information about the role of an observer, see the SACSCOC policy *Observers on Reaffirmation On-Site Review Committees*.

7. **Materials for the Committee.** SACSCOC sends the On-Site Reaffirmation Committee a copy of the Off-Site Reaffirmation Committee's report. The institution submits an updated Institutional Summary Form Prepared for SACSCOC Reviews; original Compliance Certification with supporting documentation; catalog(s); written response to Third-Party Comment, if applicable (not common); Quality Enhancement Plan; and Focused Report to the SACSCOC Vice President assigned to the institution and to the On-Site Reaffirmation Committee members, including the observer (if applicable). Part IV of this *Handbook* provides guidelines for developing the Focused Report and the Quality Enhancement Plan.

8. **On-Site Visit and Report.** The On-Site Reaffirmation Committee visits the institution, including all branch campuses and a sampling of off-campus instructional sites at which fifty percent or more of a program has been approved to be offered (if applicable). The Committee will review areas of Non-Compliance noted by the Off-Site Reaffirmation Committee, the standards related to the criteria established by the U.S. Department of Education, the QEP, distance education programming (if applicable) and any areas of concern that may surface during the visit or may have been submitted as a Third-Party Comment received during the comment period.

   The On-Site Reaffirmation Committee completes the Report of the Reaffirmation Committee, which is submitted to the CEO of the institution for identifying any errors of fact. After warranted corrections are made by the committee chair, the report is submitted to the SACSCOC Vice President, who transmits the committee's final report to the institution, along with instructions for developing a Response to the Visiting Committee Report (if applicable). Part V of this *Handbook* discusses the role and responsibilities of the On-Site Reaffirmation Committee, the materials to be sent to each committee member, and the Report of the Reaffirmation Committee. Part V also provides information about the On-Site Review, including hosting the committee during its visit.

Phase 4: SACSCOC Board of Trustees Review

9. **Response to the Visiting Committee Report.** The institution prepares a response to the recommendations in the Report of the Reaffirmation Committee, if any, and submits it to SACSCOC along with a current copy of the QEP, including any applicable revisions. SACSCOC staff representative sends a copy of the response to the chair of the On-Site Reaffirmation Committee for evaluation. Part VI of this *Handbook* describes the Board of Trustee's three-step review process, addresses preparation of the materials to be submitted for Board review, and provides guidance for responding to requests for subsequent monitoring and for preparing the Fifth-Year Interim Report.

10. **Board of Trustees Action.** After review of the Report of the Reaffirmation Committee, the QEP (if applicable), and the institution's Response to the Visiting Committee Report, along with an analysis of the institution's response by the chair of the On-Site Reaffirmation Committee, the SACSCOC Board of Trustees takes action on the institution's reaffirmation.

    Trustees serving on Committees on Compliance and Reports (C&R) or on the Executive Council are expected to bring to their tasks informed review, thoughtful analysis, and reasoned decision-making. Trustees are expected to maintain complete confidentiality and conduct themselves with professional integrity. For further information about the review process, see SACSCOC policy *Ethical Obligations of Members of SACSCOC Board of Trustees*.

Timeline and Reporting Deadlines

Each year approximately eighty institutions are reviewed for reaffirmation of accreditation. In order to maintain a manageable and efficient review process, member institutions are divided into classes that are named to reflect the year of reaffirmation and the highest level of degree offered (e.g., 2020A and 2020B). The SACSCOC Board of Trustees takes action on the reaffirmation of Track A institutions (offering only undergraduate degrees) in June of each year. The Board takes action on the reaffirmation of Track B institutions (offering graduate degrees) in December of each year. Institutions should plan to follow the timeline for their class and to submit reports on the deadlines specified on the respective timeline posted on the SACSCOC website under the Institutional Resources link. Table 2 gives the generic timeline for both tracks.

Table 2: Timeline for Reaffirmation – Tracks A and B

Track A—Undergraduate Degrees Only	
Year One:	
During the SACSCOC Annual Meeting (December)	Orientation of Leadership Teams (Institutional Summary Form submitted in advance)
Year Three:	
March	Compliance Certification and updated Institutional Summary Form due
Fourth week in April	Off-Site Review conducted
Six weeks prior to On-Site Review	Quality Enhancement Plan, Focused Report, and updated Institutional Summary Form due
September to Thanksgiving	On-site review conducted
Year Four:	
Five months after visit	Response due, if applicable
Third week in June	Review by the SACSCOC Board of Trustees

Track B—Undergraduate and Graduate Degrees or Graduate Degrees Only	
Year One:	
During the SACSCOC Annual Meeting (December)	Orientation of Leadership Teams (Institutional Summary Form due)
Year Two:	
September	Compliance Certification and updated Institutional Summary Form due
First full week in November	Off-site review conducted
Six weeks prior to on-site review	Quality Enhancement Plan, Focused Report, and updated Institutional Summary Form due
Year Three:	
Mid-January through the third week of April	On-site review conducted
Five months after visit	Response due, if applicable
First week in December	Review by SACSCOC Board of Trustees

Differentiated Review Process

Member institutions which meet published criteria may choose to apply for approval to follow a slightly different Reaffirmation process. For further information, see the SACSCOC policy *Differentiated Review Process*.

Preparing for the Off-Site Review

During the reaffirmation of accreditation process and in all other relationships with SACSCOC and with their other constituencies, member institutions are expected to maintain integrity, to abide by the *Principles of Accreditation* and all SACSCOC policies and procedures, to provide SACSCOC complete and accurate information about institutional operations, to be candid and thorough in their self-evaluations, to accept an honest and forthright peer assessment of institutional strengths and weaknesses, and to cooperate fully with SACSCOC during all aspects of the process of evaluation….

SACSCOC Policy, *Reaffirmation of Accreditation and Subsequent Reports* (June 2018)

Part II
COMPLIANCE CERTIFICATION

As noted in Part I of this *Handbook*, institutions complete the Compliance Certification to document their compliance with each requirement and standard of the *Principles of Accreditation*, with the exception of Core Requirement 1.1 (*Integrity*) and Standard 7.2 (*Quality Enhancement Plan*). Since this important document is the foundation for the Off-Site Review, a well-written and properly documented Compliance Certification can be a powerful tool for increasing the efficiency of the reaffirmation process by reducing the amount of follow-up required by the On-Site Reaffirmation Committee during its visit. This opportunity to limit subsequent follow-up can save the institution both time and money; not only does it reduce the amount of time and effort required to prepare for the On-Site Review (which typically includes a Focused Report), it also has the potential to reduce the cost of the On-Site Review by eliminating the need to expand the number of evaluators needed to serve on the On-Site Reaffirmation Committee.

Completion of the Compliance Certification requires the institution to develop a narrative and present documentation in support of the institution's case for compliance with the *Principles of Accreditation*. The Compliance Certification includes a page for the signatures of the institution's CEO and the Accreditation Liaison. By signing the document, these individuals certify that the process of the institutional self-assessment has been thorough, honest, and forthright and that the information contained in the document is truthful, accurate, and complete. An electronic copy of the Compliance Certification template is available on SACSCOC's website under Institutional Resources. Samples of different institutions' Compliance Certifications are made available in the Resource Room during the SACSCOC Annual Meeting each year.

Leadership for Institutional Analysis of Compliance

Part I of this *Handbook* addresses the role of institutional leadership in the reaffirmation process and establishes that the institution's Leadership Team has the responsibility for overseeing the entire institutional review, including the production of the Compliance Certification and the QEP. Early in its review, the institution should outline the process for conducting the Compliance Certification review and for developing the QEP, establish a timeline for the completion of tasks, and select individuals and groups to be involved in the process.

Institutions tend to organize the work of reaffirmation in one of two ways. Some choose to give the responsibility for conducting the institutional analysis of compliance to a committee formed specifically for this purpose; others assign this task to an existing unit, committee, or council. In either case, the group charged with this responsibility should include an identified leader and a relatively small number of members. Typically, these groups involve the institution's Accreditation Liaison in either an oversight or support role, as well as individuals who have access

to the data and information required to prepare a report that substantiates the institution's assessment of compliance. A review of the *Principles of Accreditation* suggests the range of expertise that should be sought in identifying individuals for service as developers of the Compliance Certification. The goal is to select individuals who understand the institution's mission and who have extensive knowledge of its history, culture, practices, policies, procedures, and data sources, as well as access to the relevant documentation.

Institutional representatives who have served as peer evaluators are often very valuable institutional resources, having both knowledge of the institution and of the review process. For information regarding how institutional representatives can become part of the Evaluator Registry, from which SACSCOC Staff select Review Committee members, see *How to Become an Evaluator* on the Evaluator Resources page of the SACSCOC website (www.sacscoc.org).

Developing the Compliance Certification

Writing a Compliance Certification begins with reflecting upon the meaning and philosophical rationale behind each standard; and then examining the alignment between what the institution is currently doing (policy/procedures/practices) and the standard to determine whether the institution is in compliance or whether steps need to be taken to come into compliance.

Understanding the Standard
The *Resource Manual for the Principles for Accreditation* is an excellent place to start for gaining a better understanding of standards. It includes helpful information on the rationale and relevant notes for each standard, as well as questions to consider when conducting an internal assessment of compliance, ideas about possible documentation an institution might include with its response, and cross-references to other related standards that an institution might want to consider. (Please note that the questions to consider in the *Resource Manual* should not be used as a checklist for institutions or evaluators; rather they are intended to stimulate conversation among institutional constituents.)

Each standard has a number that functions as a short-hand. The first number represents the topic of the standard as defined by section. For example, the topic of Section 6 of the *Principles* is Faculty; therefore, all standards beginning with the number 6 relate to faculty. The first standard in this section is Standard 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]." The italicized words in parentheses after the standard are referred to as the descriptor, as they briefly describe the essence of the standard. In addition to the descriptor, "Full-time faculty," Standard 6.1 is also followed by another code: CR. CR is an abbreviation for Core Requirement, which as previously noted is a basic, broad-based, foundational requirement that establishes a threshold of development required of all institutions seeking reaffirmation. Because the Core Requirements are so important, giving adequate attention to them is essential when developing the Compliance Certification.

When trying to understand a standard, it is necessary to attend to all its parts. Standards might include numbered or lettered subparts. Institutions are expected to address all elements of the standard. Also, one should assume that all words of the standard are important. The *Principles*

have been crafted to fully and succinctly convey the expectation of the standard; therefore, one might assume that extraneous words have been removed.

For example, Standard 4.2.c reads, "The governing board selects and regularly evaluates the institution's chief executive officer. *(CEO evaluation/selection)*." The parts, sometimes called "compliance components" for this standard include:

1) **The governing board**/board of trustees/board of regents;

2) the board's duty to **select**/hire **the institution's CEO**/president/chancellor;

3) the governing board's duty to **evaluate the institution's CEO**; and

4) the governing board's duty to **evaluate the CEO regularly**, which implies that the evaluations would be conducted periodically and with some reasonable repeating pattern (e.g. annually, biennially, triennially).

Many findings of Non-Compliance at the Off-Site Review are the result of an institution's having addressed in its narrative most, but not all, of the elements of a standard.

SACSCOC offers events to share information and ideas regarding ongoing compliance with the standards and writing solid reports. The SACSCOC Annual Meeting each December offers a diverse array of information regarding the standards, policies, processes and good institutional practice, including the Resource Room where sample reports are available for attendees to examine. Commission staff present sessions on the various topical sections of the standards, and institutional peers report on their successful reaffirmation efforts and good practices in higher education. SACSCOC also hosts the Institute on Quality Enhancement and Accreditation each July. This event offers sessions focused on good educational practice, assessment, and the Quality Enhancement Plan.

Another approach to understanding the meaning of the standards is to review relevant SACSCOC policies and other documents. The *Resource Manual* includes a list of related SACSCOC documents after each standard. These documents can be accessed at www.sacscoc.org. Policy statements include additional information regarding the expectation of the related standard; therefore, the institution should review the policy to confirm that the *institution's* own policies, procedures, and practices are compliant with SACSCOC*'s* policy statement. Awareness of this connection between SACSCOC's standards and policies expands the institution's understanding of the standards and its ability to maintain ongoing compliance.

Documenting Compliance
After establishing an understanding of each standard, the institution is ready to identify supporting documentation to be submitted for each. Most of this documentation probably already exists and simply needs to be located. However, sometimes internal review reveals non-compliance or a lack of adequate documentation. For example, if an institution realizes that its governing board's policy for dismissing members does not describe the process for dismissal as required by Standard 4.2.e (*Board dismissal*), the institution may need to take formal action to modify policy in order come into compliance with this component of the standard.

The institution may find it helpful to begin by inventorying available records, documents, databases, policy manuals, curriculum files, assessment records, committee minutes, board of trustee minutes, planning documents, reports to external audiences, case studies, and other sources of information relevant to assessing compliance with the requirements and standards.

Some of the more obvious sources of evidence are documents such as the following, which are often used to document compliance with multiple standards:

- Standard publications, such as undergraduate and graduate catalogs, student handbooks, faculty and staff handbooks, departmental policy manuals, organizational charts, bylaws of the governing board, and class schedules.

- Standard administrative lists and inventories of buildings, equipment, library holdings, faculty resources, etc.

- Institutional effectiveness policies, calendars, handbooks, and reports.

- Personnel files containing credentials and evaluations.

- Contracts, consortial agreements, and other collaborative academic arrangements for providing instruction or sharing services/resources.

- Financial audits and financial aid audits for the current and recent fiscal years, as well as any other relevant financial statements.

More difficult to pinpoint is documentation of compliance that is embedded in large documents (such as years of minutes of the governing board or an institutional committee), in letters or memoranda about which institutional memory has grown vague, and in emails residing on institutional servers or individual computers. Nonetheless, searching through board and committee minutes frequently yields important documentation of deliberations, decisions, and actions taken; and memoranda and emails may provide important evidence, for example, of improvements made as a result of assessment.

*Please note that **all materials must be presented in English, and all financial documents must exhibit amounts in U.S. dollars.***

Evaluating Evidence. An institution determines its compliance with the standards by making an honest evaluation of the evidence it possesses. The Compliance Certification requires that the institution demonstrate that it has based its compliance decisions on compelling and appropriately documented evidence; therefore, the institution needs to evaluate the evidence it has assembled to support a claim of compliance with a requirement or standard. Evidence should not be assembled simply as a mass of facts, data, or exhibits. Instead, it should be presented as a coherent and focused body of information to support a judgment of compliance.

Institutions should ensure that all evidence presented to support assertions of compliance is:

- **Reliable.** The evidence can be consistently interpreted.

- **Current.** The information supports an assessment of the current status of the institution.

- **Verifiable.** The meaning assigned to the evidence can be corroborated, and the information can be replicated.

- **Coherent.** The evidence is orderly, logical, and consistent with other patterns of evidence presented.

- **Objective.** The evidence is based on observable data and information.

- **Relevant.** The evidence directly addresses the requirement or standard under consideration.

- **Representative.** Evidence must reflect a larger body of evidence and not an isolated case.

Additionally, the body of evidence provided throughout the Compliance Certification should (1) be shaped, through reflection and interpretation, to support the level of compliance cited by the institution for each standard, (2) represent a combination of trend and "snapshot" data, and (3) draw from multiple indicators.

Sampling within Response to Institutional Effectiveness Standards. There is a clear expectation that an institution is required to be able to demonstrate institutional effectiveness for all its administrative units, and for all its educational programs and related academic and student support services; however, institutions may use sampling to demonstrate compliance with standards 8.2.a (*Student outcomes: educational programs*), and 8.2.c (*Student outcomes: academic and student services*). Note, however, that sampling is not an option for responding to 8.2.b (*Student outcomes: general education*) due to the limited number of competencies involved.

An institution should be able to demonstrate institutional effectiveness for all its educational programs and all its academic and student support services. The volume of material represented by all this activity can be quite large, especially at larger institutions. To this end, an institution may provide a sampling of the effectiveness of its educational programs and academic and student services 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 educational programs from every school or division (and across all levels), with every major division and level of program represented. For administrative units as well as academic and student services, there should be a valid cross-section of units across the organizational chart with every major division represented in the sample. 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 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 remove the expectation that the institution has 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.

Presenting Documentation. For some requirements and standards, a single document or two or an excerpt from a single document or two will constitute sufficient evidence of compliance. For example, compliance with the Core Requirement 4.1.e (*Governing board characteristics*), which specifies that the institution's CEO is not simultaneously the chair of the governing board, might be supported by a written policy covering this issue or by documentation that two different individuals serve in those capacities.

For standards that are more complex, such as CR 7.1 (*Institutional Planning*) and the related standards in Sections 7 and 8 of the *Principles of Accreditation*, several sources of relevant evidence may need to be identified in order to justify a claim of compliance. When documenting compliance with multiple compliance components within a standard, an institution should look for a pattern of evidence—a set of multiple measures/indicators that exhibit coherence and a unifying theme to support its argument for compliance. Although patterns of evidence will differ according to the standard and the nature of the institution, a pattern of evidence that could demonstrate compliance with CR 7.1 might focus on strategic planning as the driving force behind the setting of priorities that not only provide the direction for systematic mission-driven, institution-wide evaluation and use of the results for continuous improvement but also guide resource allocation. Skillful meshing of separate measures/indicators – such as trend data, student satisfaction indices, institutionally developed or commercially available surveys like NSSE or CCSSE, licensure or certification rates, and focus group findings – into a pattern of evidence can be a powerful tool for documenting compliance.

Reliable, current, verifiable, coherent, objective, relative, and representative evidence that is not presented in a reader-friendly format, however, may fail to produce the anticipated finding of compliance. Documentation must not only be easy to access, it must also be easy to read. Evaluators should not be expected, for example, to strain to read poor quality reproductions of academic transcripts, to re-arrange documents that are collated out of order, or to read through an entire page or document in search of the relevant sentence or paragraph. They expect institutions to organize documentation so that, for example, the trends embedded in pages and pages of assessment results or columns of operational expenses are efficiently displayed in easily digested summary tables. After identifying the best evidence of compliance for each standard, the institution needs to design a presentation that will display that documentation in a reader-friendly fashion. Building a reader-friendly format can often be accomplished quite easily through small actions – highlighting relevant passages on a page, for example, or using boldface, shading, and color-coding to impose order on a complex table. Using headings relevant to the compliance components of the standard can guide readers' attention to specific aspects of the standard.

Determining the Extent of Compliance. An institution's determination of its level of compliance reflects its honest evaluation of the pattern emerging from the body of evidence it has assembled. Some of those patterns will be strong and convincing; others may be incomplete or, in rare instances, so insubstantial as to be virtually non-existent. For this reason, the institution has three options from which to choose when presenting its determination of compliance:

> **Compliance.** The institution concludes that it complies with each aspect of the requirement or standard.

Partial Compliance. The institution judges that it complies with some but not all aspects of the requirement or standard. When an institution selects this option, the narrative must justify the partial compliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to be presented to support compliance and a date for completing the plan.

Non-Compliance. The institution determines that it does not comply with any aspect of the requirement or standard. When an institution selects this option, the narrative must justify the non-compliance and provide a detailed action plan for bringing the institution into compliance, including identification of the documents to be presented to support compliance and a date for completing the plan.

Writing the Narrative. When preparing the Compliance Certification, the institution makes a self-assessment of compliance and then presents a narrative along with supporting documentation to justify that assessment of compliance.

Building the Case for Compliance. Narratives should provide a clear, succinct, and convincing justification for the level of compliance identified by the institution. A good narrative folds the assembled documentation – the publications, policies, processes, inventories, evaluations, financial documents, etc. – into a coherent explanation that addresses the compliance components previously identified for the standard. By summarizing attached documentation, linking it to the variables in the standard, and interpreting complex documentation, an institution builds its case for compliance. When building a case for compliance, an institution should use past tense verbs to describe actions previously taken by the institution and present tense verbs to describe current policies and procedures that support the maintenance of compliance. Because future tense verbs signal an action not yet taken, future tense is typically found only in the action plans included for standards marked Partial Compliance or Non-Compliance.

Finding the Right Length. Throughout the Compliance Certification, the length of individual narratives varies widely from standard to standard. Those standards that are crisp and focused may require just a few sentences. For example, in its response to CR 5.1 (*Chief executive officer*), an institution might have a succinct narrative identifying the CEO, presenting the position description, and establishing that the CEO holds a full-time position at the institution and is not otherwise employed. Standards that are broad and complex, such as, CR 7.1 (*Institutional planning*) and Standard 8.2.a (*Student outcomes: educational programs*), may require numerous pages. The challenge is to find the "right size" for each standard. To minimize the possibility of writing too little, institutions should remain attentive to the compliance components for each standard and ensure that the narratives address them. To help guide evaluators through lengthy narratives, the institution might consider: (1) using various levels of subheadings to separate key ideas and show relationships among component parts, (2) creating graphics or flow charts to illustrate complex processes, (3) using summary tables to provide an overview of masses of data, and (4) offering summative interpretations of extensive or complex documents.

As noted previously, care should be given to adequately addressing the documentation requirements for standards that mandate a policy or procedure. Narratives for every standard mandating a policy or procedure should address and document 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. If the institution has had no cause to apply its policy, the narrative should indicate that an example of implementation is unavailable because there has been no cause to apply the policy or procedure. (See the SACSCOC document *Developing Policy and Procedures Documents*.) Appendix A of the *Resource Manual* contains a summary of standards calling for a policy or procedure; this is also noted in the "Reference to SACSCOC Documents, if applicable" section of affected standards.

Institutions that are a part of a system or corporate structure and those that engage in instruction at off-campus instructional sites and/or distance education must incorporate additional narrative and documentation of compliance as they seek the "right" size for their submission. If an institution is part of a system or corporate structure, note that SACSCOC policy *Reaffirmation of Accreditation and Subsequent Reports* requires that a description of the system be submitted as part of the Compliance Certification [Standard 14.5.a (*Policy compliance*)]so that the evaluators can understand the mission, governance, and operating procedures of the system and the institution's role within that system. The governance part of the functioning of a system might also be relevant to the contents of the narrative for Standard 4.3 (*Multi-level governance*).

Since the standards apply to the entire institution, a Compliance Certification must include the evaluation of not only all services and programs offered on the main campus but also those programs offered at off-campus instructional sites, by correspondence, or through distance education [Standard 14.3 (*Comprehensive institutional reviews*)]. Institutions with such programs should pay special attention to SACSCOC policy *Distance and Correspondence Education*, as well as Appendix C of the *Resource Manual* on "Guidelines for Addressing Distance and Correspondence Education, Off-Campus Instructional Sites, and Branch Campuses."

Determining the Method of Submission

Institutions should submit their Compliance Certifications to SACSCOC and the Off-Site Reaffirmation Committee on a self-contained USB flash drive, with hyperlinks to the documentation (which itself also resides on the USB drive) embedded in the narratives. The narrative and supporting documents may be in pdf or html format; no links external to the USB drive should be included. Documents should be bookmarked, indexed, and searchable. The institution should strive for ease of access and readability for evaluators. See SACSCOC Policy *Reports Submitted for SACSCOC Review*.

Part III
OFF-SITE REVIEW

Conducted in three stages over a period of approximately fifteen months, the reaffirmation of an institution involves review by three sets of evaluators – the Off-Site Reaffirmation Committee, the On-Site Reaffirmation Committee, and the SACSCOC Board of Trustees. Understanding the role of each group in evaluating the institution's compliance with SACSCOC standards and knowing how to prepare for each step in the reaffirmation review are critical to ensuring a smooth reaffirmation experience.

Role of the Off-Site Reaffirmation Committee

The Off-Site Reaffirmation Committee's charge is to review the Compliance Certification. Each Off-Site Reaffirmation Committee is typically responsible for a cluster of three institutions, grouped as much as possible by similarity in level (highest degree offered) and type of control (public/private). The Off-Site Reaffirmation Committee's role is to make a preliminary determination of compliance for each of the standards addressed in the Compliance Certification.

The majority of the work of the Off-Site Reaffirmation Committee is completed remotely over the course of the seven or eight weeks prior to its two-day group meeting in Atlanta to finalize the findings. During those weeks, committee members devote approximately two weeks to the review of each institution in the cluster. Through email exchanges, telephone/video conversations, and postings of initial evaluations of compliance, the Committee forges a draft report. During the group meeting in Atlanta, the Committee devotes approximately a half-day to reviewing and coming to consensus on the preliminary findings for each standard for each institution and to ensuring consistency in the application of the standards to all institutions. All of the findings of the Off-Site Reaffirmation Committee are based solely on the content of an institution's Compliance Certification; no contact between the evaluators and the institutions is permitted, except in the case of technical issues with accessing the institution's materials.

Composition of the Off-Site Reaffirmation Committee

An Off-Site Reaffirmation Committee is composed of a chair and evaluators for finance, institutional effectiveness, organization and governance, student support services, library and learning support services, and three or more evaluators for academic administration and educational programs, depending on the size and complexity of the institutions in the cluster. None of these evaluators may be from institutions in the same states as the main campus of the institutions in their cluster. When they accept the invitation to serve on an Off-Site Reaffirmation Committee, evaluators are asked to attest to having no conflict of interest with the institutions included in the cluster. (See SACSCOC policy *Ethical Obligations of Evaluators*.)

Materials for the Off-Site Review

Reminders about the submission requirements are emailed to institutions by appropriate members of the SACSCOC staff shortly before the due date for the Compliance Certification. Approximately ten weeks prior to the meeting of the Off-Site Reaffirmation Committee, the institution receives the roster of its Off-Site Reaffirmation Committee. Materials are sent directly by the institution to each Committee member and to the institution's SACSCOC staff representative and SACSCOC staff Cluster Coordinator to be received no later than March 1 for Track A institutions and September 10 for Track B institutions. These dates are adjusted if the due date falls on a weekend – see the timeline on the Institutional Resources link at www.sacscoc.org for the exact due date. Although institutions may submit the Compliance Certification and most other required documents in either paper or electronic form, a few documents (as outlined below) must be provided in paper form even if they are part of the electronic documentation.

Submission Requirements for the Compliance Certifications. Institutions should send one copy of the following to each committee member and two copies of the following to the institution's Commission staff representative:

- Electronic file(s) of the Compliance Certification document with appropriate supporting documents.

- An instruction sheet that includes (a) clear directions on how to access the electronic documents, (b) the name and contact numbers of the technical support person who can assist an evaluator who may have trouble accessing electronic information, and (c) the name and contact numbers of the person who will provide print materials of documents if any evaluators request them.

- Catalog(s).

- Current Institutional Summary Form Prepared for SACSCOC Reviews.

- An organizational chart.

- One pdf copy of the signed Compliance Certification (with narrative but without the supporting documentation) should be sent to the institution's SACSCOC staff member (for archival purposes).

After the due date for submission of materials to the Off-Site Reaffirmation Committee and to Commission staff, no additional information, other than the financial statements for the most recent year, may be submitted to the committee. If the most recent audit is unavailable at the time that the Compliance Certification is submitted, the institution should inform its assigned SACSCOC staff representative and submit the audit as soon as it becomes available. Late audits may be submitted as late as ten working days prior to the first day of the Atlanta meeting of the Off-Site Reaffirmation Committees. Preliminary or draft audits are not acceptable substitutions for final audits and should not be submitted for consideration. If the most recent audit is not available in time for review by the Off-Site Reaffirmation Committee, it may be sent to the On-Site

Reaffirmation Committee for consideration no later than ten working days prior to the start of the Committee's visit.

Notes concerning Section 3 and Standard 7.2 (*Quality Enhancement Plan*). Institutions are not required to provide a comprehensive narrative and supporting documentation for the sections of Core Requirement 3.1, unless the basis for the institution's argument for compliance has changed since its last decennial review. Institutions should, however, affirm for the Off-Site Reaffirmation Committee that there have been no changes. The Committee's Report will include a narrative for all three standards and a preliminary finding.

Institutions are also not required to provide a comprehensive narrative and supporting documentation for the Off-Site Reaffirmation Committee's review of Standard 7.2 (*Quality Enhancement Plan*). Institutions may opt to provide limited information regarding their QEP for the Off-Site Reaffirmation Committee's non-binding evaluation and comments. If institutions need some assurance about the preliminary stages of QEP development, this submission may be helpful. Any comments from the Off-Site Reaffirmation Committee will be removed from the Report before it is forwarded to the On-Site Reaffirmation Committee; this preliminary review will in no way substitute for the On-Site Reaffirmation Committee's thorough review of the institution's full QEP document. For more specific information, see SACSCOC policy Quality Enhancement Plan.

Report of the Off-Site Reaffirmation Committee

For each standard addressed in the Compliance Certification, the Off-Site Reaffirmation Committee determines to what extent the narrative and its supporting documentation support a finding of compliance with the standard. The report prepared by the committee contains two important elements of their judgment: a declaration of compliance or non-compliance with the standard and a narrative providing the details that support that declaration.

Compliance Status. Much as the institution was asked to record its level of compliance with each standard in the Compliance Certification, the Off-Site Reaffirmation Committee selects one of the following four options to record its overall judgment of compliance documented for each standard:

1. When the Off-Site Reaffirmation Committee determines that the institution has presented a convincing and appropriately documented case for compliance with the standard, it indicates *Compliance*.

2. When the Off-Site Reaffirmation Committee determines that the institution has not presented a convincing and/or appropriately documented case for compliance with all of the compliance components in the standard, it indicates *Non-Compliance*.

3. When a standard addresses an issue that is outside the purview of an institution's mission (for example, when an institution has no intercollegiate athletics or offers no graduate programs), the Off-Site Reaffirmation Committee indicates *Not Applicable*.

4. When no documentation of compliance is available for review, the Off-Site Reaffirmation Committee indicates *Did Not Review*.

A quick review of these declarations of compliance status gives an institution an immediate sense of the amount of work that remains to be done for reaffirmation. A thorough understanding of additional tasks that must be undertaken to complete the documentation of compliance with the *Principles of Accreditation*, however, cannot be achieved without a close reading of the narratives accompanying the standards that were not marked Compliance.

Narrative. Narratives briefly describe the facts that support the Off-Site Reaffirmation Committee's judgment of the institution's documented level of compliance. In doing so, the Committee summarizes and/or references the policies, procedures, processes, publications, organizations, and assessment results that provide primary evidence of complying with the components in the standard. For those standards marked Compliance, the narratives prepared by the Off-Site Reaffirmation Committee provide the historical record of how the institution documented compliance during the current reaffirmation; the On-Site Reaffirmation Committee generally makes no changes to these narratives, other than grammatical changes to give the final report a better flow. Of more interest to the institution immediately after the Off-Site Review are the narratives written for the standards marked Non-Compliance. These narratives not only summarize the extent of any partial compliance that was documented in the Compliance Certification, but more importantly, they identify which components in the standards require further documentation of compliance to be assembled for the on-site review.

Preparing for the On-Site Review

Federal regulations require visits to institutional off-campus sites and other campuses as a part of the institution's decennial review…. SACSCOC staff member will appoint a committee(s) to visit a representative sample of sites at which 50 percent or more credits for an educational program are offered (taking into account such factors as geographic dispersion and number of students and programs at each site). For each site, the visiting committee will usually be composed of two members of the On-Site Reaffirmation Committee. The review of these visits will be completed either before or during the visit of the On-Site Reaffirmation Committee to the main campus.

<div align="right">SACSCOC policy <i>Reaffirmation of Accreditation and Subsequent Reports</i>, (<i>June 2018</i>)</div>

Part IV
FOCUSED REPORT AND
THE QUALITY ENHANCEMENT PLAN

After the Off-Site Review, institutions are strongly encouraged to prepare a Focused Report to address the non-compliance issues cited by the Off-Site Reaffirmation Committee. Providing a Focused Report in advance of the visit allows the On-Site Reaffirmation Committee to review remaining compliance issues, request additional documentation if needed, and request interviews with institutional representatives before committee members arrive. This pre-visit work helps make the time spent on-site more efficient and productive, both for the committee and for the institution. It also clears the schedule to allow more time to focus on the institution's Quality Enhancement Plan (QEP). Both the Focused Report and the QEP are sent to the On-Site Reaffirmation Committee six weeks prior to the campus visit, and two copies are sent to the institution's SACSCOC staff representative. See Part V of this *Handbook* for a complete listing of materials to be sent to the On-Site Reaffirmation Committee.

Focused Report

The Focused Report should be provided in electronic format. The report should address the non-compliance issues cited by the Off-Site Reaffirmation Committee for further review.

Compliance Issues Cited for Further Review

While similar in format to the Compliance Certification, the Focused Report addresses only those standards which the Off-Site Reaffirmation Committee found Non-Compliance. If the Off-Site Reaffirmation Committee's narrative indicates Non-Compliance with specific compliance components of the standard, rather than the entire standard, the Focused Report narrative would address those specific compliance components. Because the Focused Report addresses a limited number of standards, it is typically smaller than the Compliance Certification that was reviewed by the Off-Site Reaffirmation Committee.

Institutions should develop a case for compliance in the same fashion established in Part II of this *Handbook* for narratives in the Compliance Certification. The Focused Report provides an opportunity to submit additional documentation that was not included in the Compliance Certification, including new documentation that was generated after the submission of the Compliance Certification. The Focused Report gives institutions a second opportunity to present a convincing argument for compliance.

U.S. Department of Education Requirements

The U.S. Department of Education (USDE) requirements for recognition of an accrediting agency include the on-site review of several criteria, which are embedded in specific SACSCOC standards. For these specific standards, even if the Off-Site Reaffirmation Committee determined Compliance, these standards must also be reviewed by the On-Site Reaffirmation Committee.

Table 3: Standards Listed as Off-Site/On-Site Review

Standard	Descriptor
5.4	Qualified administrative/academic officers
6.1	Full-time faculty
6.2.b	Program faculty
6.2.c	Program coordination
8.1	Student achievement
8.2.a	Student outcomes: educational programs
9.1	Program content
9.2	Program length
9.3	General education requirements
10.2	Public information
10.5	Admissions policies and practices
10.6	Distance and correspondence education
10.7	Policies for awarding credit
12.1	Student support services
12.4	Student complaints
13.6	Federal and state responsibilities
13.7	Physical resources
14.1	Publication of accreditation status
14.3	Comprehensive institutional reviews
14.4	Representation to other agencies

These standards are noted in the Compliance Certification template by the inclusion of the phrase "Off-Site/On-Site Review" after the standard's descriptor.

If the Off-Site Reaffirmation Committee marked any of these standards Non-Compliance, institutions should address them in the Focused Report. Since institutions are required to send the On-Site Reaffirmation Committee a copy of their full Compliance Certification, the narratives for the remaining USDE issues, those the Off-Site Reaffirmation Committee marked Compliance, are included in that material. In their Focused Reports, institutions may update and refine their narratives and supporting documentation of compliance to reflect recent changes.

Standards 1.1 (*Integrity*) and Standard 7.2 (*Quality Enhancement Plan*) are also reviewed On-Site.

Quality Enhancement Plan

The Quality Enhancement Plan (QEP) is the component of the reaffirmation process that reflects and affirms the commitment of SACSCOC to enhancing the quality of higher education in the

region and to focusing attention on student learning. The QEP describes a carefully designed course of action that addresses a well-defined and focused topic or issue related to enhancing student learning and/or student success. The QEP's topic should be identified through or in concert with the institution's ongoing integrated institution-wide planning and evaluation process. Hence, the QEP standard (7.2) is closely related to Core Requirement 7.1 (*Institutional planning*).

Developing a QEP as a part of the reaffirmation process is an opportunity for the institution to demonstrate its commitment to continuous improvement of student learning and student success – the most fundamental role of any institution of higher education. The On-Site Reaffirmation Committee will expect the Quality Enhancement Plan to present a clear and comprehensive analysis of the importance of the selected topic to the institution. Responding to this reaffirmation requirement may also provide an impetus for focusing critical and creative energy. Institutions report that the QEP "has caused us to become much more intentional and focused about an important element of our mission" and "helped us put in motion our creativity."

As noted in Part II of this *Handbook*, narratives in the Compliance Certification focus on the past and the present; the QEP, however, looks to the future. Because the topic evolves from the institution's on-going planning processes, the QEP may have been born from an existing initiative and/or it may be in the early stages of development and/or implementation at the time the on-site review. Standard 7.2 requires the QEP to have five essential elements:

- The QEP is derived from institutional planning and evaluation processes.
- The QEP has broad-based support of institutional constituencies.
- The QEP focuses on improving specific student learning outcomes and/or student success.
- The institution is committing and will continue to commit resources needed for the QEP to have a good chance of success.
- The QEP includes a plan to assess the level of that success.

Leadership for Institutional Development of the QEP

The institution's Leadership Team is charged with providing oversight for both the development of the Compliance Certification and the development of the Quality Enhancement Plan. After the institution has identified the topic for the QEP, the Leadership Team may wish to assign the day-to-day responsibility for its development to a select group or committee representing those individuals who have the greatest knowledge about and interest in the ideas, content, processes, and methodologies currently in place or being developed with regard to the QEP initiative. Since the QEP addresses enhancing student learning and/or student success, faculty, as well as academic and student support staff, often play a primary role in this phase of the reaffirmation process.

If not already in place as a result of the institutional planning process, the institution may also decide to establish a QEP steering committee with the task of drafting a document for review. This committee frequently establishes sub-committees that focus on particular aspects of the development process; for example, one group might conduct the literature review, another might flesh out the strategies for professional development, a third could develop the assessment plan, and a fourth detail the resources to be utilized.

Institutional Support

The development of a QEP that successfully addresses the quality of student learning and/or student success requires significant commitment from the institutional community. An institution's support of the Quality Enhancement Plan should be evident through:

- Consensus among key constituency groups that the QEP, rather than being merely a requirement for reaffirmation of accreditation, can result in meaningful improvements in the quality of student learning and/or student success.

- Broad-based institutional support of appropriate campus constituencies for the topic or issue to be addressed by the QEP.

- Careful review of research and best practices related to the topic or issue.

- Identification of adequate resources to develop, implement, and sustain the QEP.

- Implementation strategies that include a clear timeline and assignment of responsibilities; for most institutions, this will have both forward and backward-looking elements relating the QEP to the institutional planning process.

- A structure established for evaluating the extent to which the goals of the plan are attained.

Review committees expect an institution to demonstrate its commitment to the QEP by providing realistic operational details for implementing, maintaining, and completing the project.

Developing the Quality Enhancement Plan: Suggested Steps

Processes for developing the QEP will differ among institutions, depending on such factors as size, campus culture, internal governance structures, mission, the focus of the QEP, physical and human resources, and numerous other variables that may define what is appropriate or even possible. Because the QEP arises from on-going broad-based institutional planning processes, the QEP may be an existing project. There is not an expectation that the institution must wait for SACSCOC review to initiate efforts to address the QEP topic. While On-Site Reaffirmation Committee members recognize the role that institutional culture plays in shaping the development process and the wide range of possible acceptable approaches, they do expect the process to have been methodical, logical, and inclusive.

If the QEP is centered on a current, on-going initiative to enhance student learning and/or student success, part of the QEP narrative should be directed toward an explanation as to how work on the project is expanding the initiative upon which it is being built. Essentially, the origins, the current status, and the expected future direction of the initiative should all be addressed. If the topic is a new initiative, more discussion of the origins of the topic may be necessary, as well as a clear explanation of the expected direction of the effort.

An important distinction for institutions to understand at the outset is that the QEP is an action plan; it is not a timeline for subsequent planning. Planning needs to be completed during the months prior to the arrival of the On-Site Reaffirmation Committee on campus. Further, prior initiation or piloting of the plan is fully acceptable. It is important, however, that institutions not be so far along in the implementation of their QEP that they are not able to benefit from the input

provided by the On-Site Reaffirmation Committee. Institutions may not submit a QEP that describes initiatives that are fully realized.

There is no set way to develop the QEP, especially since the nature of institutional planning differs greatly across the SACSCOC membership. The following steps offer an example; institutions may choose to organize their QEP development process in whatever manner best suits their culture and resources.

Step One: Selecting a Topic

Because the QEP topic arises from institution-wide planning and evaluation processes, the institution's current strategic plan (or institutional equivalent) is the logical place to begin. Given that student learning and student success are central to the goals of higher education, most strategic plans will already include items related to student learning outcomes or student success. If not, an institution might have additional planning/evaluation work to do to identify an appropriate topic. Assuming such goals are already present in the planning process, the QEP topic becomes a matter of choosing which aspect of those goals to address. This may require an internal review process, but certainly the institution must narrow the choices available to keep the QEP manageable. While the QEP is representative of the institution's efforts for continuous improvement; it should not be the only effort to enhance learning and success.

If the institution is just beginning to initiate a new strategic or academic plan, then it may view that effort and the choice of a QEP topic as complementary activities. Essentially, the broad-based involvement of campus constituents in the planning process could also serve as the process for identifying the QEP. Institutions need to identify a process that harmonizes with their size and governance structure. Whatever the process used for selecting the topic for the QEP, one of SACSCOC's primary concerns is that the institution ensure widespread support of the project and participation of all pertinent institutional constituent groups – faculty, administrators, students, staff, and perhaps even alumni, trustees, and/or community members. Broad-based support needs to be self-evident to on-site evaluators, who expect institutions to demonstrate that various institutional constituencies have been involved in the identification of and/or development of the topic for the QEP. Since faculty members shoulder primary responsibility for student learning, and both faculty along with academic and student support personnel are central to student success initiatives, these groups should be appropriately represented throughout the development and implementation of the QEP.

Institutions are encouraged to base their selection of the topic for the QEP on an analysis of empirical data. The institution may wish to examine best practice studies in higher education as well as national and peer group data derived from other carefully designed research. A QEP topic based on a needs assessment, for example, will have more validity and credibility than one stemming from anecdotal evidence. Recognized, substantive issues will likely have a good chance of getting the institutional stakeholders to support both the development and implementation of the plan. Executive summaries of QEPs that have been or are in the process of being completed can be found on the SACSCOC website under [Institutional Resources](). These may serve as valuable resources both in terms of ideas and contacts with others who have implemented or are implementing similar projects.

Whatever the source of inspiration, institutions should ensure that the QEP clearly establishes the importance of the topic so that on-site evaluators can understand its value and appropriateness to the institution. The On-Site Reaffirmation Committee will expect the institution to have selected an issue of substance and depth.

Scope. A critical factor in the selection of the topic is the determination of the scope of the initiative. While the QEP is not expected to touch the life of every student at the institution, the topic does need to be perceived as significant to the institution and as a major enhancement to student learning and/or student success. On the other hand, it also needs to be tailored and provide a manageable framework for development and implementation. One might argue that an institution has the right to select a broad, complex issue for its QEP, and certainly it does. However, evaluators will be looking for evidence that the institution is reasonably capable of implementing and completing the plan as described.

Of particular importance to on-site evaluators is a clear and concise description of the critical issue(s) to be addressed. Viable QEP topics may focus on areas such as enhancing the academic climate for student learning, strengthening the general education curriculum; developing creative approaches to experiential learning; enhancing critical thinking, writing, or math skills; introducing innovative teaching and learning strategies; increasing student engagement in learning; fostering academic tenacity; enhancing student job placement; targeting completion in gateway courses; increasing student engagement, retention, and degree completion; and building informational, cultural, or technological literacy. In all cases, goals and evaluation strategies must be clearly and directly linked to improving the quality of student learning and/or student success.

Before institutions move on to the second step, developing student learning outcomes, they need to pause and consider whether or not the selected topic requires definition. The appropriateness of topics such as "Critical Thinking" and "Academic Literacy," for example, may be self-evident, but the precise meaning of these terms may not be quite so apparent because both topics include a range of knowledge and skills. Developing operational definitions of terms such as these will pay dividends when establishing student learning outcomes and assessment plans.

Step Two: Defining the Outcomes

Within the context of the QEP as a requirement for reaffirmation, SACSCOC broadly defines student learning as changes in (1) knowledge, (2) skills, (3) behaviors, or (4) 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. Within the context of its own particular Quality Enhancement Plan, an institution must specify realistic, measurable student learning outcomes and/or student success outcomes appropriate for its topic.

The institutional planning process will usually include some goals and objectives related to the chosen QEP topic. While these goals may need more specificity than what is collected for the broader planning process, they are an excellent place to start in identifying the outcomes for the QEP.

Keeping colleagues focused on student learning outcomes and/or student success outcomes at this stage sometimes requires a conscious effort to distinguish between the process of enhancing

student learning and/or student success as opposed to the activities undertaken to achieve the desired enhancements. Initial excitement about the QEP topic frequently results in enthusiasm about actions that might be taken – for example, developing a freshman seminar, establishing learning communities, implementing intrusive advising, or expanding job fairs. While the freshman seminar and job fairs may be viewed as outcomes of the QEP (after all, the intent is to create them), they are not student learning outcomes nor evidence of student success. Rather, as elements of a new process (the "action" portion of the QEP), they are the means to the end – not the end itself.

Notice how the process outcomes listed below describe *what institutions will do* as they implement their QEPs rather than *what students will be able to do or achieve* as a result of the implementation of the QEP.

- The college will establish baseline performance measures for mathematics skills.

- The faculty will use technology resources to develop and implement at least twelve web-enhanced classes over a five-year period.

- The Graduate School will provide professional development opportunities for faculty and staff.

- The student affairs office will initiate a mini-grants program.

Actual student learning outcomes or student success outcomes stem from the impact of strategies such as these on the knowledge, skills, behaviors, and values of students, or, in the case of the mini-grants, the completion rate of students. What should students know post-implementation of the QEP that they don't know now? What should students be able to do then that they can't do now? How should their behavior change? What changes in values are anticipated? Will indicators of success be better than they are now? Consider the following statements in contrast to the earlier list:

- Graduates will be able to describe the fundamental elements of the social, political, and economic reality of a country or region other than [their own].

- Graduates will be able to describe a single event from their own cultural point of view and from that of another culture.

- As the sender, the graduating student will generate respectful communications that have a clear purpose and are well organized, grammatically correct, and appropriate to the audience and mode of communication.

- Students who take the developmental math courses will show significant increases in success in the next level math course.

- At least five students per year will graduate who would have left school without having access to a mini-grant.

- D-F-Withdraw rates in ECO101 will decrease by 7.5 percentage points over the following three years.

The first four statements focus on changes in knowledge, skills, behaviors, or values. The last three are indicators of student success. These statements are (1) specific, (2) focused, and (3) measurable. On-site evaluators expect a QEP to provide relevant and appropriate goals and objectives to improve student learning outcomes and/or student success that can be expected to lead to observable results.

Step Three: Researching the Topic

Like any good research proposal, the QEP should be grounded in a review of best practices and provide evidence of careful analysis of the institutional context in which the goals will be implemented and of consideration of best practices related to the topic. Nobody has time to reinvent the wheel (and SACSCOC does not expect that the QEP constitute "original" research), so the institution should take full advantage of the available literature on the topic. Library staff can offer valuable assistance in assembling a bibliography of current literature on the topic. Many institutions use this step as an opportunity to build a broad base of support for the initiative by engaging a wide range of colleagues in the development of executive summaries of the items on the bibliography, thus reducing the burden of work and building broad-based involvement into the process. If the QEP has been initiated prior to the writing of the QEP, then this process should have taken place as part of the implementation of initiatives within the institutional planning process.

Researching the topic has the added benefit of helping to uncover potential QEP lead evaluators for the On-Site Reaffirmation Committee. Investing in attendance at conferences and workshops is a valuable strategy for involving key individuals in an immersion orientation to the identified topic and it offers yet another opportunity to find a QEP lead evaluator. Identifying prospective evaluators early on carries with it the obvious advantage of getting the on-site visit onto the evaluator's calendar early. Many institutions that delay this search discover that their leading choices are already booked for the dates of the visit.

Step Four: Identifying the Actions to be Implemented

In light of identifying best practices related to the selected topic, institutions now need to identify the actions and the activities implemented and planned to be implemented to bring about the desired enhancement of student learning and/or student success. Of particular importance at this point is ensuring that the list is both complete and affordable. For example, On-Site Reaffirmation Committees expect institutions to provide professional development for participating faculty and staff when QEPs take an institution in a new direction. They also want to know that the institution has looked at each action from multiple perspectives (such as impact on students, and faculty, resources for oversight, cost, and complexity) and addressed all of the ramifications of the plan, such as modifications to related policies and procedures, adjustments to faculty workloads, reallocations of funds, and development of a support infrastructure.

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 completely 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 some cases, the QEP is designed to remain active for a specified period of time and then conclude. For others, the QEP, if successful, 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.

Step Five: Establishing the Timeline for Implementation

Establishing the project timeline should result from a thoughtful integration of the activities needed to produce the desired enhancement of student learning outcomes and/or student success outcomes throughout the life of the QEP. The timeline might begin with the development of the QEP topic within the strategic planning process (or even earlier). The length of time necessary to implement and sustain the project will vary among institutions; therefore, SACSCOC does not prescribe a set timeframe for the duration of the QEP.

Institutions should ensure that all key activities are included on the timeline and that the implementation of future activities is planned in an orderly and manageable sequence. Evaluators need to feel confident not only that institutions have identified a series of actions with the potential to generate the desired learning outcomes, but also that institutions have developed realistic timelines whose schedules for implementation and assessment they will be able to meet. Furthermore, Committees expect institutions to move with sufficient dispatch to have meaningful results to report in the Fifth-Year Interim Report.

Step Six: Organizing for Success

Early in the process, there is a tendency to concentrate on *organizing to develop* the QEP. The main focus of the On-Site Reaffirmation Committee, however, will be to see the extent to which the institution has *organized to implement* the QEP. Institutions must take care to detail the infrastructure for the implementation and the continuation of the QEP. Who is responsible for each activity? Are they qualified and empowered to fulfill those responsibilities? To what extent do future plans build on past activities? If piloting or initial implementation has already begun, what have you learned that will affect future continuation of the plan? Who is responsible for monitoring progress or for modifying the plan? Do these individuals have sufficient time to complete their tasks?

Step Seven: Assessing the Success of the QEP

The institution's evaluation of its QEP should be multifaceted, with attention both to assessing its success at reaching the desired enhancements in student learning outcomes and/student success outcomes (the ends of the QEP), as well as assessing the process of implementing the actions and activities put in place to achieve those outcomes (the means of the QEP).

In evaluating the overall goals of the QEP, primary emphasis is given to the impact of the QEP on the quality of student learning and/or student success. Since On-Site Reaffirmation Committees must be convinced that institutions have developed the means for assessing the success of their QEPs, they expect details – names of assessment instruments, timelines for the administration of those instruments, processes for the review of the assessment results – rather than general descriptions of intentions to develop instruments at some point in the future. If the QEP is already being piloted or implemented, then the reviewers would expect to see evidence of those early

assessment activities. As is generally considered good institutional effectiveness practice, multiple assessments using both quantitative and qualitative, as well as internal and external measures should be considered. The comprehensive assessment plan should be flexible enough to accommodate, if necessary, subsequent changes made to implementation activities and timelines as a result of the analysis of previous assessment results. On-Site Reaffirmation Committees also expect institutions to have developed a system for monitoring progress in implementing its QEP and to describe the process by which the results of evaluation will be used to improve student learning or success.

Step Eight: Preparing the QEP for Submission

The QEP should be clear, succinct, and presented in a reader-friendly font. It may not exceed one hundred pages of size 11 Times New Roman font, including a narrative of no more than seventy-five pages and appendices of no more than twenty-five pages. A page header, right aligned, should identify the institution; the footer, centered, should indicate the page number. The title of the QEP, the name of the institution, and the dates of the On-Site Review should be prominently displayed on the title page. Institutions may organize QEPs in whatever format best conveys the ideas of the project and addresses all of the components of the standard. One possible approach is as follows:

I. **Executive Summary** (one page)

II. **Focus of the QEP:** A topic that is creative and vital that focuses on improvement of student learning outcomes and/or student success (providing compliance with Standard 7.2, parts c and e)

III. **Identification of the Topic**: Relationship of the QEP to the institution's ongoing comprehensive planning and evaluation process (providing compliance with Standard 7.2 part a)

IV. **Support for the Topic** Evidence of broad-based support of institutional constituencies for the topic (providing support for compliance with Standard 7.2, part b)

V. **Institutional Commitment to the Topic**: Review of best practices from the literature, organization of the QEP with actions to be taken and timeline, outline of resources to be committed [might be multiple sections for readability] (providing support for compliance with Standard 7.2, part d)

VI. **Assessment**: A comprehensive evaluation plan as well as preliminary findings if piloting or initial implementation has begun (providing support for compliance with Standard 7.2, part e)

VII. **Appendices** (optional)

Ultimately, there is no one "best" format applicable to every plan. It is imperative, however, that the plan provide full coverage of all the component parts of the QEP standard, regardless of its organization.

Part V
ON-SITE REVIEW

The On-Site Review is typically conducted four to six months after the Off-Site Review. On-Site Reaffirmation Committees often arrive on Monday afternoon to visit off-campus instructional and depart mid-morning on Thursday. Under some circumstances (such as when the Off-Site Reaffirmation Committee has identified an abundance of issues for further review on campus or when additional time is required to visit off-campus instructional sites), the length of the visit is expanded to provide sufficient time for the On-Site Reaffirmation Committee to complete all of its work. Institutions should invite a representative(s) of their governing board to be on campus at the time of the visit or, at a minimum, make arrangements for a conference call as part of the visit. If the board structure is a complex multi-level governance system (as per Standard 4.3), representatives of each of the governing boards would be needed. Further information on institutions' responsibilities to governing and coordinating boards and to other state agencies during reaffirmation is available in SACSCOC policy *Governing, Coordinating, and Other State Agencies: Representation on Evaluation Committees*.

Role of the On-Site Reaffirmation Committee

The On-Site Reaffirmation Committee's responsibilities are more varied than the singular duty of reviewing the Compliance Certification and the Preliminary Report completed by the Off-Site Reaffirmation Committee. As pointed out in Section IV of this handbook, the (optional) Focused Report provides the foundation for the On-Site Reaffirmation Committee's subsequent review of standards for which compliance has not yet been documented. Like the Off-Site Reaffirmation Committee, the On-Site Reaffirmation Committee is expected to examine and evaluate, as appropriate, the institution's mission, policies, procedures, programs, resources, services, and other activities as they support compliance with these remaining standards. As listed in Table 3 in Part IV of this *Handbook*, the On-Site Reaffirmation Committee also reviews specific standards as referenced in federal regulation and associated with USDE recognition of accreditors. In addition, the On-Site Reaffirmation Committee is charged with review of Standard 7.2 (*Quality Enhancement Plan*). Where applicable, this Committee performs two additional tasks: (1) visiting all branch campuses, visiting a sample of off-campus sites approved to offer fifty percent or more of a program, and reviewing distance education; and (2) reviewing issues stemming from Third-Party comments. Finally, the On-Site Reaffirmation Committee will review the Principle of Integrity (Core Requirement 1.1). Unlike the Off-Site Reaffirmation Committee, the On-Site Reaffirmation Committee presents its findings to the institution verbally during an Exit Conference and in writing in the finalized Report of the Reaffirmation Committee.

Completing the Review of the Compliance Certification. Much of the work of the On-Site Reaffirmation Committee – reading institutional materials to make preliminary evaluations,

drafting initial narratives, and participating in conference calls to share perspectives – is completed during the weeks prior to the visit. Because the Focused Report enables the evaluators to review documentation of compliance prior to arriving on campus, a well-prepared Focused Report can reduce, sometimes quite dramatically, the number of requests for additional documentation and the number of interviews that must be scheduled during the committee's visit. During the committee's conference call approximately two to three weeks prior to the visit, the evaluators identify additional documentation for those standards for which compliance has not yet been established and begin to construct a list of individuals to interview. The chair of the committee forwards that list of additional documentation to the institution so that the documents can either be sent to the committee members immediately or be assembled for review later at the hotel or on campus. The chair also forwards to the institution the requests for interviews so that a preliminary schedule for Day One of the visit can be drafted.

Addressing the Quality Enhancement Plan. The committee's conference call also provides an opportunity for the evaluators to share initial perceptions of the Quality Enhancement Plan and to identify the composition of the groups to be interviewed on campus. The committee chair works with the institution to ensure that the groups developed for the QEP interviews include relevant institutional representatives to address the committee's questions. Although the precise composition of these groups depends upon the topic of the institution's QEP, committees typically want to talk with small groups representative of the constituencies involved in creating and implementing the plan. These often include faculty and/or staff members responsible for the QEP's implementation, administrators responsible for providing support, students, institutional research and assessment personnel, and staff in related academic and student support services.

Visiting Off-Campus Sites and Reviewing Distance Education. For most institutions with off-campus sites that are approved to offer fifty percent or more of an educational program, the review of a representative sample of these locations and of all branch campuses is usually scheduled for the day before the On-Site Reaffirmation Committee arrives on campus or for the morning of the first day of the visit. For institutions with many off-campus sites that must be visited or with scheduled visits to international off-campus sites, the review of some or all of these locations may need to be scheduled earlier than the week of the committee's visit to the main campus. In all instances, the institution's SACSCOC staff representative selects the sites, which are visited by at least two members of the committee (and discussed by the whole committee) to determine whether the institution has appropriate personnel, facilities, and services to operate the sites. Further information about these off-campus visits is available in Commission policy *Reaffirmation of Accreditation and Subsequent Reports*. Additional guidelines for visits to off-campus sites is in the *Resource Manual*; see especially Appendix C of the *Manual*, "Guidelines for Addressing Distance and Correspondence Education, Off-Campus Instructional Sites, and Branch Campuses."

Reviewing Third-Party Comments. Two years in advance of an institution's scheduled reaffirmation of accreditation, SACSCOC posts on its website a call for third-party comments. For Track A institutions, third-party comments are due on August 30 prior to the on-site visit; for Track B institutions, third-party comments are due on January 15 prior to the on-site visit. In both instances, the comments are forwarded to the institution. The institution is then invited to prepare a written response to the comments for review during the institution's on-site visit. Additional information is available in SACSCOC policy *Third-Party Comment by the Public*.

Conducting the Exit Conference. Prior to its departure, the On-Site Reaffirmation Committee will conduct an Exit Conference with key institutional personnel. At that time, the committee presents any recommendations included in its report and discusses with the institution the strengths and weaknesses of the Quality Enhancement Plan, along with a sampling of its other observations and comments. The SACSCOC staff representative outlines the timetable for transmittal of the committee's report to the institution and describes the process for submitting appropriate documents to the SACSCOC Board of Trustees for the Board's action regarding reaffirmation.

Composition of the On-Site Reaffirmation Committee

An On-Site Reaffirmation Committee includes a minimum of seven members: the chair and evaluators in the areas of organization and governance, academic administration, faculty, student support or library services, institutional effectiveness, and the Quality Enhancement Plan. If the library or finance standards have been cited as being in Non-Compliance, appropriately qualified evaluators would be added. The SACSCOC staff representative may expand the size of the committee if the Off-Site Reaffirmation Committee has identified an abundance of issues for further review on campus or if the institution has numerous off-campus sites that must be visited. None of the committee members may be from institutions in the same state as the main campus of the institution being visited. At a meeting approximately one year prior to the dates for the on-site visits, SACSCOC staff identify committee chairs for all of the institutions in the class scheduled for review during that term; institutions are asked to confirm that the identified individuals have no conflict of interest before staff invite them to assume leadership for the On-Site Reaffirmation Committee. Approximately six to nine months prior to the visit, the SACSCOC staff member for each institution identifies and invites evaluators to fill the remaining slots on the committees.

When evaluators accept positions on On-Site Reaffirmation Committees, they are asked to attest to having no conflict of interest with the institution. (See SACSCOC policy *Ethical Obligations of Evaluators*.) That same policy establishes an expectation that individuals with a vested interest in the institution scheduled for review will refrain from attempting to influence an evaluator's judgment or otherwise influence the upcoming visit. Institutions need to refrain from making contact with members of the On-Site Reaffirmation Committee for reasons other than providing necessary information about logistical arrangements for the visit, distributing the required institutional materials for the review, responding to inquiries regarding materials, or collecting travel information to facilitate transportation to and from the airport.

At least three months prior to the On-Site Review, the institution is responsible for nominating an individual to serve as the lead evaluator for the QEP. Generally an individual with expertise in the topic selected for the QEP, the QEP lead evaluator works with the other committee members under the supervision of the chair in the evaluation of the Quality Enhancement Plan and in the development of the narrative for Part III (Assessment of the Quality Enhancement Plan) of the Report of the Reaffirmation Committee. Details on identifying and nominating a QEP lead evaluator can be found in SACSCOC policy *Quality Enhancement Plan*. If the institution does not identify a QEP Lead Evaluator, a committee member will be added to the On-Site Reaffirmation Committee to fulfill that role.

An individual with a leadership role in the reaffirmation of an institution that is just beginning its decennial review process may accompany an On-Site Reaffirmation Committee as an observer. As the label implies, this observer is not another evaluator; the observer's role is to take home insight into the activities of an On-Site Reaffirmation Committee and pointers about preparing for reaffirmation gleaned from conversations with persons at the host institution. Like the evaluators on the On-Site Reaffirmation Committee, the observer cannot be from an institution located in the same state as the main campus of the host institution. Before placing an observer on a committee, the SACSCOC staff representative obtains the approval of the host institution's CEO. Expenses incurred by the observer are the responsibility of the observer's institution. Further information is available in SACSCOC policy *Observers on Reaffirmation On-Site Review Committees*.

Although the institution's SACSCOC staff representative is available on site to facilitate the work of the committee, the SACSCOC staff member does not function as a member of the On-Site Reaffirmation Committee and does not make the determinations of institutional compliance that will be recorded in the Report of the Reaffirmation Committee. The SACSCOC staff representative will, however, listen closely to deliberations among committee members to help ensure that the SACSCOC standards and policies are consistently applied. Part of the staff representative's role is to provide historical information on similar institutions, as well as procedural and substantive advice on how SACSCOC policies and standards have been interpreted and could be applied to the current situation.

Materials for the On-Site Review

SACSCOC staff representatives work with their assigned institutions to complete the "Information Outline for a Visit," which includes such details as dates of the visit, contact numbers, information regarding transportation and housing accommodations during the visit, and the times and locations of the first and last committee meetings during the visit. This form is emailed to the members of the On-Site Reaffirmation Committee with other documents designed to help them prepare for the review.

Six weeks prior to the on-site visit, institutions should send to each member of the On-Site Reaffirmation Committee, including the observer (if one has been included on the committee roster), and to SACSCOC staff representative electronic copies of the following materials:
- Quality Enhancement Plan,
- Focused Report,
- Compliance Certification with supporting documentation,
- Catalog(s),
- Current Institutional Summary Form Prepared for SACSCOC Reviews, and
- Written response to third-party comment, if applicable.

In order to acquaint the committee members with additional characteristics of the institution and the region, some institutions expand this mailing to include institutional publications and newsletters and regional promotional materials. These supplementary materials may enable evaluators to form a more comprehensive picture of the institution than may be apparent from the On-Site Reaffirmation Committee's focus on limited compliance issues and the QEP.

Hosting the On-Site Review

Because the chair of the On-Site Reaffirmation Committee is responsible for organizing and managing the work of the committee, the institution needs to begin establishing communication with the Chair several months prior to the visit. The institution's CEO and/or Accreditation Liaison should not hesitate to initiate contact with the Chair after they have been notified of the Chair's acceptance of the appointment. The Chair will utilize conference calls and e-mails to establish a rapport with the campus Leadership Team and to make arrangements for the site visit. Often, the Chair arrives on site the day before or morning of the start of the On-Site Review, usually on Monday. (Chairs no longer make preliminary visits to the institution prior to the On-Site Review.)

Since a key responsibility of the Accreditation Liaison is to coordinate reaffirmation visits, the Accreditation Liaison serves as the institution's contact person for the Chair. To anticipate meeting the Chair's expectations for the visit, the Accreditation Liaison should begin working with the Leadership Team months in advance of the visit to consider addressing the committee's transportation, accommodation, and dining needs. The Accreditation Liaison should also work with the institution's business office to arrange payment for expenses, such as hotel accommodations and meals, incurred by committee members during their time on site.

Transportation. Institutions are expected to provide safe, reliable transportation to and from the airport, to and from off-campus locations, between the main campus and the hotel, and between the hotel and restaurants. Meeting expectations for safe drivers includes a proper license and a safe driving record. Meeting expectations for reliable transportation may entail securing cell phone numbers for committee members so that they can be contacted if their pick-up at the airport is unavoidably delayed. Providing a step-up stool is very helpful to assist Committee members in and out of taller vehicles such as vans, busses, and SUVs. It is important to note that committee members generally are transporting briefcases and/or other bags; vehicles should be sized accordingly, or multiple vehicles utilized.

Hotel Accommodations. SACSCOC expects that hotel rooms will contain desks and lighting appropriate for working in private. Efforts by the institution to secure rooms in the quieter sections of the hotel are generally appreciated. Many institutions make a positive impression on committee members by checking them into the hotel prior to their arrival and handing them the key as they enter the lobby. Some institutions house institutional staff (Accreditation Liaison, computer support technician, or local arrangements coordinator) at the hotel or provide cell phone numbers of institutional staff who live nearby to address the committee's needs during the evening and early morning hours.

The hotel conference work room must be of sufficient size to enable the committee to conduct extended meetings and to provide ample additional tabletop space for documents, computers, snacks, and other materials and equipment. There should be sufficient electrical outlets to accommodate the computers and other devices in the room. The room should be secure in that access is restricted only to committee members, invited guests, and appropriate hotel workers. Generally, the display of the documents provided in the conference room at the hotel is a duplicate of the display provided in the workroom on campus. Institutions should poll committee members to determine how many laptop computers must be provided for use at the hotel. Institutions also generally poll committee members several weeks prior to the visit to determine their preferences

for snacks and beverages. The conference room should also contain a heavy duty paper shredder, a photocopier, and a printer or two, along with a variety of general office supplies such as staplers, pens, USB drives, ink cartridges, and a generous supply of paper for the printers and photocopier. Committee members also expect an Internet connection, at the very least in the conference room and preferably also in their hotel room. A restaurant on premises or within walking distance is also desirable.

Campus arrangements. SACSCOC expects the institution to provide private, dedicated space on campus for the committee's work. Like the conference room at the hotel, this room needs to be large enough to conduct extended meetings and should be spacious enough for documents, computers, printers, snacks, beverages, a photocopier, a paper shredder, and a variety of general office supplies. Resource materials on display should include a complete copy of the institution's Compliance Certification and supporting documentation, copies of the Focused Report and supporting documentation, additional materials requested by committee members prior to the visit, and other materials that the institution believes are appropriate. Whatever the configuration, this dedicated space needs to be viewed as off-limits to institutional staff during the visit. Many institutions staff an assistance station not far from the entrance to the committee's work room to ensure that someone is always readily available to secure materials or make appointments for committee members. To ensure that committee member needs are appropriately met, institutions may wish to inquire in advance of the visit regarding any required accommodations during the visit. Such needs might impact housing, dining, and transportation plans.

Dining. Generally, institutions should plan on providing meal service throughout the visit. To ensure that meals provided by the institution meet the dietary needs of the committee, institutions should survey the committee members in advance of the visit to determine if any dietary restrictions need to be met.

Typical Meal Schedule for an On-Site visit.

Arrival Day:

Lunch – Committee members will likely arrive a different times, some perhaps not until Monday evening. Depending upon the time of arrival and whether they have eaten en route, committee members might or might not need lunch provided; therefore, lunch plans should be informal, flexible, and based upon individual travel plans and preferences.

Dinner - Often committees will meet together for dinner (6pm or 7pm), including those committee members who have already arrived. Having dinner in the hotel restaurant or at restaurant in easy walking distance from the hotel is appreciated. If neither of these options are available, the institution might provide transportation to a nearby restaurant or explore catering or delivery options. Committee members might have traveled many hours this day, so keeping additional travel to a minimum would likely be appreciated.

Day One:

Breakfast – On one's own in hotel

Lunch – Since On-Site Reaffirmation Committees convene at the hotel or on campus for their Organizational Meeting on the morning of Day One, they typically have lunch at the hotel or on campus, often in the conference work room during the meeting. If the hotel

does not offer food service and lunch must be brought in, some institutions solicit orders from committee members during the week prior to the visit.

Dinner – Dinner on Day One is taken at a local restaurant selected by the chair in consultation with the institution. Many institutions reserve a private dining room for this meal and have the drivers eat elsewhere in the restaurant so that transportation back to the hotel is available as soon as the committee has finished dining.

Day Two:

Breakfast – On one's own in hotel

Lunch – Lunch on Day Two is eaten on campus. It is common for the committee to divide into three groups to have working lunches with faculty in one group, students in another, and members of the institution's governing board in a third group. Committee chairs and SACSCOC staff should be consulted about preferences for this meal.

Dinner – The location for dinner on Day Two depends, to a large extent, on the committee's progress thus far in developing its report and its preference for completing the task. Transportation to a nearby restaurant may be the choice of the committee, or they may choose to dine in the hotel or at a restaurant within walking distance. Time is important this evening, so if there are plans for a restaurant meal that is not right next to the hotel, that should be set for dinner on Day One.

Day Three:

Breakfast – On one's own at the hotel, although perhaps in conjunction with an executive session in the conference work room.

Billing Procedures. Committee members' transportation costs (mileage, parking, meals en route, and airfare) are reimbursed by SACSCOC after the On-Site Review is completed. These costs are part of the final billing to the institution by SACSCOC. Due to the cost of international airfares, however, institutions are encouraged to purchase these tickets for the committee when visits to international locations are required. Committee members generally fly business class to international sites, if the institution approves. If business class fare is not supported, an additional overnight hotel stay may be required. Institutions are also encouraged to arrange for hotel accommodations and hotel food service to be billed directly to the institution. Most institutions also arrange payment for evening meals at restaurants; however, the institution can also arrange with the SACSCOC vice president to pay for committee meals and include them in part of the final billing to the institution, if that would be helpful.

During the reaffirmation process, institutions receive two invoices from SACSCOC. The first, which covers the cost of the Off-Site Review, is sent shortly before the group meeting of the Off-Site Reaffirmation Committee. The second, which covers the cost of the On-Site Review, is sent after all of the reimbursements for the On-Site Reaffirmation Committee have been processed by the SACSCOC business office.

Daily Schedule for the On-Site Review

The length of time that an On-Site Reaffirmation Committee typically spends on-site extends from the morning of Day One through mid-morning of Day Three. For most committee chairs and SACSCOC staff representatives, schedules for these three days have a distinctive character. On Day One, the committee focuses on large-group meetings, with full committee sessions held with the institution's Leadership Team as well as the leadership of the QEP process. Time remaining on Day One is spent completing the review of all of the compliance issues stemming from standards marked Non-Compliance by the Off-Site Reaffirmation Committee and confirmation of compliance with the USDE-related standards and requirements. At this time, the committee also addresses third-party comments, if applicable. On Day Two, the Committee focuses on smaller group meetings to reach final resolution on compliance issues and to delve more deeply into the QEP. Lastly, on Day Three, the Committee presents its findings to the institution's leadership in the Exit Conference.

Day One. Scheduling appropriate interviews and assembling additional documentation when requested to do so are the two primary responsibilities of institutions in supporting the work of the committee during Day One. As noted previously, the chair of the committee typically works with the institution and the SACSCOC staff representative to establish a preliminary schedule for interviews in the weeks prior to the visit. Larger group interviews should also be clarified in advance. For this reason, most of the scheduling of meetings for the afternoon of Day One can be completed prior to the committee's arrival on campus. Institutions should anticipate, however, that changes will be made to this schedule after the committee completes its organizational meeting at the hotel because additional materials requested by individual members sometimes eliminate the need for a scheduled conversation. However, because review of the committee's draft report during the Organizational Meeting occasionally raises new questions, new follow-up on campus may be required. Therefore, institutions should maintain flexibility and anticipate that schedules will need to be adjusted as the visit takes place.

Generally two group meetings, of just under an hour each, are set to immediately follow the organizational meeting of the committee. These meetings are essentially the welcome by the institution to the committee. The first meeting allows the institution's Leadership Team and the committee members to introduce themselves and to set the tone for the visit. The CEO often makes a brief presentation about the institution, and there may be questions that fit well into a larger group setting. The QEP leadership generally makes a brief formal presentation (no more than 30 minutes), followed by the remaining scheduled time used for questions from the committee (and often from the QEP leadership). It is important for institutional representatives to remember that the On-Site Reaffirmation Committee will have read and discussed the QEP in advance, so the institution's presentation should not be an in-depth recounting of the QEP document. Key points should be made quickly, and the bulk of the presentation should be on an update of progress since the QEP document went to press, as well as a means to convey the institution's commitment to the QEP. Ample time should be allowed to discuss the action and assessment plans, as there are typically more questions regarding these details.

After the group meetings, committee members often use the remaining hour or two in one-on-one or small group interviews on compliance topics (or in the case of the QEP lead evaluator, QEP topics). It is also a time where requests for newly-identified documentation needs are made. For

this reason, institutions want to ensure that sufficient staff are available to secure these materials quickly so that they can be considered by the Committee.

Day Two. Some committee chairs and SACSCOC staff representatives prefer to have the larger QEP meeting as the first item of the second day. In any event, the rest of this morning would generally be devoted to smaller, more focused discussions of the QEP. As needed, there would be more focused meetings related to specific compliance issues. Because much of the activity on Day Two depends on the outcome the meetings and document review on Day One, the chair of the committee and the Accreditation Liaison often do not finalize the schedule some Day Two meetings until the night of Day One. The QEP meetings, on the other hand, are often well-defined constituent groups and these meetings are more amenable to advance scheduling.

As discussed above when addressing meals, lunch on Day Two often has set groups identified. After lunch, the committee holds an executive session, and determines if any additional meetings are needed. If at all possible, the institution should avoid ant prescheduled meetings for this afternoon, leaving the time free for seeking answers to last-minute questions. Committee members spend most of the afternoon of day two finalizing the report.

Often a small group of committee members also will want to schedule a brief tour of the campus facilities.

Day Three. The Exit Conference may be scheduled for either the campus or the hotel; this depends on the size of the institution's contingent, as well as the location of the hotel and campus in relation to the airport. Getting its leadership assembled for the Exit Conference is the primary role of the institution on Day Three. The institution's CEO determines which representatives from the institution will be invited to the Exit Conference, although this should generally include the leadership of the QEP as the committee will engage the institutional representatives in a dialogue about the Quality Enhancement Plan.

As should be evident from the above description of the committee's activities on Days One through Three, On-Site Reviews are rigorous and do not allow time for elaborate campus tours (except to verify information regarding a requirement or standard as needed by a subset of committee members) or for large or lengthy social gatherings. Since a great deal of work must be completed in a short amount of time, committees appreciate the time and effort required to provide the timely transportation, quick turnaround on requests for documents, ready accommodation of schedule changes, and reliable equipment and appropriate supplies necessary to enable completion of the Report of the Reaffirmation Committee.

Report of the Reaffirmation Committee

Because the On-Site Reaffirmation Committee builds its report from the draft prepared by the Off-Site Reaffirmation Committee, much of the wording of the final Report of the Reaffirmation Committee is familiar to institutions. For example, few, if any, changes are made to narratives written by the Off-Site Reaffirmation Committee. Typically, the On-Site Reaffirmation Committee, however, makes the following major changes to the Report of the Reaffirmation Committee:

- Labels signifying Compliance and Non-Compliance are removed. In the final report, a narrative with a positive tone and no recommendations signals compliance. A narrative that highlights a shortcoming and follows with a recommendation signals non-compliance.

- Narratives for standards that are federal regulations are reviewed by the On-Site Reaffirmation Committee, regardless of whether they were found to be in Compliance or in Non-Compliance during the Off-Site Review; therefore, narratives for those standards are expanded to reflect the On-Site Review (i.e. titles of individuals interviewed, names of documents reviewed, and rationale for the judgement of compliance/non-compliance).

- Narratives for standards previously marked Non-Compliance are expanded to reference additional documentation provided in the Focused Report or made available on-site. If the additional materials and interviews fail to document compliance, the narrative identifies the shortcoming and includes a recommendation. Institutions then have the opportunity to provide additional documentation of compliance in a subsequent report, the Response to the Visiting Committee Report, which is due five months after the Exit Conference. For further details on developing this response to the Committee's recommendations, see Part VI of this *Handbook*.

- A detailed analysis of the Quality Enhancement Plan is written for Part III (Assessment of the Quality Enhancement Plan) and a notation regarding compliance with Standard 7.2 (Quality Enhancement Plan) is provided in Part II (Assessment of Compliance). On-Site Reaffirmation Committees provide two types of feedback on the QEP: (1) recommendations, which are indicative of non-compliance with Standard 7.2 and must be addressed in the Response to the Visiting Committee Report; and (2) consultative advice, which reflects the committee's observations for strengthening the QEP but requires no further reporting to SACSCOC. Because recommendations are clearly labeled and numbered, and frequently bolded, too, institutions should have no difficulty distinguishing formal recommendations and consultative comments.

The On-Site Reaffirmation Committee may also provide comments at the end of Part II of the report in an optional section labeled "Additional observations regarding strengths and weaknesses of the institution." These do not require a response by the institution and are intended as collegial acknowledgement or encouragement. Institutions should not address these observations in the Response to the Visiting Committee Report.

Under some circumstances, such as when the reality at the institution contradicts the documentation of compliance reviewed by the Off-Site Reaffirmation Committee or when the On-Site Reaffirmation Committee has new information (perhaps stemming from a third-party comment or from a recent natural disaster), the On-Site Reaffirmation Committee may write a recommendation for a standard that was previously marked Compliance during the Off-Site Review.

By the morning of Day Three, a draft of the committee's report usually is complete, but a hard copy of this draft is not given to institutions during the Exit Conference. In general, the chair edits the draft report and emails it the week after the visit to the rest of the committee and then to the SACSCOC staff representative for their review. Before finalizing the report, the chair also emails a copy to the institution for review of its factual accuracy. At this time, the institution should review

the factual references in the report (such as dates, names of campuses and committees, position titles, enrollment numbers, and financial figures) and confirm their accuracy or provide corrections. Institutions must limit their review to representations of fact and avoid suggesting changes to the Committee's interpretation and analysis of those facts. After the chair has incorporated final edits and factual corrections, the final copy of the Report of the Reaffirmation Committee is sent to the institution's SACSCOC staff representative, who then forwards a hard copy to the institution with a transmittal letter that gives additional information about the rest of the reaffirmation process.

Exit Conference

The Exit Conference is designed as reading of the findings of the On-Site Reaffirmation Committee for the institution's leadership and a final dialogue regarding the institution's QEP. As the name, Exit Conference, implies, the committee conveys its findings orally; it does not provide a paper or electronic copy of its draft report at this time. To simplify the transportation of committee members and their luggage to the airport, the Exit Conference is frequently held in the hotel conference work room, although the Exit Conference may be held on campus.

Prior to the Exit Conference (often the afternoon before), the committee chair and the SACSCOC staff representative meet privately with the CEO to provide a confidential, courtesy preview of the committee's findings as of the time of the meeting and to offer the CEO the opportunity to ask questions of clarification. During the Exit Conference, the On-Site Reaffirmation Committee reports any recommendations in the Report of the Reaffirmation Committee and shares additional observations about the Quality Enhancement Plan. All recommendations must be addressed in a further report (the institution's Response to the Visiting Committee Report, which is due five months after the Exit Conference). Committees often provide consultative advice about the QEP, and discussion of these suggestions for modifications or enhancements is encouraged during the Exit Conference, as communication or consultation (paid or unpaid) with committee members, including the QEP Lead Evaluator, after the visit concludes is not allowed until after the SACSCOC Board of Trustees takes action on the institution's reaffirmation and requires no follow-up on standard 7.2 (Quality Enhancement Plan). The SACSCOC staff representative then reviews the timeline for processing the committee's draft report and the remaining steps in preparing the institution for review by the SACSCOC Board of Trustees.

Completing the Reaffirmation Process

The Committees on Compliance and Reports (C&R), standing committees of the SACSCOC Board of Trustees, review reports prepared by evaluation committees and the institutional responses to those reports. A C&R Committee's recommendation regarding an institution's reaffirmation of accreditation is forwarded to the Executive Council for review. The Executive Council recommends action to the full Board of Trustees, which makes the final decision on reaffirmation and any monitoring activities that it may require of an institution. The full Board of Trustees convenes twice a year.

The Principles of Accreditation: Foundations for Quality Enhancement (2018 edition), pp 9-10.

Part VI
REVIEW BY THE SACSCOC BOARD OF TRUSTEES

The departure of the On-Site Reaffirmation Committee at the conclusion of the Exit Conference certainly signals significant progress in the journey to reaffirmation, but institutions still have a few more miles to travel before reaching their destination. Only the SACSCOC Board of Trustees has the power to reaffirm accreditation, and the Board's review of institutions seeking reaffirmation takes place approximately seven to ten months after the On-Site Review – in June for Track A institutions and in December for Track B institutions.

Role of the Evaluators

SACSCOC has 77 elected Board of Trustees members who make the final decision on an institution's reaffirmation of accreditation. Of the 77, thirteen are elected to the SACSCOC Executive Council. The other 64 members serve on one of the Board's Compliance and Reports Committees (C&R Committees). Reaffirmation actions by the SACSCOC Board of Trustees stem from recommendations made to it by the Executive Council; the Executive Council's recommendations are based on recommendations that it receives from the Compliance and Reports Committees. Board members recuse themselves from decisions on institutions within their own states and from decisions on institutions with which they have a conflict of interest.

Further information about the review process is available in SACSCOC policies *Ethical Obligations of Members of SACSCOC Board of Trustees* and *Standing Rules: SACSCOC Board of Trustees, Executive Council, and the College Delegate Assembly*, which are available at www.sacscoc.org. The role of the evaluators at each level of the Board review is described below.

Committees on Compliance and Reports. In addition to the 64 elected Trustees who serve on the C&R Committees, membership may be expanded to include 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 have the authority to recommend action on reaffirmation, including denial of reaffirmation and the imposition of public sanctions.

Following review of the (1) Report of the Reaffirmation Committee, (2) the Response to the Visiting Committee Report (if required), an updated QEP provided by the institution (if necessary), and (3) an evaluation of the institutional response by the chair of the On-Site Reaffirmation Committee, C&R Committees make one of the following recommendations:

1. **Reaffirmation of accreditation**, with or without a Monitoring Report, or with a request for an additional follow-up report in five years. C&R Committees request Monitoring Reports on specific standards after determining that compliance has not yet been documented. C&R Committees request fifth-year follow-up reports on specific standards only after determining compliance has been documented, but there are concerns regarding the ability of the institution to maintain compliance.

2. **Denial of reaffirmation**, continued accreditation for a maximum of one year, and imposition of a sanction. This action requires a Monitoring Report and may also require the authorization of a Special Committee visit.

3. **Removal from membership** (loss of accreditation). This appealable action usually, but not always, follows two years of monitoring.

The C&R Committee can recommend deferral of action on a case, but such action is extremely rare (such as a post-visit natural disaster or receipt of unsolicited information that calls into question the viability of the institution as an accredited entity). The recommendations of the C&R Committees are forwarded to the Executive Council for review.

Executive Council. Seats on the 13-member Executive Council are designated for one Trustee from each of the eleven states in the region, for one public Trustee, and for a Chair. As the executive arm of SACSCOC, the Executive Council reviews and approves or modifies the recommendations of the Compliance and Reports Committees. To ensure the integrity of SACSCOC's review process, the Executive Council monitors the consistency of actions recommended by the various C&R Committees before sending its recommendations to the SACSCOC Board of Trustees.

Board of Trustees. The 77-member Board takes final action on the recommendations forwarded to it by the Executive Council and reports its decisions to the SACSCOC College Delegate Assembly at the annual business meeting in December.

Materials for the Review by the Board of Trustees

As mentioned previously, the following materials are provided to the Board: Report of the Reaffirmation Committee, Response to the Visiting Committee Report, and Visiting Committee Chair's Evaluation of the Institutional Response.

Institutions that received one or more recommendations from the On-Site Reaffirmation Committee are required to develop a Response to the Visiting Committee Report. The QEP is only provided if the institution received recommendations on Standard 7.2 (*Quality Enhancement Plan*) or if significant updates have been made to the final QEP document. These materials are submitted to SACSCOC on a USB drive. The final copy (pdf) will be archived as an historical document for the institution's Reaffirmation.

Response to the Visiting Committee Report. In preparation for review by the C&R Committees, any institution that received one or more recommendations in the Report of the Reaffirmation Committee is required to submit a Response to the Visiting Committee Report addressing each

recommendation. This report is due five months from the date of the Exit Conference with the On-Site Reaffirmation Committee. As noted in Part V of this *Handbook*, SACSCOC staff representatives transmit the final copy of the reaffirmation report to institutions. That mailing includes directions for completing the institution's response, and the transmittal letter specifies both the date the report is due and the number of copies required. Requirements for formatting the response are summarized in SACSCOC policy *Reports Submitted for SACSCOC Review*. To ensure that the formatting of the response meets the expectations of the members of the Compliance and Reports Committees, institutions should follow the policy's directions for responding to a visiting committee report.

Institutions are required to respond to all of the recommendations in the Report of the Reaffirmation Committee, but they are not required to address any of the committee's additional observations or consultative comments. The committee's recommendations are listed at the end of the Report of the Reaffirmation Committee in Appendix C, which provides a handy reference for organizing the response. As in Compliance Certification and Focused Report, the response should present both a narrative describing the institution's current status and documentation confirming that status. In short, the narrative should be clear, detailed, and comprehensive and should explain thoroughly the actions recently taken by the institution to ensure compliance, and the documentation should be appropriate for demonstrating achievement of compliance. The advice on writing the narratives and selecting the documentation for the Compliance Certification, presented in Part II of this *Handbook*, applies to the development of the Response to the Visiting Committee Report.

Quality Enhancement Plan. Even if no recommendations were received on Standard 7.2 (*Quality Enhancement Plan*), copies of the QEP are forwarded to the C&R Committees for review. Institutions should be sure that their SACSCOC staff representative has a clean, updated digital copy (pdf) for archival purposes. For institutions that received recommendations relative to their Quality Enhancement Plans, however, ensuring that members of the Compliance and Reports Committees can easily determine how the text of the original QEP has been adjusted in response to those recommendations is a key consideration when formatting the Response to the Visiting Committee Report. For this reason, institutions frequently submit a narrative highlighting the changes made to the revised QEP, along with the updated QEP that incorporates adjustments made to address recommendations. Institutions might also include the original version of the QEP that was reviewed by the On-Site Reaffirmation Committee, if that helps to clarify how the revised QEP has evolved in response to recommendations. Institutions with recommendations on the QEP may want to consult with their SACSCOC staff representative regarding what to provide as part of a response on the QEP.

Record of the Board of Trustee's Action

The institution's SACSCOC staff representative normally conveys Board actions on reaffirmation to the CEO (or a specifically designated representative) very soon after the Board decision. This is done via telephone for June decisions, and either by telephone or at a designated meeting space at the SACSCOC Annual Meeting for December decisions. Board actions from the June meeting and the December meeting are announced at the closing session at the SACSCOC Annual Meeting in December.

Approximately three working days after the SACSCOC Board of Trustees takes action on reaffirmation decisions at either meeting, those decisions are posted on the SACSCOC website under [Accreditation Actions and Disclosure Statements](#). Institutions that have been reaffirmed are identified at the top of the posting by name, city, and state. Institutions that have been denied reaffirmation, continued in accreditation, and placed on sanction are identified at the bottom of the list in the section addressing sanctions and other negative actions. For these institutions, the entry also identifies the standards with which the institution has not yet documented compliance. A more detailed Disclosure Statement on the status of institutions placed on sanction is posted to the SACSCOC website a couple of days later. Approximately four to six weeks after the initial website posting, an institutional CEO receives a letter signed by the SACSCOC President officially conveying the action taken by the Board of Trustees.

Immediate Follow-Up

In the action letter from the SACSCOC President, all reaffirmed institutions are asked to submit a QEP Executive Summary; some institutions receive requests for a Monitoring Report. The due dates for these items and the number of copies to submit are specified in the action letter. Included in the mailing, where appropriate, is a copy of SACSCOC policy *[Reports Submitted for SACSCOC Review](#)*, giving directions for formatting Monitoring Reports. Additionally, institutions placed on a sanction are given a copy of SACSCOC policy *[Sanctions, Denial of Reaffirmation, and Removal from Membership](#)*.

QEP Executive Summary. The requested executive summary of the Quality Enhancements Plan may be submitted either by mail or email (preferred). The summary is posted to the SACSCOC website under [Quality Enhancement Plans](#) to assist other institutions in their QEP development process. QEP Executive Summaries include (1) the title of the QEP; (2) the institution's name; (3) the name, title, and email address of an individual who can be contacted regarding the development or implementation of the QEP; and (4) the summary of the plan.

Monitoring Reports. As noted above in the discussion of on C&R Committees, a Monitoring Report is requested when compliance with a standard has not yet been documented. Monitoring Reports are requested for consideration either at the Board's next meeting in six months or at its meeting one year hence.

The action letter specifies the precise due date for the report's submission, generally between two and three months prior to the Board's meeting. Occasionally, particularly when the most recent audit is requested, institutions cannot provide the required documents by the specified date; therefore, under extenuating circumstances, institutions may request an extension for submitting late-arriving documentation. *Requests for extension must be made in writing to the SACSCOC President at least two weeks in advance of the original due date.*

Institutions are expected to achieve compliance as quickly as possible. The maximum period for routinely submitting Monitoring Reports is two years, but even during that two-year period, the Board of Trustees may impose a sanction if reasonable progress towards compliance is not documented or if the situation deteriorates. At the end of the two-year period, institutions that have

still not documented compliance must either be removed from membership or continued in membership for good cause (if eligible), placed on Probation, and asked to submit an additional Monitoring Report. For more details on sanctions, see SACSCOC policy *Sanctions, Denial of Reaffirmation, and Removal from Membership*.

Like the Response to the Visiting Committee Report, the Monitoring Report should present both a clear, detailed narrative describing the institution's current status and appropriate supporting documentation. The advice on writing the narratives and selecting the documentation for the Compliance Certification, presented in Part II of this *Handbook*, applies as well to the development of the Monitoring Report. Like the materials previously sent to SACSCOC after the On-Site Review, the Monitoring Report should be submitted on a USB drive. Requirements for formatting the Monitoring Report are summarized in SACSCOC policy *Reports Submitted for SACSCOC Review*. To ensure that the formatting of the Monitoring Report meets expectations, institutions should follow the policy's directions precisely.

Fifth-Year Interim Report

Accrediting agencies recognized by the USDE must monitor their institutions often enough to ensure that institutions having access to federal funds maintain compliance with accreditation standards. Because many accrediting bodies reaffirm on five-year or seven-year cycles, SACSCOC has developed the Fifth-Year Interim Report to demonstrate to the USDE that SACSCOC monitors institutional compliance more frequently than once a decade. This report is required of all institutions approximately five years in advance of the next reaffirmation of accreditation. Institutions that have expanded the number of off-campus sites since their last reaffirmation or have experienced rapid growth in off-campus offerings may also be required to host a Committee's review of a sample of off-campus sites.

Eleven months prior to the due date for the Fifth-Year Interim Report, the President of SACSCOC notifies institutions of the dates for submission and review of the report and indicates whether a committee visit to a sample of off-campus locations will be required. Timetables for the notification, submission, and review of the Fifth-Year Interim Report are available on the webpage for the Fifth-Year Interim Report. Like the other documents previously submitted as part of the reaffirmation process, the Fifth-Year Interim Report should be submitted electronically on a self-contained USB drive. General directions for the submission of documents are included in "The Fifth-Year Interim Report."

In addition to the signature page (Part I, requiring the signatures of the CEO and the accreditation liaison to attest to the accuracy of the report) and the Institutional Summary Form (Part II, providing reviewers with a brief history and description of the institution), the Fifth-Year Interim Report contains three additional sections – the Compliance Certification (Part III), the Additional Report (Part IV), and the Impact Report of the Quality Enhancement Plan (Part V).

Fifth-Year Compliance Certification (Part III). For selected standards from the *Principles of Accreditation*, institutions are asked to indicate Compliance or Non-Compliance. Standards for which an institution has selected Compliance should be followed by a narrative that provides a convincing justification for the determination of compliance and by appropriate supporting

documentation; standards marked Non-Compliance should be followed by a narrative that provides a plan for coming into compliance and a list of documents that will be used to document compliance in the future. Institutions might develop Part III of the Fifth-Year Interim report by extracting the corresponding text from the Compliance Certification submitted for the last reaffirmation and updating the narrative and documentation to reflect changes during the interim. Further guidance for the preparation of this document is provided in "Directions and Guidelines for Completion of Part III of the Fifth-Year Interim Report." The section on preparing the Compliance Certification in Part II of this *Handbook* provides a refresher on how to write narratives and select documentation. As with preparing for reaffirmation, preparing for Part III of the Fifth-Year Interim Report can be aided by reference to the appropriate standards in the *Resource Manual*.

Fifth-Year Follow-Up Report (Part IV). Unlike the other four parts of the Fifth-Year Interim Report, Part IV is not required of all institutions. Occasionally, the SACSCOC Board of Trustees will conclude that tenuous documentation of compliance merits confirmation of continued compliance at the fifth-year interval and will, therefore, request submission of a Fifth-Year Follow-Up Report as part of the Fifth-Year Interim Report. Because these decisions are recorded in action letters, institutions know well in advance of the due date that a Fifth-Year Follow-Up Report will be required and which standard(s) it should address. Embedded in Section IV of The Fifth-Year Interim Report" is a list of elements to include and a set of guidelines for developing the narrative.

Impact Report of the Quality Enhancement Plan (Part V). The Impact Report, which addresses the extent to which the QEP has affected outcomes related to student learning and/or student success should include four elements: (1) the title and a brief description of the Quality Enhancement Plan approved by the SACSCOC Board of Trustees when the institution was reaffirmed, (2) a succinct list of the initial goals and intended outcomes of the QEP, (3) a discussion of significant changes made to the QEP and the reasons for making those changes, and (4) a description of the QEP's direct impact on student learning and/or student success, including not only the achievement of the original goals and anticipated outcomes, but also the achievement of unanticipated outcomes, if any. Because the Impact Report should not exceed ten pages, including appendices, the narrative needs to be direct, focused, and persuasive.

Visits to Off-Campus Sites as Part of the Fifth-year Review. Federal regulations require accrediting agencies recognized by the USDE to have an effective mechanism (1) for conducting, at reasonable intervals, visits to additional off-campus locations of institutions that operate more than three additional locations and (2) for ensuring that accredited institutions that experience rapid growth in the number of additional locations maintain educational quality. Institutions which have initiated three or more new off-campus instructional locations where 50% or more of an educational program is offered since their last comprehensive visit will be asked to host a site visit to a sample of those new sites. In preparation for these site visits, institutions are asked to submit additional documentation of compliance with selected standards, some of which are also included in Part III of the Fifth-Year Interim Report; however, the narratives and documentation for these standards will be focused on the off-campus sites. In the Fifth-Year Compliance Certification, the narratives/documentation should address the institution in total (which included off-campus sites). In the documentation prepared for the committee visiting off-campus sites, the narratives/documentation should focus on only those sites scheduled for review. These standards

are identified in [The Fifth-Year Interim Report: Information, Forms and Timelines](#). The separate report that must be submitted to the visiting committee approximately six weeks prior to the visit is titled, "[Documentation Prepared by the Institution for the Review Committee Examining Off-Campus Sites as Part of a Fifth-Year Interim Report](#)."

Like all visiting committees, the committee visiting off-campus sites will prepare a report that evaluates institutional compliance with the standards under review. If that report contains recommendations, institutions are expected to address those recommendations in a response due five months following the visit. Requirements for formatting the response are summarized in SACSCOC policy, *Reports Submitted for SACSCOC Review*. To ensure that the formatting of the response meets the expectations of the members of the Compliance and Reports Committees, institutions should take pains to follow precisely the policy's directions.

After the due date for submission of materials to the Fifth-Year Interim Committee and to Commission staff, no additional information, other than the financial statements for the most recent year, may be submitted to the committee. If the most recent audit is unavailable at the time that the Fifth-Year Interim Report is submitted, the institution should inform its assigned SACSCOC staff representative and submit the audit as soon as it becomes available. Late audits may be submitted as late as ten working days prior to the first day of the meeting of the Fifth-Year Interim Committee. Preliminary or draft audits are not acceptable substitutions for final audits and should not be submitted for consideration.

Review by the Committee on Fifth-Year Interim Reports. Parts III and V of the Fifth-Year Interim Report (the Fifth-Year Compliance Certification and the QEP Impact Report) are reviewed by the Committee on Fifth-Year Interim Reports, utilizing part II as a resource document (the Institutional Summary Form). The chair of the Committee on Fifth-Year Interim Reports is a member of the SACSCOC Board of Trustees, but the other evaluators are experienced SACSCOC committee members. Four sub-committees (each with a Coordinator and two academic program evaluators, one institutional effectiveness evaluator, one support services evaluator, and one or more finance evaluator) review reports from a cluster of institutions grouped by similarity of missions, programs, location, and/or governance. While institutions are tasked with responding to fewer standards in the Fifth-Year Interim Report, evaluators are anticipating that institutions will have provided a full response to each of these select standards, giving the same level of detail and documentation would be found in a full Compliance Certification as discussed in Part II of this *Handbook*.

If the committee finds the institution in Non-Compliance with any of the standards reviewed, a Referral Report will be requested with a due date of the following March or September. The Referral Report would then be reviewed by a C&R Committee to determine if compliance has been documented. If not, a Monitoring Report would be requested and the two-year monitoring period would begin.

Requirements for formatting a Referral Report are summarized in SACSCOC policy *Reports Submitted for SACSCOC Review.* To ensure that the formatting of the Referral Report meets the expectations of the members of the C&R Committees, institutions should take pains to follow precisely the policy's directions.

Review by the Board of Trustees. The two parts of the Fifth-Year Interim Report that apply to just some of the institutions in a particular class – the Fifth-Year Follow-Up Report (Part IV) and the Report of the On-Site Fifth-Year Review Committee – are sent directly to one of the Committees on Compliance and Reports for review. C&R Committees may recommend acceptance of these reports with no further monitoring if compliance has been demonstrated, or they may request a Monitoring Report if documentation of compliance is not evident for all of the standards under review. If any of the standards cited in the monitoring action are Core Requirements, the C&R Committee will recommend a sanction (warning or probation); a sanction could also be the recommendation of the C&R Committee if the non-compliance with standards is egregious or relates to many different standards. Institutions are expected to achieve compliance as quickly as possible. The maximum period for routinely submitting Monitoring Reports is two years, but even during that two-year period, the SACSCOC Board of Trustees may impose a sanction if reasonable progress towards compliance is not documented. At the end of the two-year period, institutions that have still not documented compliance must either be removed from membership or be continued in membership for good cause (if eligible), placed on probation, and asked to submit an additional Monitoring Report. The maximum consecutive time that an institution may be on Probation is two years.

For further details of the Fifth-Year review process, see The Fifth-Year Interim Report Review Process: An Overview.

Appendix: Glossary and Reference Guide

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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 made 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 for SACSCOC Accredited Institutions*.
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*.)

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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*.)

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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 addressed in the Application for Membership and that this compliance has been verified by a Candidacy Committee during a visit to the institution. 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. (See Part II of this *Handbook* for information on documenting compliance.)
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 Standard 9.2 (Program Length) (Core Requirement) 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. (See Parts III and V of this *Handbook*.)
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*.)
Consortial Relationship	A consortial relationship typically is a type of cooperative academic arrangement in which two or more institutions share in the responsibility of developing and delivering courses and programs that meet mutually agreed-upon standards of academic quality.
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*.)
Contractual Agreement	A contractual agreement typically is a type of cooperative academic arrangement in which an institution enters an agreement with another institution or service provider for receipt or delivery of courses/programs or portions of courses or programs delivered by another institution or service provider.

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. (See Part II of this *Handbook* for information on documenting compliance.)

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 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 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 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 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*.)

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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. (See Part V of this *Handbook*.)

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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, Table 3 in Part IV of this *Handbook* 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, also called an Additional Report to the Fifth-Year Interim 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. (Further information about the Focused Report is available in Part IV of this *Handbook*.)

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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 for SACSCOC Accredited Institutions*.
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.)

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.)

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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 applicable standards of the *Principles of Accreditation* 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 is the time of action by the Board of Trustees. (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 relevant standards in Part B) is the first document submitted by the applicant institution after participation in a Pre-Applicant Workshop. (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.)
Institutional Effectiveness	Institutional effectiveness is the systematic, explicit, and documented process of measuring performance against mission in all aspects of an institution.

Institutional Effectiveness Workshop for Pre-Applicants	All attendees at the Workshop for Pre-Applicants are invited to attend a one-day Institutional Effectiveness Workshop for Pre-Applicants, which 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) .
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*.)

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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. (See Part I of this *Handbook*.)

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 Commission 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.
Modified prospectus	A modified prospectus can be submitted in lieu of a full prospectus for certain designated substantive changes. When a modified prospectus is acceptable, SACSCOC specifies requested information from the institution. (For more information see SACSCOC policy *Substantive Change for SACSCOC Accredited Institutions*.)
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 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. (See Parts III and V of this *Handbook*.)
Notification of substantive change	For some types of substantive changes, prior to initiation of the change, 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 for SACSCOC Accredited Institutions*.

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Objective Evidence	Objective evidence of the institution's level of compliance with SACSCOC standards and requirements is based on observable data and information. (See Part II of this *Handbook* for information on documenting compliance.)
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.
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. (See Part III of this *Handbook*.)
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. (See Part V this *Handbook*.)

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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 govern 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 two 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*.)

Procedure One

Procedure One of the substantive change policy is followed by member institutions prior to implementing substantive changes requiring approval and includes the development of a prospectus or application. Procedure One applies to changes such as the following: (1) curriculum: initiating programs at a lower level, expanding at the institution's current degree level if the new programs constitute a significant departure from current programs, initiating degree completion programs, changing significantly the length of a program, entering into a teach-out agreement or closing an institution, and initiating a joint degree program with another institution not accredited by the SACSCOC; (2) location: initiating an additional off-campus site for site-based/classroom group instruction offering at least 50 percent of the credits toward an educational program, and initiating or relocating a branch campus; and (3) delivery system: initiating distance learning courses and programs by which students can earn at least 50 percent of a program's credits offered electronically. Substantive change is prohibited during the process for achieving initial accreditation. (A full list of substantive changes that require both notification and approval and directions for developing a prospectus can be found in SACSCOC policy *Substantive Change for SACSCOC Accredited Institutions*.)

Procedure Two	Procedure Two of the substantive change policy is followed by member institutions prior to implementing substantive changes requiring only notification. Procedure Two applies to changes such as the following: (1) curriculum: repackaging of an existing approved curriculum to create a new lower degree level; (2) location: initiating an additional off-campus site for site-based/classroom group instruction offering at least 25-49 percent of the credits toward an educational program or relocating an approved off-campus site, and (3) delivery system: initiating distance learning courses and programs by which students can earn 25-49 percent of a program's credits offered electronically, or initiating programs/courses delivered through contractual agreement or consortium. Substantive change is prohibited during the process for achieving initial accreditation. (A full list of substantive changes that require both notification and approval and directions for developing a prospectus can be found in SACSCOC policy *Substantive Change for SACSCOC Accredited Institutions*.)
Procedure Three	Procedure Three of the substantive change policy is followed by member institutions prior to closing of the institution, an off-campus instructional site or branch campus, or a program at the institution. Procedure Three outlines the requirements for approval of a teach-out plan and development of teach-out agreements. (See SACSCOC policy *Substantive Change for SACSCOC Accredited Institutions*.)
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* and Part IV of this *Handbook.*)

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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 Commission policies and with the *Principles of Accreditation*. An institution 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 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. (See Part II of this *Handbook* for information on documenting compliance.)
Reliable Evidence	Evidence that can be consistently interpreted is reliable evidence of an institution's level of compliance with SACSCOC standards. (See Part II of this *Handbook* for information on documenting compliance.)

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 several additional standards, 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 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. (See Part II of this *Handbook*.)
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 Committee or Commission 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 SACS 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 Part I of this *Handbook* and 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, an 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 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.

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 program planned by an institution is a significant departure from current programs offered if the new program is not closely related to previously approved programs at the institution. To determine whether a new program is a "significant departure," it is helpful to consider the following questions: • What previously approved programs does the institution offer that are closely related to the new program and how are they related? • Will significant additional equipment or facilities be needed? • Will significant additional financial resources be needed? • Will a significant number of new courses be required? • Will a significant number of new faculty members be required? • Will significant additional library/learning resources be needed?
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. (See Part I of this *Handbook*.)
Substantive Change	Substantive change is a significant modification or expansion of the nature and scope of an accredited institution. Under federal regulations, substantive change includes institutional activities such as (1) changing the established institutional mission or objectives, (2) changing the institution's legal status, form of control, or ownership, (3) adding courses/programs that represent a significant departure in content or in method of delivery, (4) adding courses/programs at a degree or credential level above the institution's current accreditation, (5) changing from clock hours to credit hours, (6) substantially increasing the number of clock or credit hours for completion of a program, (7) adding an off-campus location at which the institution offers at least 50 percent of an educational program, or (8) establishing a branch campus. (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 for SACSCOC Accredited Institutions*.)
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 for SACSCOC Accredited Institutions*.) See especially Procedure Three in that policy.)
Teach-out Plan	A teach-out plan is a written plan developed by an institution that provides for the equitable treatment of students if an institution, an educational program at an institution, or an institutional location that provides fifty percent or more of at least one program, ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions. Teach-out plans must be approved by SACSCOC in advance of implementation. (Requirements for approval of teach-out agreements can be found in SACSCOC policy *Substantive Change for SACSCOC Accredited Institutions*.) See especially Procedure Three in that policy.)
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.

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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*.)

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Verifiable Evidence	Evidence that can be replicated and corroborated is verifiable evidence of an institution's level of compliance with SACSCOC standards and requirements. (See Part II of this *Handbook* for information on documenting compliance.)
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 Parts V of this *Handbook*. Further information is available in SACSCOC policy *Ethical Obligations of Evaluators*.)

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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*.)

Workshop 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 a one-day Workshop for Pre-Applicants, which 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. (More information is available under Application Information.)